

Adult Social Care and Health Overview and Scrutiny Committee

26 September 2018

Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK on Wednesday, 26 September 2018 at 10.30a.m.**

Prior to the Committee a briefing session will be held for elected members at 9.30am. Please note that all future Committee meetings will now commence at 10.30am.

Please note that this meeting will be filmed for live broadcast on the internet. Generally, the public gallery is not filmed, but by entering the meeting room and using the public seating area you are consenting to being filmed. All recording will be undertaken in accordance with the Council's Standing Orders.

The agenda will be: -

1. General

(1) Apologies

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. A member attending a meeting where a matter arises in which s/he has a disclosable pecuniary interest must (unless s/he has a dispensation):

- Declare the interest if s/he has not already registered it
- Not participate in any discussion or vote
- Must leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests must still be declared in accordance with the Code of Conduct. These should be declared at the commencement of the meeting.

(3) Chair's Announcements

(4) Minutes of previous meetings

To confirm the minutes of the meeting held on 11 July 2018.

2. Public Speaking

Any member of the public who is resident or working in Warwickshire, or who is in receipt of services from the Council, may speak at the meeting for up to three minutes on any matter within the remit of the Committee. This can be in the form of a statement or a question. If you wish to speak please notify Paul Spencer in writing at least two working days before the meeting. You should give your name and address and the subject upon which you wish to speak. Full details of the public speaking scheme are set out in the Council's Standing Orders.

3. Questions to the Portfolio Holders

Up to 30 minutes of the meeting is available for Members of the Committee to put questions to the Portfolio Holders: Councillor Les Caborn (Adult Social Care and Health) and Councillor Jeff Morgan (Children's Services) on any matters relevant to the remit of this Committee.

4. Director of Public Health Annual Report

The theme of this year's report is the impact of social media on young people growing up in Warwickshire. It also provides information on progress with the 2017 recommendations.

5. Performance Monitoring – Clinical Commissioning Groups (CCGs)

The Committee considered the CCG commissioning intentions in 2017. This follow up item provides the opportunity to monitor performance against those commissioning intentions and will be of use for the committee to consider in commenting on the future commissioning intentions of CCGs.

6. One Organisational Plan 2018-19 Quarter One Progress Report

The Committee will consider the first quarter monitoring report for 2018-19 for the areas falling within its remit.

7. Work Programme

This report reviews the recent work of the Adult Social Care and Health Overview and Scrutiny Committee and seeks the Committee's views on the proposed forward work programme.

8. Any Urgent Items

Agreed by the Chair.

DAVID CARTER
Joint Managing Director

Adult Social Care and Health Overview and Scrutiny Committee Membership

Councillors Helen Adkins, Mark Cargill, Clare Golby (Vice Chair), Anne Parry, Dave Parsons, Wallace Redford (Chair), Kate Rolfe, Andy Sargeant, Jill Simpson-Vince and Adrian Warwick.

District and Borough Councillors (5-voting on health matters*) One Member from each district/borough in Warwickshire. Each must be a member of an Overview and Scrutiny Committee of their authority:

North Warwickshire Borough Council:	Councillor Margaret Bell
Nuneaton and Bedworth Borough Council:	Councillor Chris Watkins
Rugby Borough Council	Vacant
Stratford-on-Avon District Council	Councillor Christopher Kettle
Warwick District Council:	Councillor Pamela Redford

Portfolio Holders:- Councillor Les Caborn (Adult Social Care and Health)
Councillor Jeff Morgan (Children's Services)

General Enquiries: Please contact Paul Spencer on 01926 418615
E-mail: paulspencer@warwickshire.gov.uk

* The agenda for this meeting includes item 6 that relates solely to adult social care.

**Minutes of the meeting of the
Adult Social Care and Health Overview and Scrutiny Committee
held on 11 July 2018**

Present:

Members of the Committee

Councillors Helen Adkins, Mark Cargill, Dave Parsons, Wallace Redford (Chair), Kate Rolfe, Andy Sargeant and Adrian Warwick

Other County Councillors

Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health
Councillor Jeff Morgan, Portfolio Holder for Children's Services
Councillor Izzi Seccombe OBE, Leader of the Council and Chair of the Health and Wellbeing Board
Councillor Alan Webb

District/Borough Councillors

Councillor Christopher Kettle (Stratford District Council)
Councillor Pamela Redford (Warwick District Council)

Officers

Elizabeth Abbott, Business Partner - Planning, Performance & Improvement
Rachel Barnes, Health and Wellbeing Board Delivery Manager
Dr John Linnane, Director of Public Health and Head of Strategic Commissioning
Nigel Minns, Strategic Director for the People Group
Pete Sidgwick, Head of Social Care and Support
Paul Spencer, Senior Democratic Services Officer
Kate Wooley, Senior Project Manager, Public Health and Strategic Commissioning

Also Present:

Chris Bain, Chief Executive, Healthwatch Warwickshire
Cliff Baldry, Public
Dennis McWilliams, Public

1. General

The Chair welcomed everyone, particularly Councillor Helen Adkins to her first meeting as a member of the Committee.

(1) Apologies for absence

Councillor Clare Golby (Vice Chair)
Councillor Anne Parry
Councillor Jill Simpson-Vince
Councillor Dave Shilton (replacement for Councillor Jill Simpson-Vince)
Councillor Margaret Bell (NWBC)

(2) Members Declarations of Interests

None.

(3) Chair's Announcements

The Chair sought the Committee's views regarding the timing of the briefing/training sessions which preceded each meeting. It was agreed that in future the sessions would commence at 9.30am with the formal Committee meeting commencing at 10.30am.

The Chair gave an update on joint health overview and scrutiny (JHOSC) working. With regard to the 'super' health OSC, Oxfordshire County Council had been requested to provide a date for the first meeting, but this was still awaited. For the JHOSC with Coventry City Council, a meeting of the two chairs would take place in September. A formal meeting would be held when there was an area for the JHOSC to be consulted on and this was currently envisaged for January 2019.

The Chair advised that Glen Burley had been appointed as the new Chief Officer for the George Eliot Hospital (GEH), in addition to holding the same roles at South Warwickshire Foundation Trust and Wye Valley Trust. The work programme included an update from GEH at the 26 September meeting and it was agreed that Mr Burley be invited to that meeting. Councillor Caborn had arranged a meeting with Mr Burley and the Chairs of the two Warwickshire Trusts, to discuss how the new model would operate.

(4) Minutes

The minutes of the Adult Social Care and Health Overview and Scrutiny Committee meetings held on 9 and 15 May 2018 were agreed as true records and signed by the Chair.

2. Public Question Time

Statement and Questions from Mr. Cliff Baldry

Mr Baldry had given notice of making a statement and submitting questions to the Committee on the matter of the provision of adult social care. He made a statement about the lengthy process for securing financial assistance for his wife to assist with her care. This had taken over six months. He stated that from discussions with others, this length of time was not unusual. The Council stated it would complete such assessments, on average, in less than 30 working days. The Chair suggested that officers speak direct to Mr Baldry outside the meeting to investigate this personal matter in further detail.

Questions from Mr. Dennis McWilliams

Mr McWilliams had given notice of 15 questions, shown at Appendix A to the minutes. These concerned the NHS stroke services reconfiguration and associated consultation with the County Council. In view of the number of questions, the Chair advised that a written response would be provided after the meeting. Mr McWilliams addressed the Committee, making the following points:

- He referred to the former Sustainability and Transformation Plan (STP) and asked members to have regard to the chronology of events attached to his questions.
- Andy Hardy, the STP lead had addressed the Coventry Health and Wellbeing Board (HWBB) and Nuneaton and Bedworth Borough Council, but he understood that such updates had not been made to the Warwickshire HWBB or this Committee.

- Mr Hardy had advised Coventry's HWBB that the assurance process was still to be completed.
- He referred to the powers available to both the Joint HOSC and this Committee, urging members to use these powers and to investigate this reconfiguration further.

3. Questions to the Portfolio Holders

Questions to Councillor Les Caborn, Portfolio Holder for Adult Social Care and Health

Councillor Dave Parsons sought further information in regard to the reconfiguration of stroke services, particularly the transfer of services from George Eliot Hospital (GEH) to the University Hospitals Coventry and Warwickshire (UHCW). Whilst praising service delivery at both hospitals, gaining access to UHCW and parking there were problematic. This would be exacerbated if further services were centralised to UHCW. He quoted another example of the delay in treatment of a child, who was redirected from GEH to UHCW.

The Portfolio Holder responded that the County Council may have some limited influence over the reconfiguration of services, but it was not in control of this matter. He viewed that Glen Burley's appointment to GEH was positive for Warwickshire, referring to his success at the South Warwickshire Foundation Trust and the federation approach working across multiple sites. UHCW was the main hospital for the area. He would keep the Committee updated on the service reconfigurations.

Dr John Linnane, Director of Public Health and Head of Strategic Commissioning responded to the point on paediatric services that had relocated from GEH to UHCW, but this wasn't a recent change. There were significant pressures on the NHS. He gave examples of service improvements, such as the out of hospital programme and out of hours' services, to reduce pressures on the accident and emergency department.

Councillor Chris Kettle sought more information about the assessment timeframe raised in the first public question. Pete Sidgwick, Head of Social Care and Support replied, giving a general outline of the processes and timescales involved in some applications for financial support.

4. Update from the Health and Wellbeing Board (HWBB)

The Chair of the HWBB, Councillor Izzi Seccombe provided an update to the Committee by way of presentation. The presentation covered the following areas:

- Aim of the session
- National Context – particular reference was made to delays in the social care green paper and the work of the Local Government Association in formulating its own green paper. Also referenced was the funding announcement for the NHS equivalent to 3.4% of GDP.
- Warwickshire & Coventry Context – recognition of the role of UHCW, the need for centralisation of some services, with very specialist services needing to be provided on a regional basis. Funding aspects were raised, particularly the conclusion of the Better Care Fund and the three year supplementary precept for social care.

- Warwickshire Health & Wellbeing Board - reference to the Concordat which shaped working between agencies across Coventry and Warwickshire.
- Warwickshire key partners in Health & Care – Councillor Seccombe stated the importance of the third sector.
- Health & Wellbeing Strategy
- Joint Strategic Needs Assessment and the move to a place-based approach of local geographies
- Fitting it all together – the roles of the various organisational bodies and parts of the health and wellbeing system
- How the Committee could assist and the key role of elected members – recognition of the place-based assessment of service needs and the pilot schemes completed in Alcester and Atherstone. This work was being rolled out across the county.

Members submitted questions and comments on the following areas, with responses provided as indicated:

- The need for people to embrace the health and wellbeing message to improve their own wellbeing and reduce demands on health services.
- Local elected members were well placed to understand the needs of their communities through the place-based approach.
- Health service funding was based on the number of patients treated, which created competition between different service providers.
- For some areas of the country, there were complex arrangements for service provision.
- The introduction of a health and social care card containing medical information, so patients could share this information as necessary with different service providers.
- The difficulties for those in rural areas without access to a car. The move to specialised or regional centres would exacerbate this.
- Discussion of NHS funding and whether any savings had been achieved to date. The funding arrangements for the NHS and its spending were complex and difficult to interpret.
- For social care, a view that funding couldn't just be increased through precepts on Council Tax. Similarly, it was considered that merging social care and health funding would not be an effective solution.
- Local Government had been successful in achieving efficiency savings. The NHS over the same period had received increases in funding.
- The advertising of 'fast' food and alcohol at major sporting events. This needed to be reviewed.

The Chair thanked Councillor Seccombe for the update on the work of the Health and Wellbeing Board.

5. One Organisational Plan 2017-18 Quarter Four Progress Report

Elizabeth Abbott, Business Partner - Planning, Performance & Improvement introduced this item. The One Organisational Plan (OOP) progress report for the period April 2017 to March 2018 was considered and approved by Cabinet at its meeting on 14 June 2018. The report to this Committee focussed on the 12 key business measures (KBM) within the Committee's remit, which related to Adult Social Care and Health & Wellbeing. The report also provided context on the One

Organisational Plan for the period 2017 to 2020 and progress made at the end of the first year.

Pete Sidgwick provided additional context on the outturn data relating to social care and support. Particular reference was made to delayed transfers of care (DToC). There had been considerable work between the Council and acute hospitals, which had resulted in a downward trend in the number of DToC cases. An example of this was the work completed to streamline the assessment process, to enable people to leave hospital and transfer to residential or nursing care as appropriate. A new area of focus was 'stranded patients'. This was defined as the number of beds occupied by patients who had been in hospital for seven or more days.

Members submitted questions and comments on the following areas, with responses provided as indicated:

- It was questioned whether the target setting was realistic, whilst noting that Warwickshire has an aging population. Members acknowledged that some targets may be prescriptive. Officers replied that there was a high number of non-acute health services, which did impact on the DToC data. Some targets could be reshaped to provide stretching, but achievable targets.
- The readmission rates for patients to hospital. Officers considered it was unlikely that patients were being discharged too soon and WCC was approaching the discharge process in the correct way. However, there were pressures on bed spaces and targets should be based on patient flow.

The Chair proposed further consideration of the outturn report and specifically where targets had not been achieved at the next Chair and party spokesperson meeting.

Resolved

That the Committee notes the outturn position for delivery of the One Organisational Plan 2020 and the intention for further discussion to take place on the performance report at the next Chair and party spokesperson meeting.

6. Update on Public Health Commissioned Services for Drugs and Alcohol

A new contract had been awarded for the drug and alcohol service. A presentation was provided by Kate Wooley, Senior Project Manager, Public Health and Strategic Commissioning. The presentation covered the following areas:

- Review and redesign - an overview of the process followed.
- Services and suppliers - for adults, children and young people, a new residential rehabilitation facility and the other services commissioned.
- Facing the challenges and risks – this slide referred to prevalence and the complexities of Warwickshire's unmet need for both alcohol and drug treatment.
- Scope, Priorities, Profile - Assessment and treatment; sustainability, the performance agenda and partnerships.
- Working together-
 - Community safety
 - Police and crime reduction
 - Increased crack use and harm from new psychoactive substances

- Housing
- Homelessness
- Protection and safety
- Children's services
- Improving health and wellbeing outcomes
- Mental health teams and dual diagnosis issues – refreshing the protocol with Coventry.

Members submitted questions and comments on the following areas, with responses provided as indicated:

- Further detail was sought about the residential placements and rates of recovery. This was a small area of the service with 20 placements in the previous year. The majority of the service was delivered in the community. There was the potential for some service users to have a relapse.
- Councillor Rolfe had requested the item and considered that many members would not be aware of this service area. She considered it would be a useful item for Council to receive and the Children and Young People OSC.
- Members questioned why there had been a 32% reduction in the number of people taking up alcohol treatment. There could be a number of reasons for this and one example quoted was the perceived high proportion of middle aged people who drank at home, as this data was hidden.

The Chair suggested that a further update be provided on this service area in twelve months.

Resolved

That the Committee notes the presentation and agrees to receive a further update in twelve months.

7. Work Programme

The Committee reviewed its work programme. Sections of the report showed the forward plan of the Cabinet and Portfolio Holders and the areas of scrutiny activity in each district and borough council. Updates were provided on the joint health overview and scrutiny committee with Coventry and that proposed with Oxfordshire. It was noted that the CAMHs task and finish review report had been approved by a joint meeting of this Committee and the Children and Young People OSC on the afternoon of 12 June 2018.

Resolved

That the work programme is noted.

7. Any Urgent Items

None.

The Committee rose at 12.55pm

.....
Chair

**Questions from Mr Dennis McWilliams
Stroke Services and consultation**

1. Have any of the proposed changes to stroke services figuring in the STP been effected within Warwickshire?
2. Has the Joint Health Overview and Scrutiny Committee (Coventry and Warwickshire) for stroke services met?
3. Have the meetings been minuted?
4. If so, has WCC received the minutes?
5. If not has WCC received reports to public meetings from its representatives to the Joint Committee?
6. Has the WCC Scrutiny Committee received reports from Andy Hardy or Rachel Danter to update the Better Health, Better Care, Better Value Programme for the public record such as on 2 July to the Coventry CC Committee?
7. If not why not?
8. If so where are they published?
9. Has the Committee (or WCC) been engaged directly or indirectly with the Regional Assurance Panel so as to be aware of the Pre-Consultation Business Case on the table for 24th May 2018?
10. Is WCC aware of which NHS requirements were not met on 24th May?
11. Will WCC, the Scrutiny Committee, or the Joint Scrutiny Committee have any involvement in scoping altered proposals for an amended PCBS?
12. What engagement or consultation processes have there been to involve Warwickshire people in regard to stroke service changes in the last 12 months?
13. What schedule or arrangement is WCC aware of for such engagement and or consultation in the next six months?
14. Who has the statutory responsibility in regard to stroke service proposals for governance: i.e.
 - a. Overseeing proposals made in the PCBC? accountability, i.e.
 - b. Ensuring timely consultation and engagement?
15. When will this committee next consider the stroke service plans?

**Adult Social Care and Health
Overview and Scrutiny Committee
26th September 2018**

Director of Public Health Annual Report 2018

Recommendations

That the Committee:

1. **Notes and support the Director of Public Health Annual Report 2018**
2. **Agrees to endorse the recommendations stated in the report.**

1. Background

- Directors of Public Health have a statutory requirement to write an annual report on the health of their population, and the local authority is required to publish it.
- The Director of Public Health Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed.

2. Purpose

- This year's report includes: an overview of the health and wellbeing of the Warwickshire population, and provides a focus on the theme of this year's report; the impact of social media on young people growing up in Warwickshire, together with information on progress with the 2017 recommendations.
- The report will make a series of recommendations which require a concerted joint effort if they are to be achieved.

3. Key Headlines

3.1 Health and Wellbeing

- Rate of teenage conceptions continue to fall from 19.5% per 1,000 in 2015 to 18.7% per 1,000 in 2016.

- Hospital admissions as a result of self-harm in 10-24 year olds in Warwickshire have reduced from 510.7 per 100,000 in 2015/16 to 502.9 per 100,000 in 2016/17.
- The percentage of children living in low income families has decreased from 14.0% in 2014 to 11.8% in 2015.
- The percentage of children achieving good level of development at the end of Reception has increased from 71.0% in 2015 to 72.6% in 2016/17.
- The rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years has decreased from 124.7 per 10,000 in 2015/16 to 119.0 per 10,000 in 2016/17.

3.2 Growing up in Warwickshire with Social Media

- 69% of young people said they felt included and connected to friends through social media
- 55% of young people said they could be themselves on social media
- 58% of young people do not think the amount of time spent on social media affects their physical activity
- 44% of young people are inspired to be active by what they saw on social media
- 68% of young people say they would stick up for a friend if they were being bullied on social media
- 31% of young people say social media affects the amount of sleep they get.

3.3 Progress on 2017 recommendations

- In autumn 2017, WCC Equalities representatives endorsed the recommendation to expand EqIA where relevant to include vulnerable groups.
- WCC will seek to evaluate the impact of hubs in 2018/19, to include access of vulnerable people.
- WCC Cabinet established a Loneliness Advisory Group take steps to reduce loneliness and social isolation in Warwickshire.
- WCC Cabinet announced investment of £300,000 to tackle homelessness.
- Nine schools have so far achieved the Warwickshire Young Carers award and others in progress.

4. Next Steps

4.1 Dissemination

- A detailed marketing and communications plan will be prepared to ensure the report is communicated widely within WCC, as well as across partners and the public. A survey will be created to obtain feedback about the report.

4.2 Audit

- The report will be subjected to an audit process and will be subject to peer review by external public health colleagues. Progress against the recommendations will also be monitored and reported. We welcome any feedback on the content of the report. Comments can be addressed to the editorial team.

Background Papers

None

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EAT, SLEEP, SELFIE, REPEAT

GROWING UP IN WARWICKSHIRE WITH SOCIAL MEDIA



Director of Public Health Annual Report 2018

ACKNOWLEDGEMENTS

Editorial team: Dr John Linnane, Helen King, Katie Wilson, ETTY Martin, Sue Robinson, Kate Sahota, Gemma McKinnon, Melanie Adekale, Rachel Robinson

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With thanks to: Samuel Langley-Swain, Grace Hollis

Design: Michael Jackson, WCC

Print: WCC Print Services

Data sources

This report utilises the most recently available published information from a variety of data sources as of 30/07/2018.

If you would like this information in a different format, please contact Marketing and Communications on 01926 413727

References are available online: warwickshire.gov.uk/publichealthannualreport

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FOREWORD



Councillor Les Caborn

*Portfolio Holder for Adult
Social Care and Health,
Warwickshire County Council*

I am very pleased to welcome our Director of Public Health's (DPH) Annual Report for 2018, which this year focuses on the impact of social media on young people's health and wellbeing. Looking after our young people's health and wellbeing is a priority for us all. National and local research has highlighted the need to make sure young people are aware of both the opportunities and risks around social media and how to stay safe online.

I see this year's report as a helpful resource which should be shared with our schools, parents and adults responsible for young people, as well as service commissioners and the wider community. We need to make sure that we are all more aware of the positive and negative impacts that social media has, and the opportunities it presents for connecting with our young people.

INTRODUCTION

Social media is a part of everyday life for many of us, and especially for our younger people. The effects of social media have been well documented over recent years and we know that the impacts social media can have on young people's health and wellbeing can be both positive and negative.

I wanted to use this year's report to highlight these impacts but also to ask "WhatsApp'ening in Warwickshire?" and hear the voice of our young people to find out their own thoughts about how social media impacts on their lives and their health and wellbeing.

Chapter 1 of my report provides an overview of the health and wellbeing of Warwickshire's population. **Chapter 2** introduces social media and highlights some national findings. **Chapter 3** presents the findings from our own research on social media and its impact on young people's health and wellbeing. **Chapter 4** provides progress on last year's recommendations. The **Glossary** at the end of the report will help with understanding key terms in social media.

I am delighted to see how engaged schools and young people have been with this research. I am pleased that we received 2,324 responses to our questionnaire which we circulated with the support of our schools. This is a big achievement and a higher response than many of the national studies we reviewed.

Central to this year's theme is the role that schools, teachers, parents and carers have in understanding and supporting our young people with the impacts social media may have on health and wellbeing. This year's recommendations focus on how we can work together in partnership to ensure our young people are staying safe and well online.



Dr John Linnane

*Director of Public Health,
Warwickshire County Council*

2018 RECOMMENDATIONS

1. Social media can improve access to physical and emotional health and wellbeing information. Warwickshire County Council (WCC) and local NHS partners need to recognise that social media is potentially the best method to engage, inform and signpost young people to information, support and services.
2. Tackling the resilience of young people in a social media world is urgent. All partners need to demonstrate that we adequately resource and work in partnership to protect our young people from harm through social media.
3. We need to take account of the influence that social media can have on promoting healthy lifestyle choices (including getting enough sleep, being physically active and having a balanced diet). Resources aimed at promoting healthy lifestyles and support young people should be adapted to reflect this.
4. Social media can influence relationships in both a positive and negative way. We should ensure that Relationship and Sex Education, as part of the broader Personal Social and Health Education (PSHE) curriculum, includes information on how social media can impact on relationships and how to prevent inappropriate relationships and contact with others online.
5. Social media dependency may be detrimental to health and wellbeing. We should raise awareness to help young people, parents and carers recognise the signs and symptoms of this and provide information on where to seek support.



CHAPTER 1:

THE PICTURE OF HEALTH AND WELLBEING IN WARWICKSHIRE

There have been many improvements in public health over the last twelve months and generally health at a Warwickshire level is reported as good compared to England. This chapter provides an update on the health and wellbeing of our local population at district/borough, county and Clinical Commissioning Group (CCG) levels. Warwickshire's contribution to health and wellbeing in the West Midlands is also presented.

Warwickshire has an estimated population of **564,562**¹



Males

279,194



Females

285,368



Total

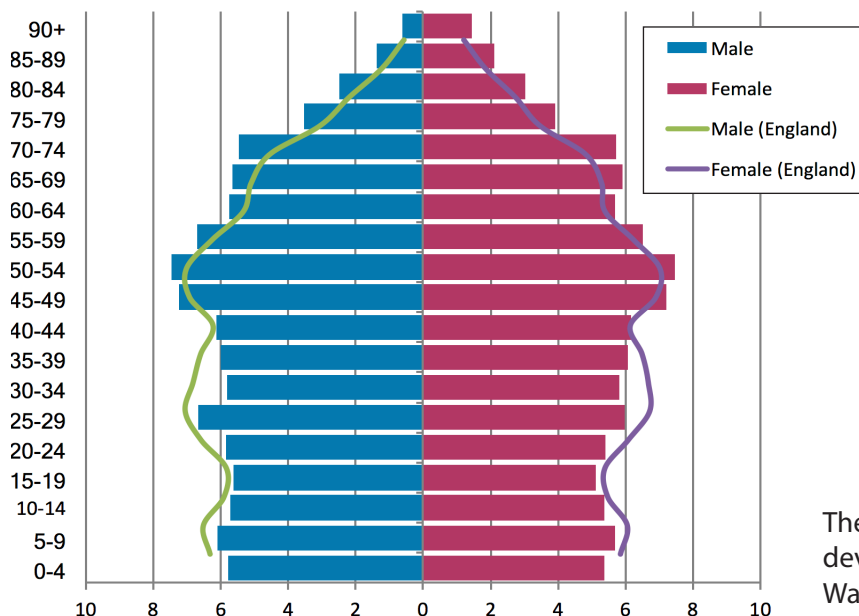
564,562

22%



are under 20

Currently around **22.4%** of the population are under 20; although the numbers in this age group are projected to increase by around **3,390** by 2041, this proportion is likely to reduce to **21%**.²



Source: ONS mid-2017 population estimates¹

There are a large number of new housing developments planned to take place across Warwickshire during the current local plan period (2011-2031). These are expected to impact on population growth.

Over the period 2016-2041 the population in Warwickshire is expected to increase by around **53,250** people (9.5%); Rugby Borough is expected to have the greatest population growth (14.2%) and Stratford-on-Avon District the least (6.7%).²

53,250

population increase by 2041

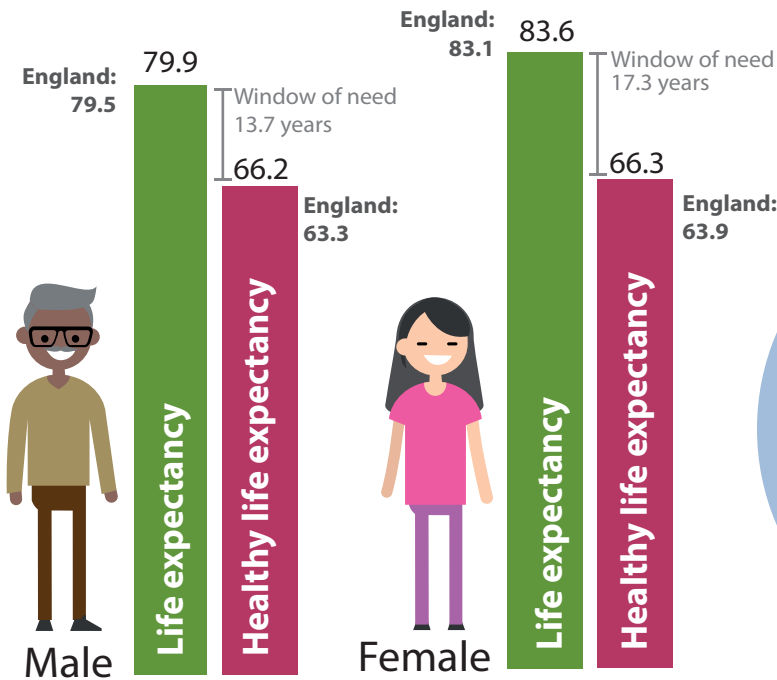
Number of homes planned per district/borough:

North Warwickshire ³	9,070
Nuneaton & Bedworth ⁴	13,374
Rugby ⁵	12,400
Warwick* ⁶	17,139
Stratford-on-Avon ⁷	14,600

*period 2011-2029.

Life expectancy at birth is significantly better in Warwickshire than the England average for both males at **79.9** years and females at **83.6** years⁸. However in 2014-16, compared to the previously reported period, life expectancy decreased slightly in males and remained the same for females⁸. This reflects a national trend of improvements in life expectancy slowing down during the second decade of the 21st century.

Life Expectancy at birth (2014-16)



In Warwickshire in 2014-2016 healthy life expectancy continues to be significantly higher than the England average but shows a reduction of 1.8 years for males and 1.3 years for females compared to 2013-2015⁸.

The gap between life expectancy and healthy life expectancy is known as the 'window of need'. While it is good that we are living longer, the window of need shows that much of the additional time is spent in poor health – around **14 years** for men and **17 years** for women in Warwickshire⁸.

Years spent in poor health impact on families and workplaces, and increase pressure on health and social care services.

The 'window of need' for males in Warwickshire is **2.5 years** narrower than the England average and for females **1.9 years** narrower than the England average.

Deprivation has a significant impact on life expectancy⁹. The life expectancy gap is calculated as the difference between life expectancy in the least and most deprived areas of Warwickshire. In Warwickshire the life expectancy gap is larger for males (**7.5 years**) than females (**5.2 years**)⁸.

On average females in the least deprived areas are likely to live

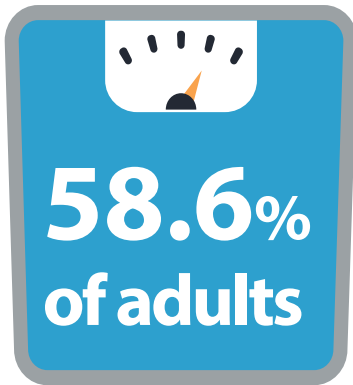


than those in the most deprived areas.

This goes up to 7.5 years for males.



Warwickshire continues to face a number of public health challenges*



are classified as overweight or obese

England: 61.3%
2016/17

590
per 100,000 adults (18+)

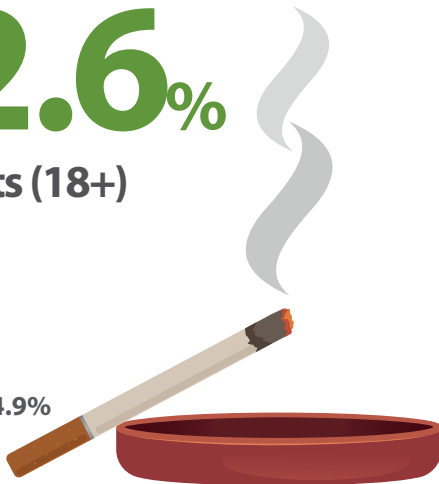
Hospital admissions for alcohol related conditions



England: 636 2016/17

12.6%
of adults (18+) smoke

England: 14.9%
2017



The conception rate in females aged 15-17 is

18.7
per 1,000

England: 18.8
2016

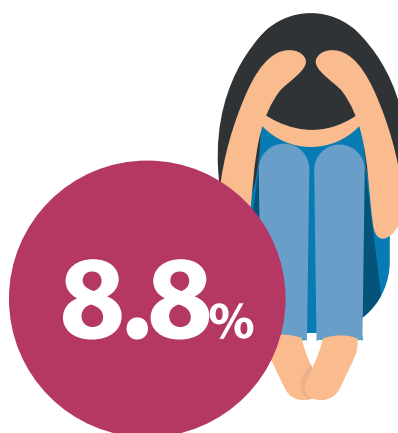


There were

502.9

hospital admissions as a result of self-harm per 100,000 10-24 year olds

England: 417.4 2016/17



of adults (18+) on GP practice registers are recorded as having depression

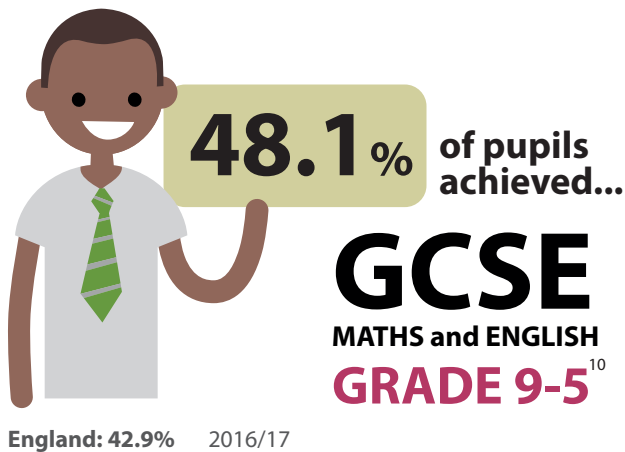
England: 9.1% 2016/17



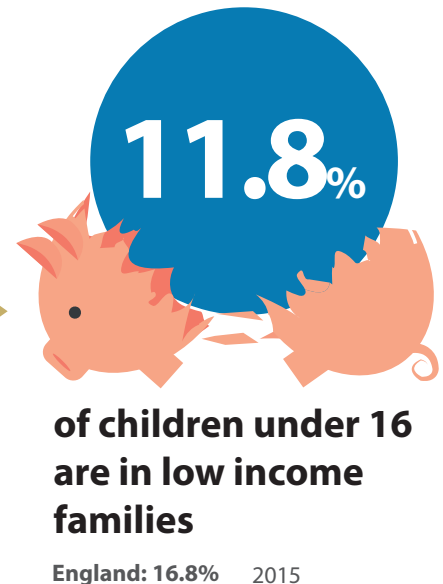
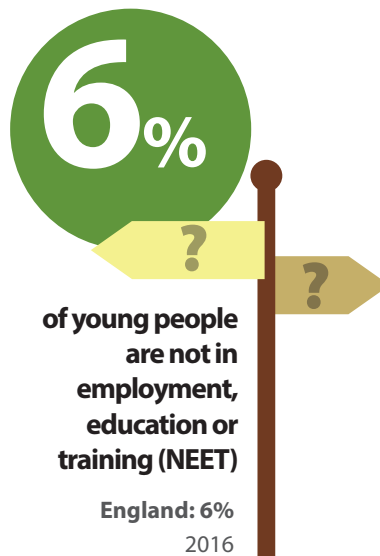
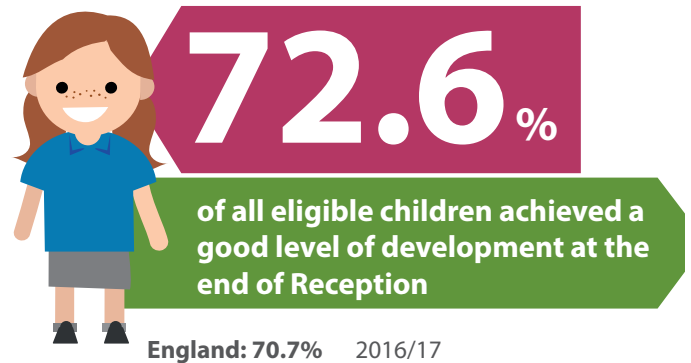
of patients (all ages) on GP practice registers have a severe mental illness

England: 0.92% 2016/17

Wider factors influencing health and wellbeing*



We have a good level of school readiness...



There have been improvements in core areas of public health and in some of the wider determinants that affect health, particularly around young people in Warwickshire:

- The rate of teenage conceptions continues to fall from 19.5 per 1,000 in 2015 to **18.7 per 1,000** in 2016.
- Hospital admissions as a result of self-harm in 10-24 year olds in Warwickshire have reduced from 510.7 per 100,000 in 2015/16 to **502.9 per 100,000** in 2016/17.
- The percentage of children living in low income families has decreased from 14.0% in 2014 to **11.8%** in 2015.
- The percentage of children achieving a good level of development at the end of Reception has increased from 71.0 % in 2015/16 to **72.6%** in 2016/17.
- The rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years has decreased from 124.7 per 10,000 in 2015/16 to **119.0 per 10,000** in 2016/17.

*All data on these pages is from PHE Fingertips⁸, unless otherwise stated.

Warwickshire Health Profile 2018⁸

● Better ● Similar ● Worse

This shows the current health performance of the Warwickshire County and allows comparisons of performance between the districts and boroughs. The values are coloured to indicate statistical significance compared to England. This is the most recent compiled and published data as of 30th July 2018.

Short name	Unit	England	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Period
Under 18 conceptions	per 1,000	18.8	18.7	15.7	29.8	16.7	12.1	16.4	2016
Low birth weight of term babies	%	2.8	2.3	1.4	3.1	2.3	1.4	2.5	2016
Smoking prevalence in adults	%	14.9	12.6	5.7	16.4	14.0	9.8	13.9	2017
New sexually transmitted infections	per 100,000	743	550	608	725	552	419	480	2017
5 year olds free from dental decay	%	76.7	78.4	79.3	71.8	78.1	82.6	80.9	2017
Overweight & obese (reception)	%	22.6	22.8	24.3	24.3	21.0	22.5	22.2	2016/17
Overweight & obese (Year 6)	%	34.2	31.5	35.8	35.5	31.2	28.9	27.6	2016/17
Hospital admissions for unintentional and deliberate injuries in children (aged 0-14 years)	per 10,000	101.5	119.0	103.1	118.0	156.2	103.9	108.0	2016/17
Excess weight in adults	%	61.3	58.6	67.9	66.8	58.4	50.5	55.8	2016/17
Suicide rate (aged 10+)	per 100,000	9.9	12.2	13.7	14.1	8.8	11.6	12.9	2014-16

Infant mortality (under 1 year)	per 1,000 live births	3.9	4.7	4.9	6.2	4.3	4.3	4.3	3.6	2014-16
Preventable mortality	per 100,000	182.8	172.7	182.4	205.7	175.1	152.3	158.4	158.4	2014-16
Under 75 mortality rate: cardiovascular	per 100,000	73.5	68.4	69.8	80.8	75.5	56.2	63.1	63.1	2014-16
Under 75 mortality rate: cancer	per 100,000	136.8	131.1	128.0	142.9	124.9	128.9	128.8	128.8	2014-16
Hip fractures in people aged 65 and over	per 100,000	575	556	612	522	552	567	539	539	2016/17
Emergency Hospital Admissions for Intentional Self-Harm	per 100,000	185.3	161.2	156.0	189.2	179.0	143.8	144.2	144.2	2016/17
Killed or seriously injured on the roads*	per 100,000	39.7	60.9	84.9	35.9	75.1	81.5	44.3	44.3	2014-16
Admitted to hospital for alcohol-specific conditions (under 18)	per 100,000	34.2	43.8	54.3	60.0	39.0	37.5	32.1	32.1	2014/15-16/17

The values are coloured Red, Amber and Green (RAG) to indicate statistical significance compared to England. RAG ratings are affected by small numbers for some indicators.

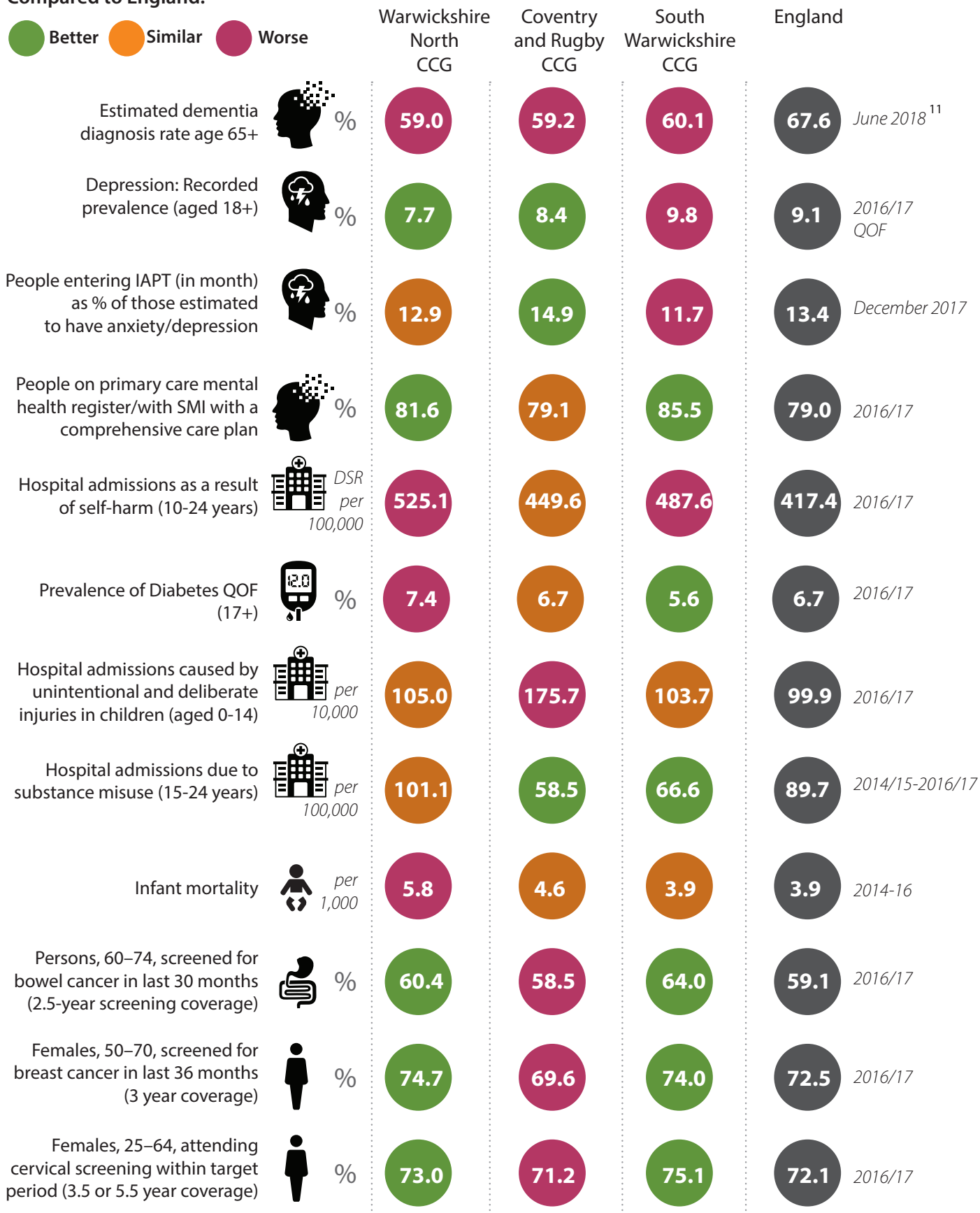
*This includes all people (residents & non-residents) killed or seriously injured on Warwickshire roads.

Clinical Commissioning Group (CCG) Health and Wellbeing Profiles

There are 3 CCG organisations commissioning health services in Warwickshire. The indicators below provide information on both the services provided and the health of the population served*.

Compared to England:

● Better
 ● Similar
 ● Worse



*All data on these pages is from PHE Fingertips®, unless otherwise stated.

Health and Wellbeing in the West Midlands Combined Authority

The health and wellbeing of residents across the West Midlands is an important component of social and economic performance in the region. Warwickshire, although not one of the seven constituent local authorities of the West Midlands Combined Authority (WMCA), plays a crucial role in contributing to the desire to improve life chances for all residents in the region. The following data compares values for key health and wellbeing measures in Warwickshire with those in the WMCA and the seven metropolitan geographies.

Compared to England: ● Better ● Similar ● Worse

	Warks	WMCA	Bham	Coventry	Dudley	Sandwell	Solihull	Walsall	Wolv
Life expectancy at birth - Males (yrs) (2014-16)	79.9	77.8	77.2	78.5	78.6	77.0	80.4	77.2	77.2
Life expectancy at birth - Females (yrs) (2014-16)	83.6	82.2	81.9	82.4	82.9	81.4	84.2	82.0	81.3
Healthy life expectancy at birth Males (yrs) (2014-16)	66.2	59.7	59.7	62.2	59.9	57.1	64.6	57.7	56.6
Healthy life expectancy at birth Females (yrs) (2014-16)	66.3	60.3	59.3	62.9	61.9	59.5	66.0	57.2	58.6
Window of need (Males)	13.7	18.1	17.5	16.3	18.7	19.9	15.8	19.5	20.6
Window of need (Females)	17.3	21.9	22.6	19.5	21.0	21.9	18.2	24.8	22.7
Infant mortality rate per 1,000 live births (2014-16)	4.7	6.6	7.9	4.6	5.5	5.8	4.5	7.1	5.6
Teenage conceptions (aged 15-17) rate/1,000 (2016)	18.7	23.2	21.4	26.6	20.2	27.4	14.6	30.0	25.8
% of women who smoke at time of delivery (2016/17)	9.9	10.4	8.1	10.9	13.6	10.0	9.8	11.8	17.1
Smoking prevalence in adults (%) (2017)	12.6	14.3	13.7	15.9	13.7	17.4	10.5	14.5	14.4
Fuel poverty (%) (2015)	12.2	14.1	15.6	14.4	11.8	14.3	10.6	13.2	14.6
Physically active (%) (2016/17)	65.9	60.0	62.4	59.3	59.9	54.2	64.0	59.0	55.9
Suicide rate per 100,000 (2014-16)	12.2	9.8	10.0	8.3	9.5	10.8	10.0	10.3	10.1

Source: Public Health England, <https://fingertips.phe.org.uk/> accessed 25/7/18⁸ AND West Midlands Combined Authority (July 2018), State of the Region report¹².

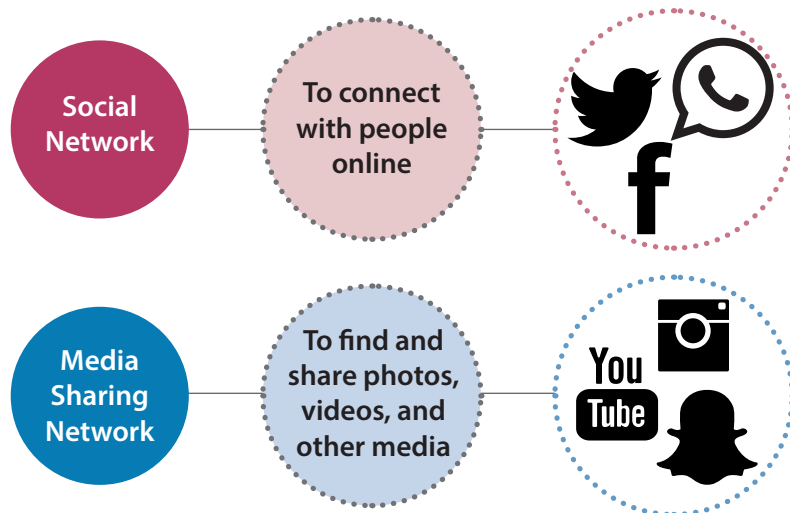
CHAPTER 2:

SOCIAL MEDIA AND ITS IMPACT ON YOUNG PEOPLE'S HEALTH AND WELLBEING



Social media has transformed the way in which we communicate and is now a part of most people's lives, especially young people's¹³. Social media can be defined as websites and applications that allow people to communicate and share information on the internet¹⁴.

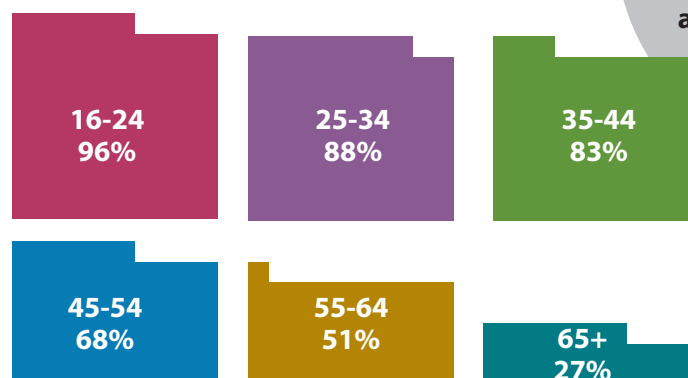
It can be accessed on a computer, tablet or a mobile phone and there are different types for different uses¹⁵:



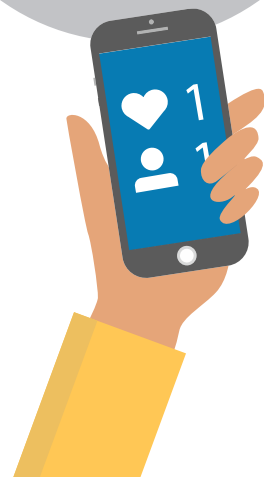
HOW MANY PEOPLE USE SOCIAL MEDIA?

The use of the internet for social media has been rising over recent years. In 2011 **45%** of internet use was reported as being for social networking and by 2017 this figure had risen to **66%**¹⁶. Worldwide **1 in 4** people now use websites and applications such as Facebook, Twitter and Instagram¹⁷.

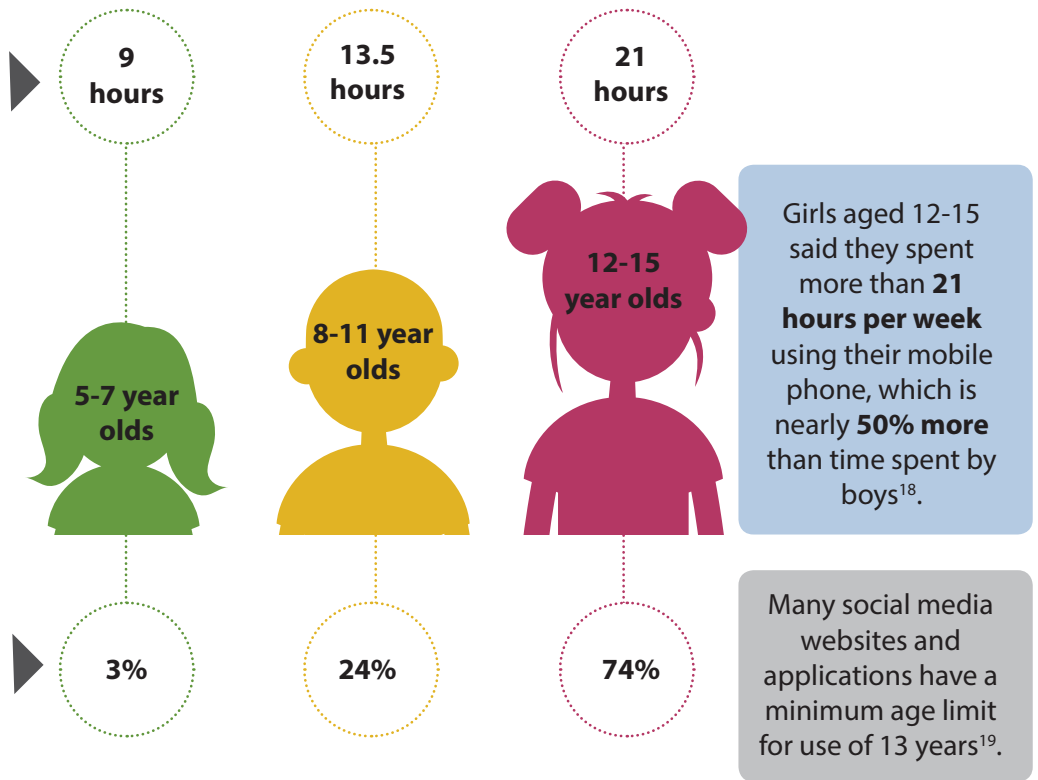
Social media use by age¹⁶



Young people use the internet to access social networking sites more than any other age group. The most common type of device for them to access the internet on is a smartphone¹⁶.



A study by Ofcom in 2017 found that, of those questioned, 12-15 year olds spend the most time online per week (including using social media, gaming and watching videos) compared with younger age groups¹⁸:



Ofcom also reported on the proportion of children and young people who have a social media profile¹⁸:

SOCIAL MEDIA AND THE IMPACT ON HEALTH AND WELLBEING

Most young people growing up in 2018 have never known a world without social media. The way in which it enables young people to connect online, build friendships, be creative and learn can impact on all aspects of health and wellbeing in both a positive and negative way¹³.

POSITIVE IMPACTS

- 😊 Healthy lifestyle choices
- 😊 Informed about the world
- 😊 Inspired to be more active
- 😊 Positive body image
- 😊 Emotional support
- 😊 Build and form new friendships/relationships
- 😊 Connect to peers and family
- 😊 Creativity
- 😊 Self-expression
- 😊 Self-identity

NEGATIVE IMPACTS

- 😞 Poor body image
- 😞 Low self esteem
- 😞 Feeling sad
- 😞 Feeling anxious/worried
- 😞 Feeling depressed
- 😞 Lonely and socially isolated
- 😞 Cyber bullying
- 😞 Peer pressure
- 😞 Poor sleep habits

Schools, parents and carers play a key part in educating children and young people about online safety but the responsibility for empowering them to stay safe and use the internet and social media appropriately goes much wider in society²⁰. Understanding the impact of social media on our young people provides the opportunity for prevention and early intervention to protect and improve their health and wellbeing.

WHAT DO WE KNOW ALREADY ABOUT THE IMPACT OF SOCIAL MEDIA ON YOUNG PEOPLE'S HEALTH AND WELLBEING?

The following four reports provide a snapshot of some of the findings from recent national research:



UK Safer Internet Centre, Digital Friendships: the role of technology in young people's relationships - 2018²¹



Participants

2,000 young people aged 8-17 years



Key findings

- The most popular platforms being used to chat to friends on a daily basis are YouTube (41%), WhatsApp (32%), Snapchat (29%), Instagram (27%) and Facebook or Facebook Messenger (26%).
- Over half (54%) of respondents said they would feel isolated if they couldn't talk to their friends via technology.
- 39% said they have made friends online that they wouldn't have met otherwise.
- Expectations are being formed in young people's relationships around replying to messages, inclusion in group chats and the importance of 'likes'.
- Popularity, status and self-esteem can play a role in how young people interact with each other; 40% have felt left out and 36% think that others lead more exciting lives.
- The majority of young people are having positive experiences and interactions online but many are also having negative experiences.



Method

Online survey



University of Birmingham - Impact of Social Media on Young People's Health and Wellbeing: Evidence, Guidelines and Actions - 2018²²



Participants

1,346 young people aged 13-18 years



Key findings

- 63% believe social media is a good source of health information.
- 53% would change their health-related behaviours if it was posted by an official organisation e.g. by the NHS or Sport England.
- Over half of young people (53%) use social media to access health information on food, physical activity, sleep and body image.
- 46% reported changing their health-related behaviours as a direct result of accessing content on social media.
- 43% of young people reported that health-related content on social media positively impacts their health.
- Nearly all young people reported seeing inappropriate content on social media related to food, physical activity and body image e.g. water diets.
- Young people reported that peer pressure on social media and its relationship with body dissatisfaction is a bigger problem than cyberbullying.



Method

Focus group and workshops



Royal Society for Public Health - #StatusofMind - Social media and young people's mental health and wellbeing - 2017¹³



Participants

1,479 young people aged 14-24 years



Method

Survey



Key findings

- Different social media platforms can impact on health and wellbeing in different ways.
- YouTube has the most positive impact on health and wellbeing and Instagram the most negative impact on health and wellbeing:
 - YouTube (most positive)
 - Twitter
 - Facebook
 - Snapchat
 - Instagram (most negative)
- Social media has been described as more addictive than cigarettes and alcohol.
- Social media use is linked with increased rates of anxiety, depression and poor sleep.
- Social media can improve young people's access to other people's experiences of health and expert health information.
- Those who use social media report being more emotionally supported through their contacts.



Children's Commissioner - 'Life in Likes' report - 2017¹⁹



Participants

32 young people aged 8-12 years



Method

Focus groups



Key findings

Young people:

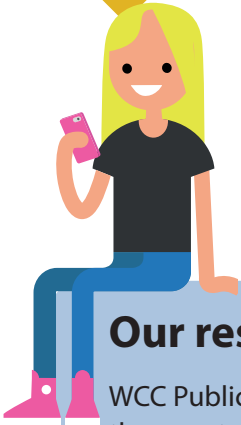
- Knew how to cheer themselves up or calm down using social media.
- Were aware of online safety but less so of protecting themselves from situations that could affect their mood and emotions.
- Felt that social media was important for maintaining relationships.
- Were conscious of keeping up appearances on social media.
- Felt good when they got 'likes' and 'comments'.
- Said social media could inspire and help them learn.

Most popular social media platforms:

Snapchat, Instagram, Musical.ly, WhatsApp

CHAPTER 3:

VOICE OF WARWICKSHIRE'S YOUNG PEOPLE



Our research

WCC Public Health invited young people aged 10-18 years from across the county to participate in a research project. In total over 2,300 young people took part. The findings of the research will help to provide a better understanding of the impact that social media has on young people's health and wellbeing. This in turn will help us to make evidence-based recommendations to key stakeholders to help improve the health of children and young people in Warwickshire.

For the purpose of this research social media was defined as websites and applications that enable users to create and share content or to participate in social networking. We did not include online gaming.

A mixed methods approach was used to find out what it is like growing up in a world of social media and how it can impact on health and wellbeing.

An online survey was used to collect local data on key themes that emerged from a literature review and from focus groups with young people attending four schools in Warwickshire.



Survey respondents profile

Number of young people	2,324*
Age	10 - 18 years old
Year group	Years 6-8: 56% Years 9-13: 44%
Gender	47.2% boys 47.5% girls 1.9% trans 3.4% prefer not to say
Social media use	89% of young people responding used social media



* Not all respondents answered every question in the survey.

Key themes

The research identified five key themes where social media had an impact on health and wellbeing.



Wellbeing

Wellbeing is about feeling good and doing (functioning) well²³.



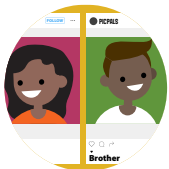
Identity

The characteristics that determine who or what a person or group is²⁴.



Lifestyle

The interests, opinions and behaviours chosen by individuals²⁵.



Relationships

A relationship describes how people are emotionally involved or connected in some way²⁶.



Fear of missing out

Fear of missing out (FOMO) is considered a form of social anxiety and describes the feeling of not wanting to miss any opportunities to have social interactions and experiences¹³.

For analysis purposes we grouped respondents by:

Gender

Girls



Boys



Daily Usage



Low users - 2 hours or less



High users - 3-6 hours

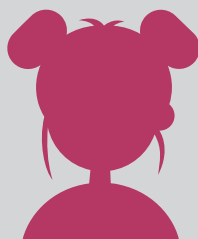


Super users - 7 hours or more

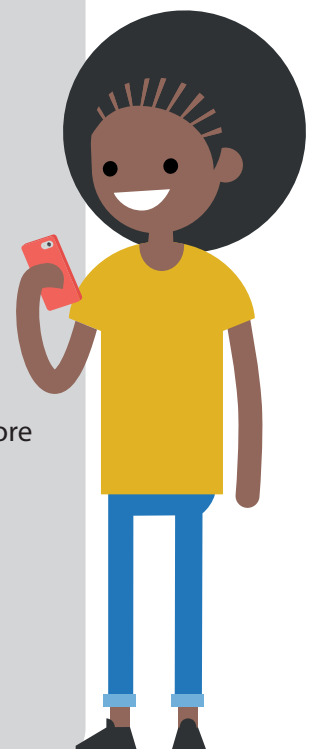
Age group



'Younger' age group - Years 6-8 (ages 10-13)



'Older' age group - Years 9-13 (ages 13-18)





BACKGROUND

Adolescence is a crucial time for emotional and social development²⁷. The relationships we form and the identities we shape during this time can impact on feelings of wellbeing¹³.

Social media has the ability to impact on the emotions of children and young people in both a positive and negative way. It can provide a place for young people to express themselves; form, build and maintain friendships; connect with people (some of which may be outside of their usual social circle), and learn about the world around them¹³.

For some young people social media can negatively affect wellbeing, for example through the impact of cyberbullying. It can also encourage unhealthy behaviours such as obsession with body image, which is linked to low self-esteem and the inability to cope with life's ups and downs¹³. Low self-esteem and low resilience are more prevalent in teenage girls and is related to significant increase in self-harm and other destructive behaviours^{13,28,30}.

Understanding more about the social media interactions our young people are having, and how this may be impacting on their mental health and wellbeing, is important to be able to support them. Good mental health can provide the foundation for good physical health and for a range of other important life skills, capacities and capabilities²⁹.

FINDINGS FROM NATIONAL RESEARCH:

Young people who were heavy users of social media, (spending more than two hours per day on social media) were more likely to report poor mental health, including psychological distress¹³.

Young people were increasingly turning to social media as a means of emotional support to prevent and address mental health issues. 40% of 8-17 year olds said that it is easier to tell someone how they feel online than in person^{13,21}.

Children associated social media with positive moods and happy emotions. From Year 4 to Year 7 (aged 8-12), children described actively using social media to boost their mood and make them laugh, by watching funny videos and sending funny things to their friends²⁴.

19% of young people aged 8-17 years old had thought about stopping using social media because it has a negative impact on their mood²².

82% of young people reported that they had felt excited by something online in the last week²².

Overall use, nighttime-specific use and emotional investment were each associated with lower self-esteem³⁰.

"I used to have major issues with severe paranoia, self-hatred and low self-esteem, and thanks to the support from online communities, I am getting a lot better. I'm so grateful for social media; it has undoubtedly saved my life."
Girl, Year 10

VOICE OF WARWICKSHIRE'S YOUNG PEOPLE

60%

of young people felt that overall social media had a positive impact on their emotions.



34%

weren't sure.

6%

reported a negative impact.

Females

were significantly more likely to report a negative impact on their emotions.



25% of young people have seen negative comments about themselves on social media which have upset them.



More girls have experienced this than boys:

Girls: 30%
Boys 20%

73%

of young people report social media never makes them feel lonely/excluded.



54%

reported social media never makes them feel angry.



37% occasionally felt angry.
9% often felt angry.

5% of young people report social media often makes them feel worried.

30% occasionally feel worried.

65% never feel worried.

More respondents in the older age group are likely to use social media to find support or help if they are upset or worried about something:

Older group: 30%
Younger group: 19%



69%

reported feeling included/connected to friends through social media.



"Social media makes me feel happy when I receive kind messages or when a funny video shows on Facebook or Youtube"
Girl, Year 10

"I personally think that having social media opens up a whole new amazing world"
Girl, Year 7

"It is extremely positive and key to my lifestyle. It allows me to explore things I never thought were possible"
Boy, Year 11

RECOMMENDATION

Social media can improve access to physical and emotional health and wellbeing information.

Warwickshire County Council (WCC) and local NHS partners need to recognise that social media is potentially the best method to engage, inform and signpost young people to information, support and services.



IDENTITY

The characteristics that determine who or what a person is²⁴.

BACKGROUND

Children and young people develop a sense of their identity as they are growing up. Identity is fluid and it can be influenced and shaped by our beliefs, life experiences and social circumstances.

We know that the majority of young people use social media regularly. This can contribute to the shaping of their identity as the views of friends and others online may affect the way children and young people behave and feel on and offline¹³.

Social media profiles can be a way for young people to express their identity and for others to see who they are¹³. Profiles can be created on certain websites and applications, such as Facebook and Instagram. They can be positive as they enable young people to connect online, however sharing personal information online could pose a safety risk to children and young people if not properly managed³¹.

FINDINGS FROM NATIONAL RESEARCH:

Children and young people were conscious of keeping up appearances on social media, particularly when they started secondary school, and identity and seeking peer approval become more important¹⁹.

8-12 year olds reported the importance of 'staying true to yourself' and being authentic on social media. Girls were worried about looking 'pretty' and boys were more concerned with looking 'cool' and having the right clothing¹⁹.

8-12 year olds became aware of how they looked compared to others when they started following celebrities and other people on social media, and felt that comparisons were unattainable¹⁹.

Many children and young people had developed aspirations after being exposed to new ideas online and things they had seen on social media shaped their career goals¹⁹.

"How I use social media helps me find people with similar problems and interests as me. Without it I would feel lonely and depressed."
Girl, Year 10

"The worst thing about social media is jealousy - feeling pressured to look a certain way.... Or look like someone else.... And the fear that comes with that of not being good enough."
Girl, Year 10

"I have found that if I use social media to post images or opinions I become more self-conscious, which is why I don't have an Instagram or Twitter account."
Girl, Year 13

VOICE OF WARWICKSHIRE'S YOUNG PEOPLE

51%

did not feel under pressure to look better or 'perfect' in pictures.

28% did feel under pressure.

21% weren't sure. 😎

55%

could be themselves on social media.

17% felt they couldn't.

28% weren't sure.

42% of young people overall weren't sure if social media makes them feel positive about how they look.



25% of girls agreed social media makes them feel positive about how they look compared to

20% of boys. 👍 👍

54%

of young people reported that social media helps them to be creative.

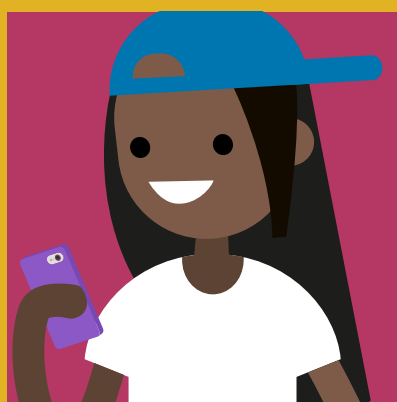


28%

agreed that they see pictures on social media that make them want to change how they look.

54% disagreed.

18% weren't sure.



#SELFIE

"It inspires me to do things better and to just become a better person in general."
Girl, Year 10

Filters mean you can post the most perfect version of yourself."
Boy, Year 13

"So many people (including myself) have put unrealistic photos of themselves where they're covered in makeup and filters to make them flawless, when that isn't real life. And teenagers (also myself included) see these images of people that aren't real and feel the need to aspire to look like that."
Girl, Year 11

RECOMMENDATION

Tackling the resilience of young people in a social media world is urgent. All partners need to demonstrate that we adequately resource and work in partnership to protect our young people from harm through social media.

LIFESTYLE

The interests, opinions and behaviours chosen by individuals²⁵.



BACKGROUND

Lifestyle choices include the food we eat, our level of physical activity and the use of substances such as tobacco and alcohol. These choices can affect children and young people's health and wellbeing in either a positive or negative way. For example, choosing to eat healthy foods and exercise regularly can help young people to maintain a healthy weight and impact on their long term health and wellbeing. Children and young people's lifestyle choices are influenced by a variety of factors including:

- The family and home environment
- Where they go to school
- Their friends and peer networks
- The media
- The wider society in which they live

Social media can be a powerful tool to encourage children and young people to make healthy lifestyle choices^{21,22}. It enables them to access up-to-date and accurate health information and resources, and it can create opportunities for children and young people to connect with others and share experiences. Conversely, information from less credible sources could encourage them to make inappropriate choices²².

FINDINGS FROM NATIONAL RESEARCH:

63% of young people believed social media is a good source of health information²².

Over half of young people (53%) used social media to access health information on food, physical activity, sleep and body image²².

Likes and followers are used by young people to inform their judgements about whether information is credible and which types of health-related content they should act upon²².

Nearly all young people aged between 13-18 reported seeing inappropriate content related to diet/nutrition, exercise and body image²².

As a result of accessing health materials through social media some young people have reported:

- Developing obsessive/addictive health monitoring behaviours e.g. tracking activity levels²²
- Engaging with extreme diets and exercises²²
- Experiencing heightened levels of body dissatisfaction²²

Some media platforms, such as YouTube, contain videos that portray smoking in a positive light and this was exposing children and young people to significant risks related to smoking³².

VOICE OF WARWICKSHIRE'S YOUNG PEOPLE

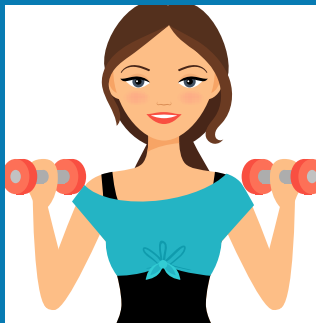
26% of young people have made healthier lifestyle choices because of what they have learnt on social media.



This was true for more girls than boys:

Girls: 32% 

Boys: 21% 



44%

of young people are inspired to be active by posts, pictures and people they see on social media.

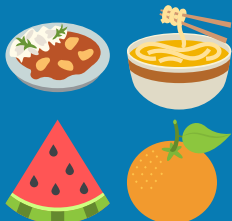
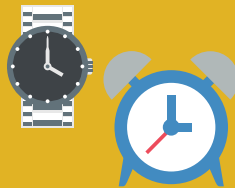
58% of young people do not think the amount of time they spend on social media impacts on their physical activity levels.



More boys think this than girls:

Girls: 53% 

Boys: 63% 



24%

of young people have seen how to eat healthily by posts, pictures and people they see on social media.

This was true for more girls than boys:

Girls: 29%

Boys: 19%

"I had a friend who followed lots of conflicting diet information and weight loss posts on things like Instagram and she has ended up with an eating disorder"
Girl, Year 12

"It wastes so much time and I feel it can make me more tired or less active as I fill up spare time with social media."
Girl, Year 12

"Some pages and public figures motivate and inspire me to change my lifestyle so that I am happier, healthier and more active."
Girl, Year 12

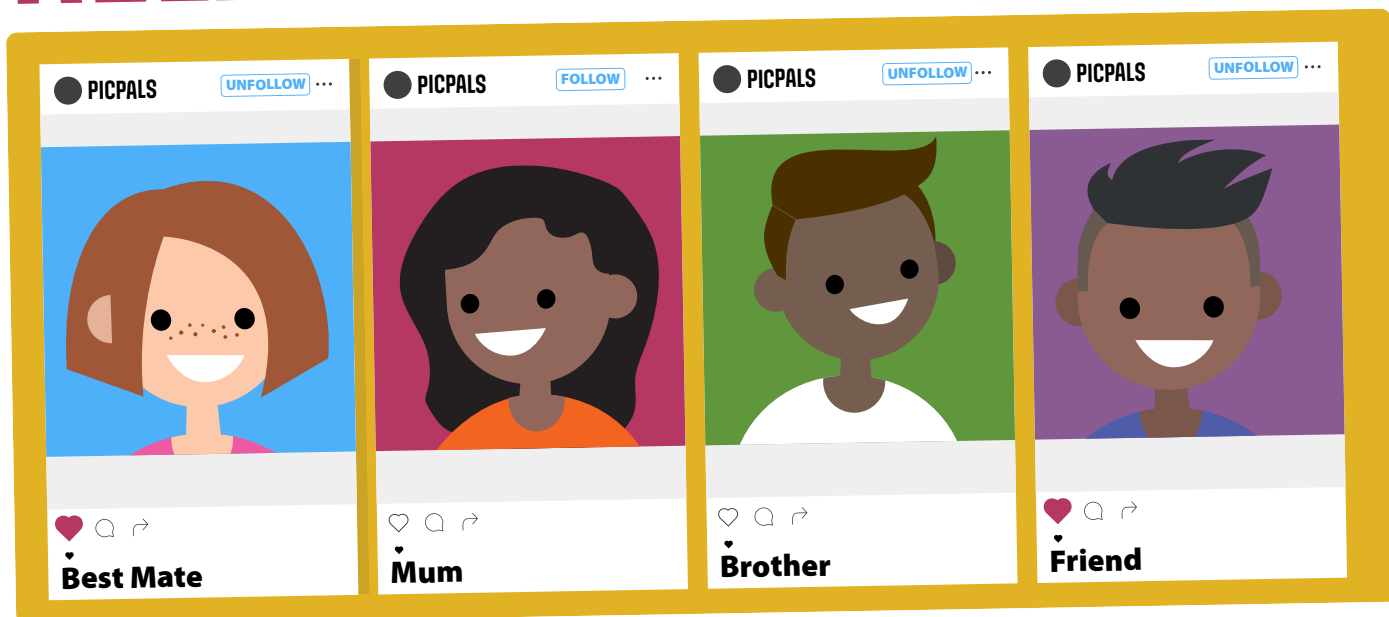
"It is extremely positive and key to my lifestyle...if it wasn't for social media and technology in general then my life would be extremely tedious."
Boy, Year 11

RECOMMENDATION

We need to take account of the influence that social media can have on promoting healthy lifestyle choices (including getting enough sleep, being physically active and having a balanced diet). Resources aimed at promoting healthy lifestyles and support young people should be adapted to reflect this.

RELATIONSHIPS

A relationship describes how people are emotionally involved or connected in some way²⁶.



BACKGROUND

As social beings, the ability to make and keep relationships is essential to us and can influence the way we operate within society. Healthy relationships can be the key to being mentally healthy and having a positive sense of wellbeing³³.

Social media can have a powerful effect, for good or bad, on a range of relationships²¹. It can be an important tool for forming and maintaining relationships with friends and family, as well as people outside of young people's usual social circles. It can also enable a young person to become more independent and communicate without barriers. However, social media presence (or a lack of) can contribute towards breakdowns in relationships with family and friends both on and offline, as highlighted in the national findings¹⁹.

Social media can also be used by children and young people to access information and advice on relationships²².

"Social [media] is fine, lets you keep in touch with people e.g. friends and family."
Boy, Year 9

FINDINGS FROM NATIONAL RESEARCH:

Some children and young people found that maintaining online friendships could be stressful and a source of distraction from offline activities¹⁹.

Being 'offline' or not being contactable was in some cases considered socially damaging. People could fall out if their friends felt they weren't being responsive enough online¹⁹.

38 % of 14 - 17 year olds reported sending a sexual image to a partner during or after a relationship while 49% had received them³⁴.

The way parents were using social media also affected children's own use and perceptions. Children whose parents use social media a lot tended to feel that it was more essential than children whose parents tended to use it less¹⁹.

Schools focus primarily on cyberbullying, but for young people, a bigger problem is peer-pressure on social media and its relationship to enhanced body dissatisfaction²².

VOICE OF WARWICKSHIRE'S YOUNG PEOPLE



"PSHE lessons are also far too outdated on some social media issues like pornography. If the education system is nervous about talking about it the teenagers will become nervous as well."
 Girl, Year 12

"Social media actually helps me to feel like I'm not alone in the world. I will see a post on Tumblr about something (eg. insomnia or asexuality) which I can relate to."
 Girl, Year 8

"It's easier to make friends or get closer to people you may have a crush on."
 Boy, Year 8

RECOMMENDATION

Social media can influence relationships in both a positive and negative way. We should ensure that Relationship and Sex Education, as part of the broader Personal Social and Health Education (PSHE) curriculum, includes information on how social media can impact on relationships and how to prevent inappropriate relationships and contact with others online.

FEAR OF MISSING OUT

Fear of Missing out (FOMO) is considered a form of social anxiety and describes the feeling of not wanting to miss any opportunities to have social interactions and experiences¹³.

BACKGROUND

Social media creates an environment where it is easy for children and young people to be continually online and connected with their peers. This has become a large contributing factor to the FOMO phenomenon.

Children and young people experience considerable pressure to be available all of the time and to know and be involved in everything that is going on around them - this can lead to compulsive social media checking and significant emotional investment. FOMO can enhance the perception that other people are having rewarding experiences that you are not involved in or feel excluded from. Everyone else can appear to be having a better time^{13,27,35}.

The impact of FOMO on health and wellbeing shows a strong link with poor sleep quality and poor mental health and wellbeing, both of which are underlying factors in a range of health conditions²⁷.



FINDINGS FROM NATIONAL RESEARCH:

Social media has been described as more addictive than cigarettes and alcohol. Social media addiction is thought to affect around **5%** of young people¹⁹.

40% of young people aged 8-17 said that they feel left out when people post things that they haven't been included in, with girls more likely to feel this (**43%**) in comparison to boys (**37%**)²¹.

Over a third of young people say that they feel that other people's lives look more exciting than theirs on social media with girls, once again, more likely to feel this (**40%**) in comparison to boys (**33%**)²¹.

73% of young people said they think it's important for their friends to reply to their messages once they've seen them, with **60%** saying they think it's important to be included in group chats by their friends²¹.

1 in 5 young people said they wake up during the night to check messages on social media, leading them to be three times more likely to feel constantly tired at school than their classmates who don't use social media during the night¹³.

"I'd love to have my electronics all the time... my mum makes me bring things down an hour or so before bed and she monitors what I do."
Girl, Year 7

"I use social media much less than I did this time last year and am much happier as a result."
Girl, Year 11

"It makes me more grumpy being on social media for too long."
Girl, Year 9

"My friends are always on it so you feel a bit left out but in a good way because I am not involved in conflicts."
Girl, Year 7

43%

said they check social media as soon as they wake up.



This is higher in the older group than the younger age group:

Older group: 51%

Younger group: 36%

31%

agree social media impacts on the amount of sleep they get.



This is much higher in the older age group than the younger age group:

Older group: 40%

Younger group: 23%

21%

check social media if they wake up during the night.



68% do not check.

11% weren't sure.

29%

said they often or occasionally worry that their friends have 'better lives' than them when they look on social media.



71% never worry about this.

A total of

32%

of respondents occasionally or often get upset about not being invited into a group chat.



68% never get upset about this.

53%

never feel jealous of others because of social media.



47%

often or occasionally feel jealous of others because of social media.



RECOMMENDATION

Social media dependency may be detrimental to health and wellbeing. We should raise awareness to help young people, parents and carers recognise the signs and symptoms of this, and provide information on where to seek support.

"I get fed up when everybody else uses it and I can't, so I feel left out and sad because my friends are using another electronic website app which I believe is useless and silly and depressing"
Boy, Year 8

SUPPORT FOR YOUNG PEOPLE

Whether you need support, or want advice about the impact social media may be having on someone you know, or you want to find out more about how to keep safe online, there are many national and local websites available to help:

HEALTH & WELLBEING

WCC's Children and Young People: www.warwickshire.gov.uk/social-care-and-health/children-and-young-people/children-and-young-people-health - contains links to national support sites such as Bullying UK and Childline.

Big White Wall (16+): www.bigwhitewall.com - online mental health and wellbeing service to help young people deal with life's ups and downs.

ChatHealth: www.warwickshire.gov.uk/chathealth - confidential text messaging service for advice on all kinds of health and wellbeing issues.

If you are the parent or carer of a school-aged child, you can text a school nurse on **07520 619 376** Monday to Friday from 9am to 5pm.

If you are 11 – 19 years old you can text a school nurse on **07507 331 525** Monday to Friday from 9am to 5pm.

SEXUAL HEALTH & RELATIONSHIPS

Respect Yourself website: respectyourself.info - a sex positive resource providing information and signposting about relationships, sex, consent and much more for young people aged 13-25.

All About Me - an age appropriate relationship and sex education programme for primary schools which accredited teachers can access. Please contact phadmin@warwickshire.gov.uk for further information.



ONLINE SAFETY

NSPCC Net Aware: www.net-aware.org.uk

The NSPCC has reviewed the most popular sites, apps and games that children and young people use for social networking. This site provides useful information for parents to learn more about how children use social media so they can help children and young people keep safe online. If you are worried or need advice about social media call the Helpline **0808 800 5000**.

UK Safer Internet Centre: www.saferinternet.org.uk - advocates for the safety of children and young people online. If you are a professional and have a concern about a child or young person using social media call the Helpline **0344 381 4772**.

Cyber Safe Warwickshire: www.cybersafewarwickshire.com/young-adults offers practical help and advice for young people affected by cyber crime and online safety issues. If you have been affected by crime call the 24hr victim support line on **0808 16 89 111**.

You&Co: www.youandco.org.uk is Victim Support's youth programme, that helps young people cope with the impacts and effects of crime. Warwickshire Victim Support can be called on **01926 682 693**.

VOICE OF WARWICKSHIRE'S YOUNG PEOPLE

61%

young people feel safe on social media.



31% were not sure if they feel safe.

8% do not feel safe.

13%

of all respondents have experienced strangers asking them for inappropriate images.



This was higher in the older group at **21%** compared with **7%** in the younger group.

It was also higher with girls than boys.

Girls: 18%

Boys: 8%

Young people reported they

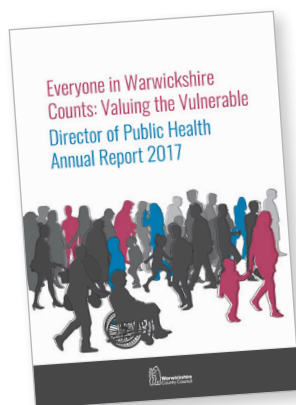
were **more likely** to talk to their parents/ carers than their friends if they were worried about something that happened on

social media.

59%

stated that they did not use their full names on social media.

"...if there is rude or inappropriate content or people I block and report them/it"
Prefer not to say,
Year 7



Everyone in Warwickshire Counts: Valuing the Vulnerable

This chapter outlines progress with the recommendations made in last year's annual report, which were endorsed by the Warwickshire Health and Wellbeing Board in September 2017. The report entitled, 'Everyone in Warwickshire Counts: Valuing the Vulnerable', focused on the health and wellbeing of vulnerable people. The theme was chosen as whilst the health and wellbeing of the Warwickshire population in general has seen significant improvements over recent years, the health and wellbeing of vulnerable people continues to lag behind.

Since publication of the report, WCC and partners have supported and implemented key initiatives to improve the health and wellbeing of those who are most vulnerable.

Recommendation 1

In order to ensure a continued focus on the needs of the most vulnerable, I recommend all Commissioners should:

- a. Adopt the Social Value Act (2012) to secure economic, social and/or environmental benefits for vulnerable groups through procurement processes.
- b. Expand the statutory Equality Impact Assessment (EqIA) processes for services to include, where relevant, additional vulnerable groups e.g. the homeless or Children Looked After, along with the nationally defined 'protected groups'.

Progress

- In 2017/18, WCC revised the guidance on the Social Value Act for Commissioners. This is being promoted to WCC Commissioner's in 2018/19.
- South Warwickshire CCG (SWCCG) commissioners are reviewing the Social Value Act within procurement processes.
- In autumn 2017, WCC equalities representatives endorsed the recommendation to expand EqIA where relevant to include vulnerable groups.
- SWCCG have refreshed the organisation's standard equality analysis to include consideration for vulnerable groups.

Recommendation 2

We need to ensure the current approach to community resilience and community hub developments across Warwickshire includes an explicit assessment of the impact of hubs, and their reach, on vulnerable groups. For example, an evaluation should include an assessment of the impact of hubs on access to services and/or outcomes for vulnerable individuals and groups.

Progress

WCC has agreed to seek to evaluate the impact of hubs in 2018/19. This will include an assessment of the impact of hubs on access to services and/or outcomes for vulnerable individuals and groups.

Recommendation 3

Commissioners and providers should consider opportunities to reduce vulnerability among key groups, for example, schools should be encouraged to work towards achieving the Warwickshire Young Carers Schools Award and frontline staff working with Gypsies and Travellers should be provided with community engagement training where appropriate.

Progress



Loneliness and social isolation

WCC Cabinet established a Loneliness Advisory Group to recommend to Cabinet the practical steps that the county council can take to reduce loneliness and social isolation in Warwickshire.



The group has met with representatives from a number of organisations to gain further insight into the issue of loneliness and social isolation and how it directly affects Warwickshire residents.



Recommendations and an action plan are being developed by the group for implementation in 2018/19.

Homelessness

WCC Cabinet announced investment of £300,000 to tackle homelessness. A two-year programme of work will focus on those with mental health, drugs and/or alcohol problems. WCC will work with district and borough councils and other key stakeholders to determine the best approach to support the local homeless population.



Just about managing

WCC have recently partnered with Birmingham City Save Credit Union to introduce an Employee Credit Union Scheme as part of the HR Benefits Policy. Affordable credit is an issue both with those in work and on benefits. Staff will be encouraged to save directly from the HR Payroll and will have access to affordable loans. If this scheme is successful it could be rolled out to district and borough authorities and then be made available more widely in Warwickshire.



Young carers

Warwickshire Young Carers Service secured three years of funding to support schools in the county to achieve the Warwickshire Young Carers Schools Award. Nine schools have achieved the award and another school is in the process. The service is continuing to promote the award to schools across the county.

Physical healthcare needs of people with Severe Mental Illness (SMI)

People with SMI often die 20 years earlier than their peers from potentially avoidable diseases, in particular cardiovascular disease. WCC Public Health established a group to specifically address the physical health needs of those with SMI. The group reports to the Coventry and Warwickshire Mental Health Sustainability and Transformation Partnership (STP) Board.

Cancer screening

Certain population groups are less likely to take up cancer screening opportunities and as such are more likely to present with cancer at a late stage when the likelihood of successful treatment is reduced. In 2018, Warwickshire Public Health is working with colleagues in the local CCGs, NHS Trusts and voluntary sector to provide training to those who work with individuals with a learning disability, a mental illness or those from black or minority ethnic groups or more deprived groups who are all less likely to take up screening opportunities.

GLOSSARY

App - a computer programme designed to run on a mobile device such as a phone/tablet.

Clinical Commissioning Group (CCG) - NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Commissioning - planning, setting up and contracting of a service.

Deprivation - refers to unmet needs caused by a lack of resources of all kinds, not just financial. The English Indices of Deprivation 2015 use 38 separate indicators, organised across seven distinct domains of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area.

Directly Standardised Rate (DSR) - The rate of events that would occur in a standard population if that population were to experience the age specific rates of the subject population.

Emoji - A graphic picture or smiley used in social media messaging or webpages. (emojipedia.org/)

Equality Impact Assessment (EqIA) - a process designed to ensure that a policy, project or scheme does not discriminate.

Excess weight - overweight including obese.

Facebook - online social networking website for sharing video, photos and written content.

Facebook Messenger - instant messaging services for chatting using text or sending videos or photos.

Fuel Poverty - households are considered to be fuel poor where they have fuel costs that are above average and were they to spend that amount, they would be left with a residual income below the official fuel poverty line.

Healthy life expectancy - the average number of years a person would expect to live in good health based on current mortality rates and prevalence of self-reported good health.

Improving Access to Psychological Therapies (IAPT) - a service that provides evidence based psychological therapies for adults with anxiety and depression.

Instagram - A social networking app which allows users to share pictures and videos with their friends.

Life expectancy - the average number of years a person would expect to live (based on current mortality rates).

Low birth weight - recorded birth weight under 2500g.

Low income families - families in receipt of out of work benefits or tax credits where their reported income is less than 60% of the national median income.

Mixed methods approach - The use of both qualitative and quantitative methods when conducting research.

Musical.ly - A social media platform for creating, sharing and discovering short music videos.

Obese - Adults are defined as obese if their body mass index (BMI) is greater than or equal to 30kg/m². In children, obesity is defined as BMI greater than or equal to the 95th centile for population monitoring, 98th centile for clinical assessment.

Ofcom - An abbreviation of The Office of Communications. The broadcasting and competition regulator of the UK Government.

Overweight - Adults are defined as overweight if their BMI is greater than or equal to 25kg/m². In children, overweight is defined as BMI greater than or equal to the 85th centile for population monitoring, 91st centile for clinical assessment.

Physically active - at least 150 minutes of moderate intensity physical activity per week.

Prevalence - measures existing cases of disease and is expressed as a proportion e.g. 1% of the population or as a rate per 1,000 or per 100,000.

Protected groups - Protected groups are identified in the Equality Act 2010 as sharing a particular characteristic against which it is illegal to discriminate. The groups are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

PSHE - Personal Social and Health Education.

Quality and Outcomes Framework (QOF) - a system for the quality improvement and payment of general practitioners in the National Health Service (NHS).

Screening coverage - the proportion of the resident population eligible for a screening programme (e.g bowel, breast, cervical) who were screened adequately.

Selfie - a photo of oneself taken by oneself.

Smartphone - a handheld portable computer that can be used to make phone calls and send text messages as well as access the internet.

Severe Mental Illness (SMI) - Patients with schizophrenia, bipolar affective disorder and other psychoses.

Snapchat - A messaging app used on portable computer devices such as smartphones to send photos, videos and messages.

Social media - websites and applications that enable users to create and share content or to participate in social networking.

Social media profile - social media profiles can be created by users as a way to identify themselves to other users online. These are available on certain social media websites and applications such as Facebook and Instagram.

Social network - the collection of people and organisations that a person shares content with on social media.

Stakeholder - in terms of business, an organisation interested in your area of work, or a 'partner'.

Tablet - A portable computer device with a touch screen used to access the internet and with multiple applications.

Tumblr - microblogging and social networking site.

Twitter - an online social networking service for sharing news and sending messages called 'tweets'.

Warwickshire Health and Wellbeing Board (HWBB) - a statutory committee of the county council whose primary purpose is to provide strategic direction and develop shared outcomes for improving health and wellbeing in Warwickshire.

Whatsapp - an instant messaging service using text as well as voice and video calling on a smartphone or tablet.

'Window of need' - the period of time between healthy life expectancy and life expectancy.

YouTube - A website for sharing video content.

If you or someone you know has been affected by any of the issues covered in this report please refer to page 30 for information on where to access support.

Warwickshire County Council, Public Health

People Directorate, Warwickshire County Council, Saltisford Office Park, Ansell Way,
Warwick, CV34 4UL

warwickshire.gov.uk/publichealth

ISBN number

Paperback: 978-0-9929533-7-9

PDF: 978-0-9929533-8-6

References are available online:

warwickshire.gov.uk/publichealthannualreport





Item 5

Report to Health Overview and Scrutiny Committee

26 September 2018

NHS Warwickshire North Clinical Commissioning Group NHS Coventry and Rugby Clinical Commissioning Group

Commissioning Intentions 2018/19 Progress Review – Rugby and Warwickshire North

Recommendation(s)

The health overview and scrutiny committee is asked to

1. Note progress being made to deliver the CCG 2018/19 commissioning intentions for the Warwickshire North and Rugby

1. Background

Clinical Commissioning Groups

Commissioning Groups (NHS Coventry and Rugby CCG, NHS South Warwickshire CCG and NHS Warwickshire North CCG) are clinically-led statutory NHS bodies responsible for the commissioning (planning, buying and monitoring) of most healthcare services.

Commissioning is the process by which CCGs ensure the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then procuring and contracting services from providers such as hospitals, clinics and community health bodies

Commissioning Intentions

All Clinical Commissioning Groups (CCGs) are required to develop and publish commissioning intentions which set out the annual priorities the CCG will focus on to ensure Health services maximise health outcomes for their local population, taking account of national and local imperatives. CCGs are required to develop and publish commissioning intentions on an annual basis and are published in September each year to give adequate notice to service providers of required changes.

The commissioning intentions identify how the CCG will translate its strategic aims into the commissioning of services

2. 2018/19 Commissioning Intentions

The 2018/19 Commissioning intentions for CRCCG and WNCCG were developed through engagement with clinicians, stakeholders and the public and in the context of the NHS '5 year Forward View' and local 'Better Health, Better Care, Better Value' priorities. They were also aligned with the priorities within the Coventry and Warwickshire Health and Wellbeing Board (HWBB) Strategy.

Item 5

The resulting refreshed commissioning intentions were published in September 2017 which have been divided into groupings based on the 'Better Health, Better Care Better Value' workstreams .

Work stream Priorities areas for 2018/19

- Primary Care
- Out of Hospital
- Maternity and Paediatrics
- Urgent Care
- Planned Care
- Mental Health

3. Progress made against priority work stream areas

As part of the process to produce commissioning intentions for 2019/20, a full stocktake of progress against the milestones has been undertaken.

A summary of the progress against each programme area and key achievements to date are included in the attached paper.

Appendix A

Commissioning Intentions – *Progress Review - Rugby*

Report to:	Warwickshire Adult Social Care and Health Overview and Scrutiny Committee
Date:	26 September 2018
By:	Andrea Green, Chief Officer Matt Gilks, Director of Commissioning
Purpose:	<p>In the autumn of 2017, the CCG's 2018-19 commissioning intentions were presented to the Committee. The overall function of the commissioning intentions document is to drive delivery of the CCG's strategic aims.</p> <p>The current report provides an update to the Committee regarding the progress that has been made in relation to the delivery of the strategy, identifying the key achievements under each of our strategic work programmes.</p>



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Background

Clinical Commissioning Groups

The three Coventry and Warwickshire Clinical Commissioning Groups (NHS Coventry and Rugby CCG, NHS South Warwickshire CCG and NHS Warwickshire North CCG) are clinically-led statutory NHS bodies responsible for the commissioning (planning, buying and monitoring) of most healthcare services for the people of Warwickshire. The CCGs operate within a financial budget set by the Department of Health.

Commissioning is the process by which CCGs ensure the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then procuring and contracting services from providers such as hospitals, clinics and community health bodies. It is an ongoing process and CCGs must constantly respond and adapt to changing local circumstances. CCGs are responsible for the health of their entire population, and measured by how much they improve outcomes.

National Context

In October 2014 NHS England published the *NHS Five Year Forward View (5YFV)*.¹ This key policy document sets the context within which the CCG's strategy and other associated plans have been developed. The 5YFV articulates a clear vision of the future, in which greater emphasis is placed on prevention, integration (in other words, organisations, both Commissioner and Provider, within local health and care systems working together to meet the needs of and deliver the best care for patients) and putting patients and communities in control of their health. The 5YFV sets out a vision and collective view of how the NHS needs to change, what change might look like and how to achieve it.

Commissioning Intentions

All Clinical Commissioning Groups (CCGs) are required to develop and publish commissioning intentions which set out the annual priorities the CCG will focus on to ensure Health services maximise health outcomes for their local population, taking account of national and local imperatives. CCGs are required to develop and publish commissioning intentions on an annual basis and are published in September each year to give adequate notice to service providers of required changes.

The commissioning intentions identify how the CCG will translate its strategic aims into the commissioning of services. The main functions of commissioning intentions are:

- To notify service providers as to what services the CCGs intend to commission for the following year;
- To provide an overview of priorities for the coming financial year in line with national and statutory requirements.
- To drive improved health outcomes for our local populations; and
- To transform the design and delivery of care, within available resources.

2018/19 Commissioning Intentions

The 2018/19 Commissioning intentions were developed through engagement with clinicians, stakeholders and the public and in the context of the NHS '5 year Forward View' and local 'Better Health, Better Care, Better Value' priorities. They were also aligned with the priorities within the Coventry and Warwickshire Health and Wellbeing Board (HWBB) Strategy.

The resulting refreshed commissioning intentions were published in September 2017 and since then the CCGs have been working to deliver the priorities which are set out under six program areas.

As part of the process to produce commissioning intentions for 2019/20, a full stocktake of progress against the milestones has been undertaken. A summary of the programme areas and key achievements to date is included in the following pages of this report.

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Our strategic work programmes

Our commissioning intentions are underpinned by six strategic work programmes, detailed in the table below. Underpinning each thematic work streams is a focus on self-care, which will help people live longer, more healthy lives. Our strategic work programmes reflect STP priorities, and articulates our vision, commitments, and high level ambitions to achieve the *'triple aim'* identified in the 5YFV.

Primary Care	Out of Hospital Care	Maternity and Paediatrics
<p>Our commitment is to deliver increased opportunities for and encourage practices to work together to deliver improved services, improve access to general practice services and ensure general practice is strong enough and supported enough to continue providing services long into the future.</p>	<p>Our commitment is for fewer visits to hospital for patients with ongoing conditions and less time in hospital when you do have to stay, supported by more rehabilitation and ongoing support closer to home. We also want to develop multidisciplinary teams working across groups of practices to support the care delivered to frail and vulnerable adults.</p>	<p>Our commitment is for a maternity and paediatrics service delivering safe, kind, family-friendly, personalised care with improved outcomes for children, young people and their families.</p>
Urgent and Emergency Care	Planned Care	Mental Health
<p>Our commitment is to make it easier for the public to know which urgent and emergency care service to access, and when, for their particular need whilst delivering a consistent level of care.</p>	<p>Our commitment is to reduce delays in appointments with experts, for investigations and treatment. We will reduce the amount of unnecessary visits to hospital for follow up care. We will provide more care in the community and closer to home.</p>	<p>Our commitment is to deliver a proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and support individuals and families to manage their mental health and wellbeing.</p>
Self-care		
<p>Our commitment is to provide a better connected health and care system that makes the most of the assets in our communities thinks prevention first and supports people to live well, for longer, accessing care when they need it.</p>		

Self-care

What is self-care?

Self-care is about keeping fit and healthy, understanding when you can look after yourself, when to go to a pharmacist and when to get advice from your GP or another health professional. If you have long-term conditions, such as diabetes or cancer, self-care is about understanding that condition and how to live with it.

What we know

- Prevention is better than cure
- Our clinical and professional time with patients is short – it is our patients that spend the most time managing their conditions and we need to equip them with the knowledge, skills and resources to do this effectively and safely
- There are a wealth of resources and assets in our communities and across our partners that can support people to live well for longer
- Our workforce are our greatest asset and need to be supported effectively

What we are trying to achieve

A better connected health and care system that makes the most of the assets in our communities thinks prevention first and supports people to live well, for longer, accessing care when they need it.

Our priorities

- Strengthening our partnership working with Public Health to promote healthy lifestyles
- Develop a social prescribing offer with the Local Authority that addresses the social issues of poor health
- Help people understand where they can access services and help when they need it, including making better use of our community and voluntary sector
- Ensuring prevention, self-care and digital approaches are built into all our pathways and work programmes

What we've achieved so far

- ✓ Held a successful diabetes awareness and management event, focused on how to eat and live healthily, manage the symptoms of diabetes and access support in their local communities
- ✓ Given more people access to education programmes around Type 2 diabetes in a variety of formats, such as short videos
- ✓ Commenced the rollout of the National Diabetes Prevention Programme
- ✓ Fitter Futures Warwickshire (FFW) has been commissioned to reduce obesity, improve healthy eating, improve mental well-being, increase physical activity levels
- ✓ Work to improve awareness and understanding of which services to use and when based on a person's needs
- ✓ There is a local push to improve uptake across the national screening programmes. In 2016 owing to poor local uptake CCGs identified Bowel Screening as its priority area
- ✓ A C&W Diabetes Protected Learning Time (PLT) has been agreed and will take place in November of this year; this will provide some key messages to healthcare professionals including a DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) taster session



Improving care for patients with diabetes through education and support



**INCREASED
PATIENT AWARENESS**



**PREVENTING UNNECESSARY
HOSPITAL ADMISSIONS**



**REDUCTION IN ILL HEALTH
AND COMPLICATIONS**

Helping people understand diabetes

Patient awareness and knowledge around self-management of diabetes, and their attendance at structured education programmes, was lower than expected.

A patient-centred approach to tackling the issues

- DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) taster session held in the community attracting over 100 people from BME communities
- Paediatric diabetes awareness event held to support young people and parents
- Relaunch of patient information pack for those with newly diagnosed Type 2 diabetes
- Initial roll out of the NHS Diabetes Prevention Programme (NHS DPP) using trailblazer practices as a positive example
- Procurement of accredited Type 2 Diabetes Structured Education programme (DESMOND) utilising national transformation funding
- Training specifically targeted at nursing and residential staff to better manage patients with diabetes in care homes
- Early development of a Coventry and Warwickshire wide diabetes website aimed at patients and staff

Diabetes specialists leading the way

The work has been driven and supported by members of the CCG diabetes transformation group, which is led by a Public Health consultant with support and involvement from local GPs with a Specialist Interest (GPwSI) in diabetes, hospital and community service providers, third sector organisations, Diabetes UK, patients and collaborative working with the CCG commissioning lead to implement ideas and proposals.

A whole-system improvement

Improved partnership and collaborative working will contribute to:

- Strengthening self-care and education provision for our patients
- Multi-disciplinary working with community pharmacists, secondary, primary care diabetes services
- Improved investment into local diabetes services
- Identification of patients at risk of diabetes
- Increased patient involvement and satisfaction
- Patients are referred and signposted to their GP and other local services to ensure they receive the right diabetes care at the right time
- Improved knowledge of all-sector services for patients and healthcare professionals

Improving patient outcomes

- Empowering patients to manage their diabetes and reduce their risk of complications
- Increased patient awareness of diabetes and satisfaction with service provision
- Commissioning point of contact available to local groups
- Supporting self-care and empowering patients through high quality education and self-care resources and education programmes
- Preventing unnecessary hospital attendances/admissions and supporting early discharge to skilled and knowledgeable primary care staff
- Reduction in ill health and complications

Primary care



What is primary care?

Primary care is generally the first point of contact for the healthcare system, acting as the 'front door' for the NHS. Primary care includes general practice, community pharmacy, dental and optometry (eye health) services.

What we know

- Patients want access to flexible services and same day appointments when it's urgent
- We spoke to over 600 members of the public and found the majority of people find it difficult to book an appointment and 76% would consider booking an appointment online

What we are trying to achieve

Increased opportunities for and encourage practices to work together to deliver improved services, improve access to general practice services and ensure general practice is strong enough and supported enough to continue providing services long into the future.

Our priorities

- Improve access to primary care to meet the needs of patients, including population growth and new housing developments and making use of new technology such as online consultations and two-way text messaging
- Actively encourage every practice to be part of a local primary care network and work together more collaboratively, expand and support their workforce and offer appointments with other health professionals, such as clinical pharmacists
- Supporting practices with their workload, using the national GP Five Year Forward View and High Impact Actions, sharing best practices to enable practices to deliver

What we've achieved so far

- ✓ Recruitment campaign for GPs, nurses and practice staff developed to help attract people to the area, using funding secured for recruitment and retention, and received approval for the GP international recruitment scheme
- ✓ Supported training for GPs, nurses and practice staff e.g. improving cancer and diabetes education and awareness, prescribing courses, clinical correspondence training
- ✓ Expansion of "Prescription Ordering Direct" service to combat prescribing waste and improve services for local patients and ease pressure on general practice
- ✓ Expansion of same day GP consultations was launched in August 2018 patients through new extended access service
- ✓ Secured resilience funds to support general practice
- ✓ Brownsover Medical Centre building has progressed and is due to open February 2019. Patients have been heavily involved in all aspects of the programme, from procurement to picking the colour scheme

GP Extended Access Survey

Coventry, Rugby and Warwickshire North

Why do we need to extend access to primary care?

- National requirements
- Helping people get appointments

National guidance from NHS England requires us to provide extended access to GP services such as appointments in the evenings and at weekends, ensuring everyone has easier and more convenient access to GP services.

As a CCG want to offer a joined up service to patients, ensuring extended access forms part of the wider system approach, especially urgent care services. The CCG aims to make the best connections for patients and staff to get the best possible outcomes.



How do we make extended access a success?

- More convenient appointments
- Having enough staff
- Making sure appointments are used
- Making sure patients are aware of extended access
- Making better use of technology and online
- Reducing inequalities
- Better integration of services

Engaging with local communities

From February – June 2018 we engaged with patients and the public in Coventry, Rugby and North Warwickshire about improving access to GP services, 716 people including those from seldom heard groups, who often struggle to access GP services and give their views. The responses will be used to plan delivery of services in the most appropriate locations.

Below are highlights of some of the responses received



The majority of people (55%) find it difficult to book an appointment or speak to their practice over the phone.

If you needed to see a GP immediately, how important would the following be to you?

Seeing your preferred GP	39%
Seeing a GP at a different local practice/location	43%
Being able to speak to a GP	65%
Seeing any healthcare professional (Nurse/Pharmacist etc.)	68%
Being able to speak to any healthcare professional (Nurse/Pharmacist etc.)	43%
Ability to have a face to face appointment	61%
Ability to have an appointment online (e.g. via Stryde)	35%
Ability to have an appointment via telephone	32%
Being seen at a time most convenient to me	40%
Location of GP practice	51%
Accessibility of the building (e.g. parking, wheelchair friendly, etc.)	35%



Which mode of transport do you use most often to get to your GP practice?

Car – drive yourself	63%
Car – someone else driving	6%
Public transport	4%
Walking	23%
Other (e.g. bicycle)	1%
Don't know/unsure	0%

76% of people would consider booking an appointment via an online booking system if available to them.



Over 50% of people would consider online GP consultations.



In the last twelve months 50% of people approached their local pharmacy for advice and/or treatment.

Brownsover Medical Centre Patient Engagement Journey

NHS Coventry and Rugby CCG took responsibility for the Brownsover Development in Oct '17.

1

2

Two stakeholder engagement events took place in Jan '18 to give local patients and residents an update on progress and ask what they wanted from their new practice.

A Patient Advisory Forum was created to represent local residents and seldom heard groups using info from Public Health's Joint Strategic Needs Assessment and feedback from local residents – this group will help ensure the needs of local patients are taken on board throughout the process.

3

A turf-cutting ceremony took place in February '18 with the local MP, patient representatives and NHS staff to celebrate the start of building work for the practice.

4



5



Between March and April, three volunteers from the Patient Advisory Forum took part the process to provide GP services at the practice once it opens. The volunteers represented the Brownsover Patient Action Group, Brownsover Community Association and Healthwatch Warwickshire.

A Brownsover Bulletin newsletter was created, which was placed in local shops and community venues in April, following on from feedback from the local residents on how they wanted to receive updates.

6

7

The Patient Advisory Forum chose the colour scheme, inspired by Rugby Golf Course, in May. This will be used to decorate the practice.

The patient evaluators were given training to allow them to review the Patient and Public Involvement questions of the bids, evaluate the responses and interview the bidders during April and May.

8

Get in touch

- contactus@coventryrugbyccg.nhs.uk
- @CovRugbyCCG
- @HealthcareCovRugby

9

The GP service provider was chosen and contract awarded in June 2018.

10

The practice is due to open in early 2019.



Out of Hospital care



What is out of hospital care?

Out of hospital care is about making sure we treat as many people as possible outside of hospital, providing care closer to home and in the community, in order to help people stay healthy, independent and improve quality of life and recovery after a period of ill health.

What we know

- Patients want to access more joined up services in their local communities
- Patients want to access the right support first time, every time
- People want to receive the support they need to maximise their independence, wellbeing, quality of life and potential for recovery after an episode of ill health.

What we are trying to achieve

Fewer visits to hospital for patients with ongoing conditions. Less time in hospital when you do have to stay, supported by more rehabilitation and ongoing support closer to home. We also want to develop multidisciplinary teams working across groups of practices to support the care delivered to frail and vulnerable adults.

Our priorities

- Improve the quality of life for people with long term conditions through support, education and care closer to home when appropriate
- Identify people most at risk of ill health or hospital admission
- Better coordinate the care of people with complex problems via joined up hospital and community services and provide a rapid response to escalating health needs

What we've achieved so far

- ✓ A contract was awarded for the new out of hospital model, being delivered by Coventry and Warwickshire NHS Partnership Trust and South Warwickshire NHS Foundation Trust
- ✓ We have set up “working together/design” boards, comprised of key stakeholders such as local authorities, community and voluntary sector and patients and public, to help shape the future of out of hospital services
- ✓ An integrated single point of access has been implemented
- ✓ Place based teams are being rolled out in Rugby
- ✓ GP practices have signed up to use an end-of-life IT system (CASTLE Register) to support end-of-life patients to facilitate multidisciplinary working through access to a shared record containing key clinical information
- ✓ The social prescribing service continues to operate successfully in the local area, helping patients by linking them in with resources and support in the community

Out of Hospital



Treating more people **outside of a hospital setting**



DEVELOP INTEGRATED SINGLE POINT OF ACCESS (SPA) TO HELP ENSURE PATIENTS ARE OFFERED THE RIGHT SUPPORT FIRST TIME, EVERY TIME.



PLACE BASED TEAMS WILL BE DESIGNED TO SERVE POPULATIONS OF 30-50,000 USING MULTI-DISCIPLINARY TEAMS



LOCALITY HUBS WILL PROVIDE SPECIALIST SERVICES AND SUPPORT STAFF THROUGH TRAINING AND DEVELOPMENT

What is the Out of Hospital programme?

The Out of Hospital programme is about making sure we treat as many people as possible outside of a hospital setting. For the first two years this will be focused on the 5% of service users who use the most services and are likely to be our most frail and elderly.

The programme will make sure we provide the best care we can, and in the most cost effective way. This means doing more to 'join-up' care available in the community with care available at hospital. It also means working much more with our partners who have a host of valuable skills and who need to be part of our team.

What we have commissioned

The CCG, working with Coventry and Warwickshire NHS Partnership Trust and South Warwickshire NHS Foundation Trust as the lead providers, is looking to deliver the outcomes listed below.

The providers have involved a wide range of stakeholders, such as local authorities, community and voluntary sector and patients, through a series of "working together/design" boards.

1. People are encouraged and supported to optimise their health and wellbeing
2. People will be treated in a safe, effective and appropriate way to avoid harm
3. People will be better supported in their rehabilitation after a period of ill health
4. More personalised care will be provided for people approaching the end of their lives to maximise their independence
5. People have an excellent experience of care
6. Organisations are designed so that individuals within them can work together more easily.

How will these services be better?

Our vision is:

- For people to receive the support they need to maximise their independence, wellbeing, quality of life and potential for recovery after an episode of ill health.
- To empower individuals to stay healthier for longer within their local communities
- To do all we can to promote prevention of ill-health, particularly doing more to target help for frail and vulnerable people and people with long term conditions such as diabetes or heart trouble
- To provide rapid response to escalating health needs
- To provide timely, supported discharge with an emphasis on promoting recovery and re-ablement
- To operate within clear consistent pathways of care including working with voluntary and community groups.

Maternity and paediatrics



What are maternity, children and young people health services?

Maternity, children and young people services cover a wide range of different services, such as antenatal care, support during and after birth, neonatal care, community and hospital paediatric services, GP services for parents and children and mental health services for parents and children.

What we know

- We need to work together across health and social care to develop a local response to the “Better Births” National Maternity Review and ensure services are safer, more personalised, kind, professional and more family friendly
- Ensure women at risk of premature delivery receive the right care in the right place at the right time leading up to the birth of their child
- We need to improve services for Vulnerable Children (including Looked after Children)

What we are trying to achieve

Deliver safe, kind, family friendly, personalised care with improved outcomes for children, young people and families.

Our priorities

- To reduce the numbers of stillbirths and neonatal deaths by 20% in 2021 and 50% in 2025
- Achieve 20% of women receiving continuity of carer during pregnancy, as set out in the NHS England maternity operating plan
- Increase access to specialist perinatal mental health services
- Continue working in a multi-disciplinary way across the Local Maternity System (LMS), which includes CCGs, primary and secondary care and the local authority, to deliver the aims of the national Better Births review

What we've achieved so far

- ✓ Helped over 1,500 parents understand the importance of safe sleeping for babies and promote parent and baby health
- ✓ Set up a pilot programme between local hospitals to ensure Coventry and Warwickshire women and babies are not transferred out of area
- ✓ Improved mental health support for children and young people
- ✓ The CCG has facilitated collaborative working between UHCW, GEH and SWFT has ensured that Warwickshire women and babies are not transferred out of area
- ✓ Working with other local CCGS, we have published our Local Maternity System plan, the overall aim of which is to ensure mothers and babies receive the best quality of care
- ✓ A large-scale engagement exercise has asked mothers, mothers to be, families, carers, front-line staff and the community and voluntary sector to share their views on maternity and paediatric services, the results of which will help strategic commissioners and providers plan the future of services

Urgent and emergency care



What is urgent and emergency care?

Urgent and emergency care covers appointments which need urgent, same day and unplanned contact. This includes some types of GP appointments, as well as visits to Accident and Emergency (A&E), walk-in centres or urgent care centres.

What we know

- Patients find it difficult to know which services to use when e.g. NHS 111 vs urgent care centre vs A&E
- Patients want to understand and access the right type of urgent care service in an emergency to ensure they get the best care when they need it most

What we are trying to achieve

We are trying to make it easier for the public to know which urgent and emergency care service to access and when for their particular need whilst delivering a consistent level of care.

Our priorities

- Work with patients to help them understand the types of care available in an emergency and which ones to access i.e. providing information via GPs
- Ensure patients have the necessary information to understand and access the right type of urgent care service in an emergency to ensure they get the best care when they need it most
- Established a single point of access which will give access to all rapid response community services

What we've achieved so far

- ✓ Part of the "Ask NHS" app programme, allowing people to check symptoms and be directed to the most appropriate services for their needs through an app available on smart devices
- ✓ We've begun exploring options to enable NHS 111 to book people directly into GP extended access appointments
- ✓ Robust winter pressure campaigns conducted to help patients understand which services to use during the busy winter months and get the right care for their need
- ✓ Completed a second round of engagement for the redesign of stroke services, with the public and key stakeholders were involved in extensive engagement about the redesign of stroke services, and feedback is being reviewed as part of a final proposal for improvements
- ✓ Working with general practice and AGE UK to identify those who attend A&E regularly but would receive more appropriate care for their needs in other settings to help them feel less isolated and better supported

Improving standards of care for stroke victims



IN 2016-17, JUST OVER 1,200 PEOPLE IN COVENTRY AND WARWICKSHIRE HAD A STROKE AND WERE TAKEN TO ONE OF OUR THREE LOCAL HOSPITALS



THERE WERE OVER 15,000 STROKE SURVIVORS ON LOCAL GP REGISTERS



OVER 320 PEOPLE WERE DIAGNOSED WITH A "TRANSIENT ISCHAEMIC ATTACK" (TIA), SOMETIMES CALLED A "MINI-STROKE"

The challenge we face

Current stroke services in Coventry and Warwickshire are providing a good standard of care, but they are not meeting national guidance. They can also offer different levels of care depending on where a person lives. Initial engagement around improving stroke services in the area had taken place previously, and some key themes had come out of that, such as the need for a greater focus on rehabilitation and to minimise any impact of changes to travel.

How we responded

Between June and July 2017, the CCG helped lead a second major phase of engagement around further proposals for improving stroke services, which incorporated a focus on rehabilitation. This engagement comprised of face to face meetings, radio interviews, presentations at the local Health Scrutiny Committees and a survey, all of which helped to gather vital feedback from patients and the public which will help inform the future of proposals for improving stroke services.

An independent impact assessment was also carried out, to understand the impacts of the proposals on travel, health and equality groups.

Who we worked with

The three Clinical Commissioning Groups have been working in partnership with:

- Local doctors, specialist nurses and therapists
- Stroke consultants
- Stroke survivors
- West Midlands' Clinical Senate
- Patient and public group chaired by the Stroke Association
- National experts
- Patients, members of the public

Your feedback matters

We have taken all the views and expanded our original thoughts for a future service into a proposal that now includes some targeted stroke prevention and a comprehensive and equitable specialist stroke rehabilitation service following a stroke.

An action plan has also been developed and work is underway to address the travel concerns; this includes looking at increased car parking and improving access to community and public transport services.

Our vision

Suspect stroke

Ambulance straight to specialist hyper acute stroke unit at University Hospital Coventry.

Early supported discharge with rehabilitation and home or bedded rehabilitation, tailored to their needs.

Planned care



What is planned care?

Planned care is any treatment that isn't an emergency and usually involves pre-arranged appointments in hospitals, community settings and GP practices. Planned care covers services such as minor operations, routine tests and treatment for long-term conditions such as cancer.

What we know

- Health services for planned care aren't always as efficient as they could be
- There is low uptake of the cancer screening programme, including; breast, bowel and cervical cancers

What we are trying to achieve

Reduce delays in appointments with experts, for investigations and treatment. Reduce the amount of unnecessary visits to hospital for follow up care. Provide more care in the community and closer to home.

Our priorities

- Improve the advice given to GPs around when to refer patients to hospital to help reduce unnecessary appointments and improve patient experience
- Improve the flow of hospital care to avoid duplication and unnecessary hospital visits
- To support patients to live well with cancer through the implementation of the Macmillan recovery package
- To increase knowledge of the benefits of cancer screening across all population groups
- Patients with diabetes receive the right support in accessing the right education and self-care resources to self-manage their condition and live well

What we've achieved so far

- ✓ Supported the development of over 160 non-clinical "Cancer Champions", who support their local community, particularly seldom-heard groups, to highlight the importance of cancer screening and promote self-care and management
- ✓ Fitter Futures Warwickshire (FFW) has been commissioned to reduce obesity, improve healthy eating, improve mental well-being, increase physical activity levels
- ✓ We have been working with other local CCGs to develop our response to the national cancer strategy
- ✓ Funding secured to procure support from Macmillan Cancer Support to recruit a Programme Manager who is now leading the implementation of the "Living with and beyond cancer" programme
- ✓ GPs supported to proactively promote bowel cancer screening

Raising awareness of the importance of **cancer screening**



IMPROVED PARTNERSHIP



MORE EFFECTIVE CANCER SCREENING



EARLIER DIAGNOSES

Improving primary care cancer education

The CCG is responsible for cancer prevention and the Primary care cancer education network as part of the wider Coventry and Warwickshire Better Health, Better Care, Better Value programme.

A robust new programme

The CCG continues to work with partners such as the West Midlands Cancer Alliance, Macmillan Cancer and Cancer Research UK, and has:

- Delivered a successful Coventry and Warwickshire lung cancer education event in March 2018, seeing attendance from over 300 local GPs
- Distribute cancer information packs to practices across Coventry and Warwickshire
- Continue to promote bowel, breast and cervical screening
- Promote bowel screening through a range of primary care initiatives
- 72% of GP practices across Coventry and Warwickshire have signed up to Bowel Screening GP endorsement
- Established a Coventry and Warwickshire wide lung cancer pathway group
- Development of a Primary care cancer strategy
- Established a Coventry and Warwickshire cervical screening working group

- Develop a training programme for non-clinical cancer champions for community and GP practice staff
- Identified clinical cancer champions working in Primary care
- Funding secured to improve participation in bowel screening programme in low uptake practices
- Commissioned a new diagnostic test to support early diagnosis in particular non-cancerous bowel growths that may in time become cancerous

Working together in support of the local health economy

Public Health, local GPs specialising in cancer and the CCG have worked together to drive and support the work, implement ideas and put forth proposals.

This has enabled:

- Improved and continued partnership and collaborative working
- Improved knowledge of cancer related issues across primary care, allowing them to use cancer screening tools more effectively
- Earlier diagnoses and referral of potential cancer patients
- Working with Secondary care colleagues to ensure appropriate referral of potential cancer patients
- Making available the use of FIT in primary care in symptomatic patients outside the Zwww referral process (according to NICE 2017 guidance)

Improving patient outcomes

The work has been instrumental in improving patient experience and screening of cancer. It has also:

- Improved cancer outcomes for the local population in the long term
- Raised awareness of the importance of all cancer screening
- Increased the uptake of cancer screening
- Reduce inequalities in cancer screening, promoting early diagnosis and improved patient outcomes for all in Coventry and Warwickshire

Mental health and learning disabilities



What are mental health and learning disability services?

Mental health services look to support those suffering from mental health difficulties, such as depression, suicidal thoughts and dementia. Learning disability services look to support those with learning disabilities, such as autism, attention deficit hyperactivity disorder and others.

What we know

- We need to improve diagnosis rates for people with dementia
- We know people with a mental illness have a poorer quality of life
- Too many people with learning disability and/or autism are in mental health hospital provision

What we are trying to achieve

A proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and support individuals and families to manage their mental health and wellbeing

Our priorities

- Increase dementia diagnosis rate
- Increase number of people accessing talking therapies
- Improves services for people experiencing first episode of psychosis.
- Reduction in out of area mental health and learning disability placements
- Improve the system's response for children and young people in crisis.
- Continue to reduce hospitalisation of people with a learning disability and/or autism.

What we've achieved so far

- ✓ Improved services for children and adolescents, including dramatic reductions in wait times, with numbers waiting over 12 weeks for follow up appointments reduced from 86 in August 2017 to 17 in May 2018
- ✓ Extension of CAMHS acute liaison service to provide assessment in A&E and reduce unnecessary admission to hospital
- ✓ Community hub offering drop ins and group work to open in Rugby in Autumn 2018
- ✓ Implemented a new service to adults with suspected autism or attention deficit and hyperactivity disorder
- ✓ Roll out of the Dimensions Tool enabling families and referrers to sign post to appropriate support and opportunities
- ✓ Successful first year for the Mental Health in A&E CQUIN (Commissioning for Quality and Innovation) and looking to expand provision in year 2, helping to reduce avoidable mental health admissions and improve discharge planning for patients
- ✓ Improving access to psychological therapies for people with long-term conditions
- ✓ 12 employment advisors secured to help people with mental health needs find and stay in work
- ✓ New community services for people at risk of admission including children and young people with learning disabilities and/or autism; intensive support for adults with autism and forensic community support for adults.
- ✓ Developed a system-wide recovery plan for the Transforming Care Partnership with a focus on admission avoidance and discharge

Appendix 1 - How we've supported our member practices

Below is a highlight of the work we've undertaken to support our member practices in responding to the General Practice Forward View and the 10 High Impact Actions for Primary Care.

High Impact Actions

Active signposting:



193 people have been supported by the new dementia "Pop-up" clinics, which help GPs refer patients or carers dealing with dementia to Dementia Navigators for guidance, signposting and support



Over 100 people from across Coventry and Warwickshire attended a diabetes education and awareness event in December, focused on healthy lifestyles, eating well and community support



Over 160 community Cancer Champions have been trained across Coventry and Warwickshire to help raise awareness of types of cancer, the importance of screening and signposting to local support and services

New consultation types:



3 year funding secured to support development of online consultations in general practice

Reduce Did Not Attend (DNAs):



Minor ailments service developed with community Pharmacists to improve access and advice and reduce impact on GP time

Develop the team:



Implementation of clinical correspondence management training across a number of practices, helping staff to better and more efficiently manage correspondence to free up capacity and time



Protected Learning Time used to highlight new ways of working and changes to local for GPs and nurses



Physician associate internship
We will recruit 13 new physician associates by 2020 and train existing physician associates to become advocates, help mentor and support new joiners



End of life/CASTLE register PMS reinvestment scheme to support the care of patients

Productive work flows:



Mental health service delivery in local universities



£150k GP resilience funding has been invested to support practices in their management of resilience issues such as recruitment, succession planning, development and education



Productive General Practice

Partnership working:



Work is underway with member practices to understand how "cluster" working might work across the area to offer better integration, improve access and improve patient outcomes



Out of Hospital programme design boards include GP representation to help plan deployment of staff to deliver an integrated out of hospital solution going forward



62 practices in Coventry and Rugby have signed up to take part in a new safeguarding programme which offers online resources for networking, sharing ideas and support. The CCG has also allocated specially trained, named safeguarding professionals who are integrated into the wider health and social care system to improve partnership working around the safeguarding of children and vulnerable adults

How we've responded to the General Practice Forward View

Improving access to general practice:

We are currently planning an engagement campaign around access to GP services to understand what this means to our local patients, practice staff and partner organisations, in order to ensure the end model reflects feedback from these crucial stakeholders. Keep an eye out for more information on this important initiative and how you can get involved.



Workforce and workload:



We have submitted an application for funding to attract international GPs to the area to support our workforce



Investment in practice staff training - to maximise the skill mix within primary care to support the delivery of the GPFV



Primary Care Workforce Strategy Delivery

- Understand current workforce
- Understand gaps and identify requirements
- Deliver plan to address gap



Funding secured by our local GP Alliance to develop clinical pharmacists, physician associates and nursing training to attract qualified nurses



We have been awarded £150k of GP Resilience Funding - To support practices in their management of resilience issues such as recruitment, succession planning, practice development and education



Safeguarding multidisciplinary teams - as part of an integrated team



We have been successful in securing places for local nurses on nurse prescribing courses

Infrastructure:



Estates and Technology Transformation Fund (ETTF)

- Application for funding to support local priorities including IT and premises improvements
- To support an increase in clinical capacity across the CCG



We have profiled each practice to understand demand and utilisation, taking into account population growth and housing developments, to help support practices



General Practice IT

- Installation of fibre network in Coventry practices
- Applied for funding to develop online consultation support for our practices



Development of a new practice in **Brownsover**



Prescription Ordering Direct (POD) to help reduce waste and increase quality of prescribing.

Model of care:



The contract to provide out of hospital services closer to home goes live in April 2018 - Our Governing Body GP leads have been involved in setting the KPIs for out of hospital to ensure primary care is reflected.



End of life/CHES The End of Life and Care Home Enhanced Support Service (CHES) has been developed to improve patient care in care homes and at the end of their life



Working with local training hub to identify and address workforce needs, such as physician associates, practice nurses and Health Care Assistants



Development of GP Cluster Hubs to provide resilient, locally led services offering new types of care.



Care Navigation signposting and social prescribing to: help reduce inappropriate GP workload and support patients and public in the most appropriate way to meet their needs

Appendix 2 – Commissioning intentions engagement summary

This year we have engaged with:

- Our CCG Clinical Executive Group
- Our CCG Governing Body
- Local Health and Wellbeing Boards
- Our local Healthwatch organisations
- Patients, public and community and voluntary sector groups
 - We asked for feedback, ideas and thoughts on the commissioning intentions at our annual general meeting
 - Over 200 people, including patients, community and voluntary sector groups and our member practices, have responded to an online survey focused on our commissioning intentions
 - At their request, we have provided paper copies of the survey to community groups
 - We have raised awareness of our commissioning intentions via social media
 - We have discussed our commissioning intentions at many face to face meetings and engagement sessions with specific groups or communities
 - We have engaged on any plans for service changes and will continue to do so (including, where appropriate, going through a formal consultation process)
 - We have held our providers to account by ensuring they seek service user feedback to evaluate and influence how services are provided and delivered



We will continue to involve patients and the public to help guide and inform our work, understand the impact and assess the benefits being delivered to our population.

Our commissioning intentions survey

This year we conducted a survey with our patients, public, member practices and other key stakeholders, asking them to share with us their thoughts, feedback and ideas

In total, 250 people completed the survey and provided us with a wealth of new insight into the wants and needs of our local population across each of our key work programmes.

Participants were provided with the information found earlier in this document and asked two questions per work programme:

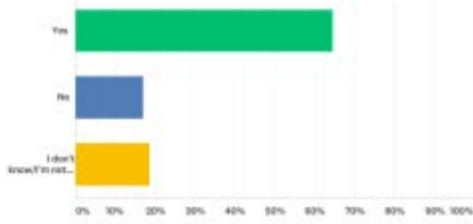
- Are we focusing on the right things for this work programme and
- What are your ideas, feedback, thoughts and opinions about this work programme? Consider what else we need to focus on, as well as what you think works well and what you'd like to see improve

Some of the feedback we received is included in the main document, and below is a breakdown of the answers to whether or not we were focusing on the right things. Where people have answered “I don't know/I'm not sure”, it is by and large due to them not having any experience or interaction with that aspect of the healthcare system.

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Q1 Are we focusing on the right things to improve primary care?

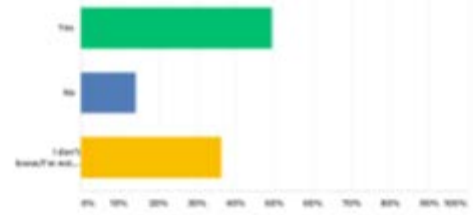
Answered: 248 Skipped: 0



ANSWER CHOICES	RESPONSES	COUNT
Yes	54.52%	135
No	16.94%	42
I don't know/I'm not sure	18.55%	45
TOTAL		248

Q3 Are we focusing on the right things to improve maternal, child and young people health?

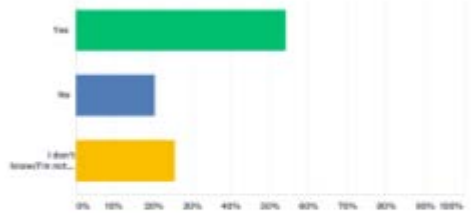
Answered: 248 Skipped: 0



ANSWER CHOICES	RESPONSES	COUNT
Yes	43.29%	107
No	14.29%	35
I don't know/I'm not sure	30.37%	75
TOTAL		248

Q5 Are we focusing on the right things to improve out of hospital care?

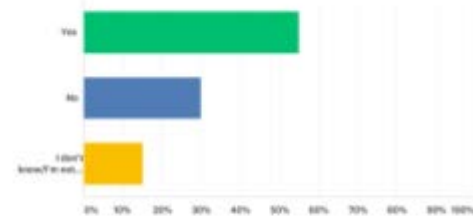
Answered: 247 Skipped: 1



ANSWER CHOICES	RESPONSES	COUNT
Yes	54.25%	134
No	20.24%	50
I don't know/I'm not sure	25.51%	62
TOTAL		247

Q7 Are we focusing on the right things to improve urgent and emergency care?

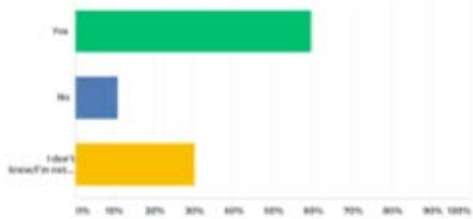
Answered: 247 Skipped: 1



ANSWER CHOICES	RESPONSES	COUNT
Yes	55.99%	138
No	29.96%	74
I don't know/I'm not sure	14.98%	37
TOTAL		247

Q9 Are we focusing on the right things to improve planned care?

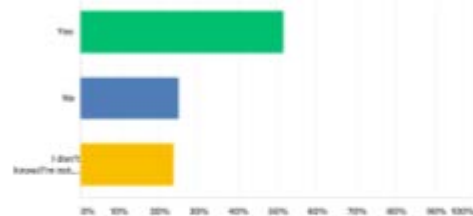
Answered: 248 Skipped: 2



ANSWER CHOICES	RESPONSES	COUNT
Yes	59.29%	148
No	12.57%	31
I don't know/I'm not sure	30.88%	76
TOTAL		248

Q11 Are we focusing on the right things to improve out mental health and learning disability services?

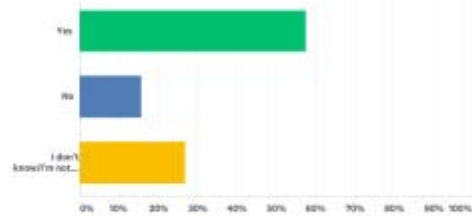
Answered: 248 Skipped: 3



ANSWER CHOICES	RESPONSES	COUNT
Yes	57.43%	129
No	24.96%	61
I don't know/I'm not sure	23.67%	58
TOTAL		248

Q13 Are we focusing on the right things to improve self-care?

Answered: 243 Skipped: 5



ANSWER CHOICES	RESPONSES	COUNT
Yes	57.81%	140
No	15.64%	38
I don't know/I'm not sure	26.73%	65
TOTAL		243

A sample of what our public has told us

Primary Care	Out of Hospital	Maternity and paediatrics
<ul style="list-style-type: none"> • “Ensure that GP has appropriate information and links to refer people on to support. E.g. Mental Health support / weight management” • “Better access outside of the 9-5 hours Mon-Fri is definitely needed urgently” • “Better IT so that referrals to other services can be dealt with quickly instead of relying on the post” • “More communication to the public about when to seek which service (GP / Pharmacy / A&E)” • “Our GP offers telephone appointments. Excellent!” • “Better integrated working and communication with other health professionals and voluntary sector organisations” • “Need to improve self-help and self-management as a step before GP access. This would reduce pressure on surgeries” 	<ul style="list-style-type: none"> • “Having one notes system for health and social care would vastly improve efficiency and reduce duplication across both services” • “Out of Hospital care should become the main focus of all NHS partnerships. Partners working collectively to reduce hospital admissions as this is the best outcome for patients and will improve the long term prospects for older people in particular” • “More out of hospital "clinics" based in local hubs within the clusters to give better access for patients. E.g. memory assessment, minor surgery, audiology, micro suction, dermatology, mental health navigators” • “More patient experience stories will give a clearer picture on quality and delivery. improve system wide working” • “Improve communication between hospitals and GP surgeries” 	<ul style="list-style-type: none"> • More needs to be done to support women who want to breast feed • More support throughout pregnancies - especially around the MH effects on parents. The difficulties of caring for a demanding baby and how to manage lack of sleep. This can be worked into the safer sleeping programme to expand the service to 'safer parenting' • Better education on healthy diet for families / young children • For NHS maternity staff to have a better understanding of safeguarding and what it means to work alongside Children's social care • More prevention advice would be good, how to stay healthy during pregnancy, how to cope during first few weeks etc • Ensure community and hospital antenatal services are joined up. Ensure patients are provided with explanations for decisions being made. Support people to remain physically and mentally healthy during pregnancy. • To keep continuity with the same Midwife for patients during their pregnancy

Urgent and emergency care	Planned care	Mental health
<ul style="list-style-type: none"> • “Transport to out of hours facilities difficult for many villagers if no access to a car. this penalises young families and the elderly population who live in rural areas where public transport has been reduced or removed” • “I think a lot more could be do educate people about the appropriate places to get help. A surprising number of people don’t seem to know that a pharmacist can provide advice on minor ailments and discuss drugs and any issues with them. There needs to be a much more streamlined process when someone is admitted to hospital via the GP route”. • “A triage service at A&E to redirect non-urgent cases to urgent care/GPs so that urgent cases are dealt with immediately”. 	<ul style="list-style-type: none"> • “More convenient options for out of working hour appointments. People of working age are a large proportion of the population and finding suitable appointment can be difficult. Some venues due to parking issues require and extra 30-45 mins out to enable time to park and walk to clinic. More flexible venues, more flexible hours. General increase promotion of benefits of screening”. • “Planned care - great opportunities for prevention messages to be delivered - make every contact count” • “More prevention and self-care advice in one place which is easy to use” • “Improved communications once patients in system” • “Keep it as local as possible. Hard to travel when you have a chronic condition”. • “Good idea to have virtual follow up appointments - saves time/parking at hospital. Like the idea of GPs being able to speak to consultants. Too many people are referred to consultants where there is no further action required”. 	<ul style="list-style-type: none"> • “The number of mental health beds across all areas are too few. They need to either be increased, or better bed management solutions put in place to prevent MH patients being inappropriately treat in acute medical beds”. • “IAPT is a very good service, but appears under resourced. Increase overall in resource to work with dementia diagnosis at an earlier stage to maximise chance to use compensatory techniques for longer and look at assistive tech options” • “More knowledge and training on how these disabilities affect a patient and the impact of a hospital visit/stay can have on that patient. How to support those patients with identified difficulties. Sensitivity and understanding of diversity through training is needed for all staff” • “Increased awareness and training in Primary Care of signs and symptoms of early psychosis. Training and resource support for GP’s to diagnosis dementia in uncomplicated dementia, AND support for ongoing aftercare, medication etc. Secondary care mental health workers working in cluster hubs, providing a faster and more pro-active support for patients with less severe illness, who may otherwise have to wait 6 months for an appointment through the SPE”.

Appendix 3: Performance, key messages from the 2018 Annual Report

Full details of our performance, key messages and financial information can be found in both our full and summary annual reports here:

<https://www.coventryrugbyccg.nhs.uk/About-Us/Publications-and-Policies/Annual-Report-2017-18>

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Appendix B

Commissioning Intentions – *Progress Review*

Report to:	Warwickshire Adult Social Care and Health Overview and Scrutiny Committee
Date:	26 September 2018
By:	Andrea Green, Chief Officer Matt Gilks, Director of Commissioning
Purpose:	<p>In the autumn of 2017, the CCG's 2018-19 commissioning intentions were presented to the Committee. The overall function of the commissioning intentions document is to drive delivery of the CCG's strategic aims.</p> <p>The current report provides an update to the Committee regarding the progress that has been made in relation to the delivery of the strategy, identifying the key achievements under each of our strategic work programmes.</p>

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Background

Clinical Commissioning Groups

The three Coventry and Warwickshire Clinical Commissioning Groups (NHS Coventry and Rugby CCG, NHS South Warwickshire CCG and NHS Warwickshire North CCG) are clinically-led statutory NHS bodies responsible for the commissioning (planning, buying and monitoring) of most healthcare services for the people of Warwickshire. The CCGs operate within a financial budget set by the Department of Health.

Commissioning is the process by which CCGs ensure the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then procuring and contracting services from providers such as hospitals, clinics and community health bodies. It is an ongoing process and CCGs must constantly respond and adapt to changing local circumstances. CCGs are responsible for the health of their entire population, and measured by how much they improve outcomes.

National Context

In October 2014 NHS England published the *NHS Five Year Forward View (5YFV)*.¹ This key policy document sets the context within which the CCG's strategy and other associated plans have been developed. The 5YFV articulates a clear vision of the future, in which greater emphasis is placed on prevention, integration (in other words, organisations, both Commissioner and Provider, within local health and care systems working together to meet the needs of and deliver the best care for patients) and putting patients and communities in control of their health. The 5YFV sets out a vision and collective view of how the NHS needs to change, what change might look like and how to achieve it.

Commissioning Intentions

All Clinical Commissioning Groups (CCGs) are required to develop and publish commissioning intentions which set out the annual priorities the CCG will focus on to ensure Health services maximise health outcomes for their local population, taking account of national and local imperatives. CCGs are required to develop and publish commissioning intentions on an annual basis and are published in September each year to give adequate notice to service providers of required changes.

The commissioning intentions identify how the CCG will translate its strategic aims into the commissioning of services. The main functions of commissioning intentions are:

- To notify service providers as to what services the CCGs intend to commission for the following year;
- To provide an overview of priorities for the coming financial year in line with national and statutory requirements.
- To drive improved health outcomes for our local populations; and
- To transform the design and delivery of care, within available resources.

2018/19 Commissioning Intentions

The 2018/19 Commissioning intentions were developed through engagement with clinicians, stakeholders and the public and in the context of the NHS '5 year Forward View' and local 'Better Health, Better Care, Better Value' priorities. They were also aligned with the priorities within the Coventry and Warwickshire Health and Wellbeing Board (HWBB) Strategy.

The resulting refreshed commissioning intentions were published in September 2017 and since then the CCGs have been working to deliver the priorities which are set out under six program areas.

As part of the process to produce commissioning intentions for 2019/20, a full stocktake of progress against the milestones has been undertaken. A summary of the programme areas and key achievements to date is included in the following pages of this report.

¹ <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Our strategic work programmes

Our commissioning intentions are underpinned by six strategic work programmes, detailed in the table below. Underpinning each thematic work streams is a focus on self-care, which will help people live longer, more healthy lives. Our strategic work programmes reflect STP priorities, and articulates our vision, commitments, and high level ambitions to achieve the *'triple aim'* identified in the 5YFV.

Primary Care	Out of Hospital Care	Maternity and Paediatrics
<p>Our commitment is to deliver increased opportunities for and encourage practices to work together to deliver improved services, improve access to general practice services and ensure general practice is strong enough and supported enough to continue providing services long into the future.</p>	<p>Our commitment is for fewer visits to hospital for patients with ongoing conditions and less time in hospital when you do have to stay, supported by more rehabilitation and ongoing support closer to home. We also want to develop multidisciplinary teams working across groups of practices to support the care delivered to frail and vulnerable adults.</p>	<p>Our commitment is for a maternity and paediatrics service delivering safe, kind, family-friendly, personalised care with improved outcomes for children, young people and their families.</p>
Urgent and Emergency Care	Planned Care	Mental Health
<p>Our commitment is to make it easier for the public to know which urgent and emergency care service to access, and when, for their particular need whilst delivering a consistent level of care.</p>	<p>Our commitment is to reduce delays in appointments with experts, for investigations and treatment. We will reduce the amount of unnecessary visits to hospital for follow up care. We will provide more care in the community and closer to home.</p>	<p>Our commitment is to deliver a proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and support individuals and families to manage their mental health and wellbeing.</p>
Self-care		
<p>Our commitment is to provide a better connected health and care system that makes the most of the assets in our communities thinks prevention first and supports people to live well, for longer, accessing care when they need it.</p>		

Self-care

What is self-care?

Self-care is about keeping fit and healthy, understanding when you can look after yourself, when to go to a pharmacist and when to get advice from your GP or another health professional. If you have long-term conditions, such as diabetes or cancer, self-care is about understanding that condition and how to live with it.

What we know

- Prevention is better than cure
- Our clinical and professional time with patients is short – it is our patients that spend the most time managing their conditions and we need to equip them with the knowledge, skills and resources to do this effectively and safely
- There are a wealth of resources and assets in our communities and across our partners that can support people to live well for longer
- Our workforce are our greatest asset and need to be supported effectively

What we are trying to achieve

A better connected health and care system that makes the most of the assets in our communities thinks prevention first and supports people to live well, for longer, accessing care when they need it.

Our priorities

- Strengthening our partnership working with Public Health to promote healthy lifestyles
- Develop a social prescribing offer with the Local Authority that addresses the social issues of poor health
- Help people understand where they can access services and help when they need it, including making better use of our community and voluntary sector
- Ensuring prevention, self-care and digital approaches are built into all our pathways and work programmes

What we've achieved so far

- ✓ Held a successful diabetes awareness and management event, focused on how to eat and live healthily, manage the symptoms of diabetes and access support in their local communities
- ✓ Given more people access to education programmes around Type 2 diabetes in a variety of formats, such as short videos
- ✓ Commenced the rollout of the National Diabetes Prevention Programme
- ✓ Further expanded and continued to deliver the #onething campaign, which aims to promote healthy living by changing one thing
- ✓ Fitter Futures Warwickshire (FFW) has been commissioned to reduce obesity, improve healthy eating, improve mental well-being, increase physical activity levels
- ✓ Work to improve awareness and understanding of which services to use and when based on a person's needs
- ✓ There is a local push to improve uptake across the national screening programmes. In 2016 owing to poor local uptake CCGs identified Bowel Screening as its priority area



Improving care for patients with diabetes through education and support



INCREASED
PATIENT AWARENESS



PREVENTING UNNECESSARY
HOSPITAL ADMISSIONS



REDUCTION IN ILL HEALTH
AND COMPLICATIONS

Helping people understand diabetes

Patient awareness and knowledge around self-management of diabetes, and their attendance at structured education programmes, was lower than expected.

A patient-centred approach to tackling the issues

- DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed) taster session held in the community attracting over 100 people from BME communities
- Paediatric diabetes awareness event held to support young people and parents
- Relaunch of patient information pack for those with newly diagnosed Type 2 diabetes
- Initial roll out of the NHS Diabetes Prevention Programme (NHS DPP) using trailblazer practices as a positive example
- Procurement of accredited Type 2 Diabetes Structured Education programme (DESMOND) utilising national transformation funding
- Training specifically targeted at nursing and residential staff to better manage patients with diabetes in care homes
- Early development of a Coventry and Warwickshire wide diabetes website aimed at patients and staff

Diabetes specialists leading the way

The work has been driven and supported by members of the CCG diabetes transformation group, which is led by a Public Health consultant with support and involvement from local GPs with a Specialist Interest (GPwSI) in diabetes, hospital and community service providers, third sector organisations, Diabetes UK, patients and collaborative working with the CCG commissioning lead to implement ideas and proposals.

A whole-system improvement

Improved partnership and collaborative working will contribute to:

- Strengthening self-care and education provision for our patients
- Multi-disciplinary working with community pharmacists, secondary, primary care diabetes services
- Improved investment into local diabetes services
- Identification of patients at risk of diabetes
- Increased patient involvement and satisfaction
- Patients are referred and signposted to their GP and other local services to ensure they receive the right diabetes care at the right time
- Improved knowledge of all-sector services for patients and healthcare professionals

Improving patient outcomes

- Empowering patients to manage their diabetes and reduce their risk of complications
- Increased patient awareness of diabetes and satisfaction with service provision
- Commissioning point of contact available to local groups
- Supporting self-care and empowering patients through high quality education and self-care resources and education programmes
- Preventing unnecessary hospital attendances/admissions and supporting early discharge to skilled and knowledgeable primary care staff
- Reduction in ill health and complications

Primary care



What is primary care?

Primary care is generally the first point of contact for the healthcare system, acting as the 'front door' for the NHS. Primary care includes general practice, community pharmacy, dental and optometry (eye health) services.

What we know

- Patients want access to flexible services and same day appointments when it's urgent
- We spoke to over 600 members of the public and found the majority of people find it difficult to book an appointment and 76% would consider booking an appointment online

What we are trying to achieve

Increased opportunities for and encourage practices to work together to deliver improved services, improve access to general practice services and ensure general practice is strong enough and supported enough to continue providing services long into the future.

Our priorities

- Improve access to primary care to meet the needs of patients, including population growth and new housing developments and making use of new technology such as online consultations and two-way text messaging
- Actively encourage every practice to be part of a local primary care network and work together more collaboratively, expand and support their workforce and offer appointments with other health professionals, such as clinical pharmacists
- Supporting practices with their workload, using the national GP Five Year Forward View and High Impact Actions, sharing best practices to enable practices to deliver

What we've achieved so far

- ✓ The CCG became fully delegated to primary care commissioning in April 2018
- ✓ Two-way text messaging implemented to help reduce missed appointments and free up GP and practice staff time
- ✓ Recruitment campaign for GPs, nurses and practice staff developed to help attract people to the area, using funding secured for recruitment and retention, and received approval for the GP international recruitment scheme
- ✓ Supported training for GPs, nurses and practice staff e.g. improving cancer and diabetes education and awareness, prescribing courses, clinical correspondence training
- ✓ All our practices are CQC rated "Good" or higher
- ✓ A new telephone service called Consultant Connect allows GPs to phone local speciality consultants during a patient appointment to get advice and guidance, which has led to a 54% reduction in unnecessary hospital referrals (where a call connects)
- ✓ Developed a new service to called "Prescription Ordering Direct" to not only combat prescribing waste, but also improve services for local patients and ease pressure on general practice
- ✓ Same day GP consultations was launched in August 2018 to Warwickshire North patients through new extended access service
- ✓ New enhanced service for practices providing insulin initiation to avoid need to be referred into hospital
- ✓ Secured resilience funds to support general practice
- ✓ GP clusters are in development to help enable practices to work more closely together
- ✓ New end of life enhanced service which includes an electronic palliative care register to help improve care for those at the end of their life

GP Extended Access Survey

Coventry, Rugby and Warwickshire North

Why do we need to extend access to primary care?

- National requirements
- Helping people get appointments

National guidance from NHS England requires us to provide extended access to GP services such as appointments in the evenings and at weekends, ensuring everyone has easier and more convenient access to GP services.

As a CCG want to offer a joined up service to patients, ensuring extended access forms part of the wider system approach, especially urgent care services. The CCG aims to make the best connections for patients and staff to get the best possible outcomes.



How do we make extended access a success?

- More convenient appointments
- Having enough staff
- Making sure appointments are used
- Making sure patients are aware of extended access
- Making better use of technology and online
- Reducing inequalities
- Better integration of services

Engaging with local communities

From February – June 2018 we engaged with patients and the public in Coventry, Rugby and North Warwickshire about improving access to GP services, 716 people including those from seldom heard groups, who often struggle to access GP services and give their views. The responses will be used to plan delivery of services in the most appropriate locations.

Below are highlights of some of the responses received



The majority of people (55%) find it difficult to book an appointment or speak to their practice over the phone.

If you needed to see a GP immediately, how important would the following be to you?

Seeing your preferred GP	39%
Seeing a GP at a different local practice/location	43%
Being able to speak to a GP	65%
Seeing any healthcare professional (Nurse/ Pharmacist etc.)	68%
Being able to speak to any healthcare professional (Nurse/ Pharmacist etc.)	63%
Ability to have a face to face appointment	61%
Ability to have an appointment online (e.g. via Slaytel)	35%
Ability to have an appointment via telephone	32%
Being seen at a time most convenient to me	40%
Location of GP practice	51%
Accessibility of the building (e.g. parking, wheelchair friendly, etc.)	35%



Which mode of transport do you use most often to get to your GP practice?

Car - drive yourself	63%
Car - someone else driving	6%
Public transport	4%
Walking	23%
Other (e.g. bicycle)	1%
Don't know/unsure	0%

76% of people would consider booking an appointment via an online booking system if available to them.



Over 50% of people would consider online GP consultations.



In the last twelve months 50% of people approached their local pharmacy for advice and/or treatment.

Out of Hospital care



What is out of hospital care?

Out of hospital care is about making sure we treat as many people as possible outside of hospital, providing care closer to home and in the community, in order to help people stay healthy, independent and improve quality of life and recovery after a period of ill health.

What we know

- Patients want to access more joined up services in their local communities
- Patients want to access the right support first time, every time
- People want to receive the support they need to maximise their independence, wellbeing, quality of life and potential for recovery after an episode of ill health.

What we are trying to achieve

Fewer visits to hospital for patients with ongoing conditions. Less time in hospital when you do have to stay, supported by more rehabilitation and ongoing support closer to home. We also want to develop multidisciplinary teams working across groups of practices to support the care delivered to frail and vulnerable adults.

Our priorities

- Improve the quality of life for people with long term conditions through support, education and care closer to home when appropriate
- Identify people most at risk of ill health or hospital admission
- Better coordinate the care of people with complex problems via joined up hospital and community services and provide a rapid response to escalating health needs

What we've achieved so far

- ✓ A contract was awarded for the new out of hospital model, being delivered by Coventry and Warwickshire NHS Partnership Trust and South Warwickshire NHS Foundation Trust
- ✓ We have set up “working together/design” boards, comprised of key stakeholders such as local authorities, community and voluntary sector and patients and public, to help shape the future of out of hospital services
- ✓ An integrated single point of access has been implemented
- ✓ Place based teams have been mobilised and operational in rural north Warwickshire and Bedworth
- ✓ New Rapid Response at Night Service for End of Life care for residents who are nearing the end of their life, as well as promoting it through frontline staff, visits and presentations to care homes and GPs, we have helped reduce the anxiety and isolation that some people may feel during the night.
- ✓ Two community based end of life beds commissioned and operational from April 2018
- ✓ Ten GP practices have signed up to use an end-of-life IT system (CASTLE Register) to support end-of-life patients to facilitate multidisciplinary working through access to a shared record containing key clinical information
- ✓ The social prescribing service continues to operate successfully in the local area, helping patients by linking them in with resources and support in the community
- ✓ New enhanced service for proactive case management of vulnerable and frail people to help them avoid unnecessary hospital admission and improve patient experience

Out of Hospital



Treating more people **outside of a hospital setting**



DEVELOP INTEGRATED SINGLE POINT OF ACCESS (SPA) TO HELP ENSURE PATIENTS ARE OFFERED THE RIGHT SUPPORT FIRST TIME, EVERY TIME.



PLACE BASED TEAMS WILL BE DESIGNED TO SERVE POPULATIONS OF 30-50,000 USING MULTI-DISCIPLINARY TEAMS



LOCALITY HUBS WILL PROVIDE SPECIALIST SERVICES AND SUPPORT STAFF THROUGH TRAINING AND DEVELOPMENT

What is the Out of Hospital programme?

The Out of Hospital programme is about making sure we treat as many people as possible outside of a hospital setting. For the first two years this will be focused on the 5% of service users who use the most services and are likely to be our most frail and elderly.

The programme will make sure we provide the best care we can, and in the most cost effective way. This means doing more to 'join-up' care available in the community with care available at hospital. It also means working much more with our partners who have a host of valuable skills and who need to be part of our team.

What we have commissioned

The CCG, working with Coventry and Warwickshire NHS Partnership Trust and South Warwickshire NHS Foundation Trust as the lead providers, is looking to deliver the outcomes listed below.

The providers have involved a wide range of stakeholders, such as local authorities, community and voluntary sector and patients, through a series of "working together/design" boards.

1. People are encouraged and supported to optimise their health and wellbeing
2. People will be treated in a safe, effective and appropriate way to avoid harm
3. People will be better supported in their rehabilitation after a period of ill health
4. More personalised care will be provided for people approaching the end of their lives to maximise their independence
5. People have an excellent experience of care
6. Organisations are designed so that individuals within them can work together more easily.

How will these services be better?

Our vision is:

- For people to receive the support they need to maximise their independence, wellbeing, quality of life and potential for recovery after an episode of ill health.
- To empower individuals to stay healthier for longer within their local communities
- To do all we can to promote prevention of ill-health, particularly doing more to target help for frail and vulnerable people and people with long term conditions such as diabetes or heart trouble
- To provide rapid response to escalating health needs
- To provide timely, supported discharge with an emphasis on promoting recovery and re-ablement
- To operate within clear consistent pathways of care including working with voluntary and community groups.

Improving care for patients nearing the end of their life



HELPING PEOPLE PLAN FOR DEATH IN A POSITIVE AND SENSITIVE WAY



IMPROVING THE INTEGRATION OF AND COMMUNICATION BETWEEN SERVICES PROVIDING END OF LIFE CARE



A NEW RAPID RESPONSE OUT OF HOURS TEAM HELPS PEOPLE COPE WITH ANXIETY AND ISOLATION DURING THE NIGHT

Approaching the end of their life can be a terrifying and isolating experience for people and those who care for them. Integration between services supporting these patients hasn't always been as good as it could be, meaning care felt disjointed. This could often lead to a frustrating experience in an already stressful time, particularly if the patient was in unfamiliar surroundings, such as a hospital, rather than their own home.

A number of positive new initiatives to improve patient outcomes and experience

- A number of workshops and training events were run for a wide range of staff, with a focus on communication skills, end of life planning, managing pain and symptoms
- Creation of a new Rapid Response at night service for end of life patients, offering support to patients, reducing the anxiety and isolation some people feel during the night
- A new electronic palliative care system, known as the CASTLE register, to share information quickly between the services caring for a patient to make care smoother
- A number of "end of life" beds were also commissioned in the community, helping care for people closer to home and out of hospital, where appropriate
- Support for carers has been enhanced, helping them to better cope with looking after someone approaching the end of their life

Working together to improve end of life services

To ensure the best care for patients approaching the end of their lives, and begin to better integrate services, a number of organisations have come together to develop these new initiatives:

- NHS Warwickshire North CCG
- George Eliot Hospital NHS Trust
- South Warwickshire NHS Foundation Trust
- Mary Ann Evans Hospice
- Myton Hospice
- Marie Curie
- Warwickshire Carer Wellbeing Service
- Warwickshire County Council
- Primary Care

“ We feel blessed that during the very isolating night-time hours, the team delivered much needed encouragement and support to us. We hope that this rapid response service not only continues in the north Warwickshire area, but also becomes available to everyone caring for a terminally ill person at home. ”

Family of a terminally ill resident

What are the outcomes

- Families and patients are better supported
- At end of life, symptoms and pain are better managed
- Care is better coordinated through a new electronic register
- Patients have better access to clinical leadership through the appointment of a new Consultant in Palliative Medicine at George Eliot (commencing August 2018)

Maternity and paediatrics



What are maternity, children and young people health services?

Maternity, children and young people services cover a wide range of different services, such as antenatal care, support during and after birth, neonatal care, community and hospital paediatric services, GP services for parents and children and mental health services for parents and children.

What we know

- We need to work together across health and social care to develop a local response to the “Better Births” National Maternity Review and ensure services are safer, more personalised, kind, professional and more family friendly
- Ensure women at risk of premature delivery receive the right care in the right place at the right time leading up to the birth of their child
- We need to improve services for Vulnerable Children (including Looked after Children)

What we are trying to achieve

Deliver safe, kind, family friendly, personalised care with improved outcomes for children, young people and families.

Our priorities

- To reduce the numbers of stillbirths and neonatal deaths by 20% in 2021 and 50% in 2025
- Achieve 20% of women receiving continuity of carer during pregnancy, as set out in the NHS England maternity operating plan
- Increase access to specialist perinatal mental health services
- Continue working in a multi-disciplinary way across the Local Maternity System (LMS), which includes CCGs, primary and secondary care and the local authority, to deliver the aims of the national Better Births review

What we've achieved so far

- ✓ Helped over 1,500 parents understand the importance of safe sleeping for babies and promote parent and baby health
- ✓ Set up a pilot programme between local hospitals to ensure Coventry and Warwickshire women and babies are not transferred out of area
- ✓ Improved mental health support for children and young people
- ✓ The CCG has facilitated collaborative working between UHCW, GEH and SWFT has ensured that Warwickshire women and babies are not transferred out of area
- ✓ Working with other local CCGS, we have published our Local Maternity System plan, the overall aim of which is to ensure mothers and babies receive the best quality of care
- ✓ A large-scale engagement exercise has asked mothers, mothers to be, families, carers, front-line staff and the community and voluntary sector to share their views on maternity and paediatric services, the results of which will help strategic commissioners and providers plan the future of services

Urgent and emergency care



What is urgent and emergency care?

Urgent and emergency care covers appointments which need urgent, same day and unplanned contact. This includes some types of GP appointments, as well as visits to Accident and Emergency (A&E), walk-in centres or urgent care centres.

What we know

- Patients find it difficult to know which services to use when e.g. NHS 111 vs urgent care centre vs A&E
- Patients want to understand and access the right type of urgent care service in an emergency to ensure they get the best care when they need it most

What we are trying to achieve

We are trying to make it easier for the public to know which urgent and emergency care service to access and when for their particular need whilst delivering a consistent level of care.

Our priorities

- Work with patients to help them understand the types of care available in an emergency and which ones to access i.e. providing information via GPs
- Ensure patients have the necessary information to understand and access the right type of urgent care service in an emergency to ensure they get the best care when they need it most
- Established a single point of access which will give access to all rapid response community services

What we've achieved so far

- ✓ Part of the "Ask NHS" app programme, allowing people to check symptoms and be directed to the most appropriate services for their needs through an app available on smart devices
- ✓ We've begun exploring options to enable NHS 111 to book people directly into GP extended access appointments
- ✓ Urgent Primary Care Assessment (UPCA) was established in January 2018 to help patients avoid unnecessary admissions to hospital
- ✓ Robust winter pressure campaigns conducted to help patients understand which services to use during the busy winter months and get the right care for their need
- ✓ Completed a second round of engagement for the redesign of stroke services, with the public and key stakeholders were involved in extensive engagement about the redesign of stroke services, and feedback is being reviewed as part of a final proposal for improvements
- ✓ Working with general practice and AGE UK to identify those who attend A&E regularly but would receive more appropriate care for their needs in other settings to help them feel less isolated and better supported

Improving standards of care for stroke victims



IN 2016-17, JUST OVER 1,200 PEOPLE IN COVENTRY AND WARWICKSHIRE HAD A STROKE AND WERE TAKEN TO ONE OF OUR THREE LOCAL HOSPITALS



THERE WERE OVER 15,000 STROKE SURVIVORS ON LOCAL GP REGISTERS



OVER 320 PEOPLE WERE DIAGNOSED WITH A "TRANSIENT ISCHAEMIC ATTACK" (TIA), SOMETIMES CALLED A "MINI-STROKE"

The challenge we face

Current stroke services in Coventry and Warwickshire are providing a good standard of care, but they are not meeting national guidance. They can also offer different levels of care depending on where a person lives. Initial engagement around improving stroke services in the area had taken place previously, and some key themes had come out of that, such as the need for a greater focus on rehabilitation and to minimise any impact of changes to travel.

How we responded

Between June and July 2017, the CCG helped lead a second major phase of engagement around further proposals for improving stroke services, which incorporated a focus on rehabilitation. This engagement comprised of face to face meetings, radio interviews, presentations at the local Health Scrutiny Committees and a survey, all of which helped to gather vital feedback from patients and the public which will help inform the future of proposals for improving stroke services.

An independent impact assessment was also carried out, to understand the impacts of the proposals on travel, health and equality groups.

Who we worked with

The three Clinical Commissioning Groups have been working in partnership with:

- Local doctors, specialist nurses and therapists
- Stroke consultants
- Stroke survivors
- West Midlands' Clinical Senate
- Patient and public group chaired by the Stroke Association
- National experts
- Patients, members of the public

Your feedback matters

We have taken all the views and expanded our original thoughts for a future service into a proposal that now includes some targeted stroke prevention and a comprehensive and equitable specialist stroke rehabilitation service following a stroke.

An action plan has also been developed and work is underway to address the travel concerns; this includes looking at increased car parking and improving access to community and public transport services.

Our vision

Suspect stroke

Ambulance straight to specialist hyper acute stroke unit at University Hospital Coventry.

Early supported discharge with rehabilitation and home or bedded rehabilitation, tailored to their needs.

Planned care



What is planned care?

Planned care is any treatment that isn't an emergency and usually involves pre-arranged appointments in hospitals, community settings and GP practices. Planned care covers services such as minor operations, routine tests and treatment for long-term conditions such as cancer.

What we know

- Health services for planned care aren't always as efficient as they could be
- There is low uptake of the cancer screening programme, including; breast, bowel and cervical cancers

What we are trying to achieve

Reduce delays in appointments with experts, for investigations and treatment. Reduce the amount of unnecessary visits to hospital for follow up care. Provide more care in the community and closer to home.

Our priorities

- Improve the advice given to GPs around when to refer patients to hospital to help reduce unnecessary appointments and improve patient experience
- Improve the flow of hospital care to avoid duplication and unnecessary hospital visits
- To support patients to live well with cancer through the implementation of the Macmillan recovery package
- To increase knowledge of the benefits of cancer screening across all population groups
- Patients with diabetes receive the right support in accessing the right education and self-care resources to self-manage their condition and live well

What we've achieved so far

- ✓ Supported the development of over 160 non-clinical "Cancer Champions", who support their local community, particularly seldom-heard groups, to highlight the importance of cancer screening and promote self-care and management
- ✓ Set up the "Consultant Connect" service for Nuneaton, Bedworth and north Warwickshire, which allows GPs to telephone local speciality consultants to get advice on how best to refer patients across a number of specialities, such as cardiology, diabetes, paediatrics and geriatric medicine, reducing the number of unnecessary hospital visits – we are also looking at replicating this service in the Coventry and Rugby areas
- ✓ Community Dermatology Service launched in May 2018 offering clinics from Nuneaton, Coleshill and Atherstone
- ✓ New ambulatory ECG service delivered in local GP practices
- ✓ Atrial Fibrillation Pathway Redesign launched to provide better diagnosis, initiation and management in primary care
- ✓ Fitter Futures Warwickshire (FFW) has been commissioned to reduce obesity, improve healthy eating, improve mental well-being, increase physical activity levels
- ✓ We have been working with other local CCGs to develop our response to the national cancer strategy
- ✓ Funding secured to procure support from Macmillan Cancer Support to recruit a Programme Manager who is now leading the implementation of the "Living with and beyond cancer" programme

Raising awareness of the importance of **cancer screening**



IMPROVED PARTNERSHIP



MORE EFFECTIVE CANCER SCREENING



EARLIER DIAGNOSES

Improving primary care cancer education

The CCG is responsible for cancer prevention and the Primary care cancer education network as part of the wider Coventry and Warwickshire Better Health, Better Care, Better Value programme.

A robust new programme

The CCG continues to work with partners such as the West Midlands Cancer Alliance, Macmillan Cancer and Cancer Research UK, and has:

- Delivered a successful Coventry and Warwickshire lung cancer education event in March 2018, seeing attendance from over 300 local GPs
- Distribute cancer information packs to practices across Coventry and Warwickshire
- Continue to promote bowel, breast and cervical screening
- Promote bowel screening through a range of primary care initiatives
- 72% of GP practices across Coventry and Warwickshire have signed up to Bowel Screening GP endorsement
- Established a Coventry and Warwickshire wide lung cancer pathway group
- Development of a Primary care cancer strategy
- Established a Coventry and Warwickshire cervical screening working group

- Develop a training programme for non-clinical cancer champions for community and GP practice staff
- Identified clinical cancer champions working in Primary care
- Funding secured to improve participation in bowel screening programme in low uptake practices
- Commissioned a new diagnostic test to support early diagnosis in particular non-cancerous bowel growths that may in time become cancerous

Working together in support of the local health economy

Public Health, local GPs specialising in cancer and the CCG have worked together to drive and support the work, implement ideas and put forth proposals.

This has enabled:

- Improved and continued partnership and collaborative working
- Improved knowledge of cancer related issues across primary care, allowing them to use cancer screening tools more effectively
- Earlier diagnoses and referral of potential cancer patients
- Working with Secondary care colleagues to ensure appropriate referral of potential cancer patients
- Making available the use of FIT in primary care in symptomatic patients outside the 2www referral process (according to NICE 2017 guidance)

Improving patient outcomes

The work has been instrumental in improving patient experience and screening of cancer. It has also:

- Improved cancer outcomes for the local population in the long term
- Raised awareness of the importance of all cancer screening
- Increased the uptake of cancer screening
- Reduce inequalities in cancer screening, promoting early diagnosis and improved patient outcomes for all in Coventry and Warwickshire

Involving patients in decisions about their care



INVOLVING PATIENTS IN DECISIONS ABOUT THEIR CARE



7 SPECIALITIES CURRENTLY COVERED



54% REDUCTION IN UNNECESSARY HOSPITAL REFERRALS

Many referrals into local hospital can be avoided

Sometimes, a GP may need to refer a patient to a consultant at the local hospital who specialises in a particular health issue, such as cardiology or diabetes.

This process can take a number of weeks and can sometimes lead to patients having to make unnecessary trips to hospital, which can be a frustrating and costly experience.

Real-time advice and guidance leads to a patient-centred approach

The CCG, working with George Eliot Hospital, introduced a telephone advice and guidance service called Consultant Connect. This system gives local GPs a direct line to speciality consultants at the hospital. The consultant can talk through the patient's case with the GP and

patient together over the phone and provide advice and guidance on the best course of action.

Consultant Connect currently covers the following specialities:

- Cardiology
- Diabetes & Endocrinology
- Gastroenterology
- Geriatric Medicine
- Gynaecology
- Paediatrics
- Urology

Building links between GPs and local hospitals

NHS Warwickshire North CCG worked closely with George Eliot Hospital and a number of local GPs to introduce this service.

Improving patient outcomes and experience

Since being introduced, Consultant Connect has helped to reduce a significant number of unnecessary referrals to hospital.

- 54% of connected calls result in the patient not needing to be referred to hospital
- 8% of those who are still referred don't need to be admitted
- 5% of calls have resulted in specific diagnostic tests being arranged over the phone, removing the need for the patient to first visit hospital to book the test

These improvements have led to more immediate positive outcomes for the patient, less stress and hassle associated with visiting hospital and greater peace of mind in many cases. It also gives patients the chance to be more directly involved in decisions about their care.

Mental health and learning disabilities



What are mental health and learning disability services?

Mental health services look to support those suffering from mental health difficulties, such as depression, suicidal thoughts and dementia. Learning disability services look to support those with learning disabilities, such as autism, attention deficit hyperactivity disorder and others.

What we know

- We need to improve diagnosis rates for people with dementia
- We know people with a mental illness have a poorer quality of life
- Too many people with learning disability and/or autism are in mental health hospital provision

What we are trying to achieve

A proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and support individuals and families to manage their mental health and wellbeing

Our priorities

- Increase dementia diagnosis rate and improve access to support
- Increase number of people accessing talking therapies
- Improves services for people experiencing first episode of psychosis.
- Reduction in out of area mental health and learning disability placements
- Improve the system's response for children and young people in crisis.
- Continue to reduce hospitalisation of people with a learning disability and/or autism.

What we've achieved so far

- ✓ Improved services for children and adolescents, including dramatic reductions in wait times, with numbers waiting over 12 weeks for follow up appointments reduced from 86 in August 2017 to 17 in May 2018
- ✓ Implemented a new service to adults with suspected autism or attention deficit and hyperactivity disorder
- ✓ Secured funding to support suicide prevention, for example through the creation of "safe havens"
- ✓ Opened Atherstone Community Hub offering parent drop-ins, training, and base for community outreach staff. Nuneaton Hub to open Summer 2018
- ✓ Roll out of the Dimensions Tool enabling families and referrers to sign post to appropriate support and opportunities
- ✓ Successful first year for the Mental Health in A&E CQUIN (Commissioning for Quality and Innovation) and looking to expand provision in year 2, helping to reduce avoidable mental health admissions and improve discharge planning for patients
- ✓ Improving access to psychological therapies for people with long-term conditions
- ✓ 12 employment advisors secured to help people with mental health needs find and stay in work
- ✓ Commissioned new community services for people at risk of admission including a pilot intensive support service for children and young people with learning disabilities and/or autism; intensive support for adults with autism and forensic community support for adults.
- ✓ Developed a system-wide recovery plan for the Transforming Care Partnership with a focus on admission avoidance and discharge.

Appendix 1 - How we've supported our member practices

Below is a highlight of the work we've undertaken to support our member practices in responding to the General Practice Forward View and the 10 High Impact Actions for Primary Care.

High Impact Actions

<p>Active signposting:</p> <p>Over 100 people from across Coventry and Warwickshire attended a diabetes education and awareness event in December, focused on healthy lifestyles, eating well and community support</p>  <p>Over 160 community Cancer Champions have been trained across Coventry and Warwickshire to help raise awareness of types of cancer, the importance of screening and signposting to local support and services</p> 	<p>Reduce Did Not Attend (DNAs):</p> <p>Secured funding to implement two-way text messaging to send patients reminders about appointments and allow them to cancel via a text to reduce DNAs</p> 	<p>Personal productivity:</p> <p>We have secured funding to provide stress management and personal resilience training for practice managers to help support them in their role</p> 
<p>New consultation types:</p>  <p>3 year funding secured to support development of online consultations in general practice</p>   <p>7 specialities are now covered by Consultant Connect, a new telephone service which allows local GPs to contact consultants specialising in Diabetes & Endocrinology, Cardiology, Urology, Gynaecology, Care of the Elderly/ Geriatric Medicine, Gastroenterology, and Paediatrics.</p>  <p>We have been conducting a survey with patients and the public around improving access to primary care, looking at topics such as extended access, online consultations, transport and hubs. This has been supported by initial face-to-face engagement with more planned with both public and practices</p>	<p>Develop the team:</p>  <p>We are supporting practices with recruitment through use of resilience funding</p>  <p>End of life/CASTLE register PMS reinvestment scheme to support the care of patients</p>  <p>Implementation of Clinical Correspondence Management Training across all 27 practices, helping staff to better and more efficiently manage correspondence to free up capacity and time</p>  <p>Nurse prescribing courses – We have four nurses undertaking a nurse prescribing course, which will allow them to prescribe medication to patients, reducing the burden on GPs. More nurses have signed up for the next course.</p>	<p>Productive work flows:</p>  <p>Implementation of a Central Policy Library to save time and encourage a consistent, standardised approach, as well as supporting Care Quality Commission</p>
<p>Partnership working:</p>  <p>Work is underway with member practices to understand how "cluster" working might work across the area to offer better integration, improve access and improve patient outcomes.</p>  <p>Out of Hospital programme design boards include GP representation to help plan deployment of staff to deliver an integrated out of hospital solution going forward</p>  <p>We have introduced practice peer reviews to support the making quality referrals project, allowing practice staff to identify gaps in pathways and reduce unnecessary referrals to secondary care</p>		
<p>Social prescribing:</p>  <p>We have introduced a Care Navigator service, which offers signposting and social prescribing to help reduce unnecessary GP workload and helps direct patients and the public to the most appropriate support that meets their needs, helping to relieve strain on local emergency services and general practice.</p>	<p>Develop Quality Improvement expertise:</p>  <p>Independent audit commissioned for QOF prevalence and data quality – Register health checks, data quality and read code training in all 27 practices, supporting practices to identify QOF prevalence issues, improve patient care and increase practice financial sustainability.</p>	

How we've responded to the General Practice Forward View

Model of care:



End of Life Care – We are actively involved in the development of an End of Life improvement plan which includes personalised care planning, shared records, better education, training and 24/7 access to services and creation of a rapid response service for people in crisis



The contract to provide out of hospital services closer to home goes live in April 2018

Our Governing Body GP leads have been involved in setting the KPIs for out of hospital to ensure primary care is reflected.



Working Together/design boards have been launch and are a key vehicle for the CCG and local GPs to influence delivery and deployment for out of hospital delivery.



Two-way text messaging – A funding application for a two-way text messaging service has been submitted. Two-way text messaging helps to reduce DNA rates, reduce cancellations and free up GP and practice staff time.



Prescription Ordering Direct (POD) to help reduce waste and increase quality of prescribing.



Social Prescribing – We have invested money into a social prescribing model, which enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services



Consultant Connect – A new telephone advice and guidance system which enables local GPs to call a team of local speciality consultants to seek appropriate advice in Cardiology, Gynaecology, Urology and Diabetes



Prevention and self-care – We are working with Warwickshire County Council and Public Health Warwickshire to support a new initiative which enables GPs to refer to physical activity and weight management support for children and adults.

Improving access to general practice:

We are currently planning an engagement campaign around access to GP services to understand what this means to our local patients, practice staff and partner organisations, in order to ensure the end model reflects feedback from these crucial stakeholders. Keep an eye out for more information on this important initiative and how you can get involved.



Workforce and workload:



We will be investing in a mentoring scheme for Practice Managers and **providing stress management and personal resilience training.**



Training needs analysis carried out across all practices to identify needs and opportunities and match them with appropriate courses available



Successful application for **£100k** of resilience money for **2017/18** which will **support** workforce issues – recruitment of GPs, and filling gaps in other staff areas



Primary Care Workforce Strategy Delivery

- Understand current workforce
- Understand gaps and identify requirements
- Deliver plan to address gap



Implementation of a Central Policy Library – **Helps save time**, encourages a consistent, standardised approach and **supports CQC**



Implementation of Clinical Correspondence Management Training across all 27 practices, helping staff to better and more efficiently manage correspondence to free up capacity and time



We have submitted an application for funding to attract international GPs to the area to support our workforce



Independent audit commissioned for QOF prevalence and data quality – Register health checks, data quality and read code training in **all 27 practices**, supporting practices to identify QOF prevalence issues, improve patient care and **increase practice financial sustainability**



We have been successful in securing places for local nurses on nurse prescribing courses

Appendix 2 – Commissioning intentions engagement summary

This year we have engaged on our commissioning intentions with:

- Our CCG Clinical Executive Group
- Our CCG Governing Body
- Local Health and Wellbeing Boards
- Our local Healthwatch organisations
- Patients, public and community and voluntary sector groups
 - We asked for feedback, ideas and thoughts on the commissioning intentions at our annual general meeting
 - Over 200 people, including patients, community and voluntary sector groups and our member practices, have responded to an online survey focused on our commissioning intentions
 - At their request, we have provided paper copies of the survey to community groups
 - We have raised awareness of our commissioning intentions via social media
 - We have discussed our commissioning intentions at many face to face meetings and engagement sessions with specific groups or communities
 - We have engaged on any plans for service changes and will continue to do so (including, where appropriate, going through a formal consultation process)
 - We have held our providers to account by ensuring they seek service user feedback to evaluate and influence how services are provided and delivered



We will continue to involve patients and the public to help guide and inform our work, understand the impact and assess the benefits being delivered to our population.

Our commissioning intentions survey

This year we conducted a survey with our patients, public, member practices and other key stakeholders, asking them to share with us their thoughts, feedback and ideas

In total, 250 people completed the survey and provided us with a wealth of new insight into the wants and needs of our local population across each of our key work programmes.

Participants were provided with the information found earlier in this document and asked two questions per work programme:

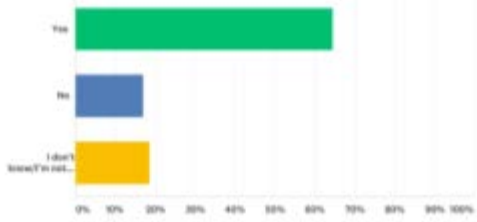
- Are we focusing on the right things for this work programme and
- What are your ideas, feedback, thoughts and opinions about this work programme? Consider what else we need to focus on, as well as what you think works well and what you'd like to see improve

Some of the feedback we received is included in the main document, and below is a breakdown of the answers to whether or not we were focusing on the right things. Where people have answered “I don't know/I'm not sure”, it is by and large due to them not having any experience or interaction with that aspect of the healthcare system.

DRAFT

Q1 Are we focusing on the right things to improve primary care?

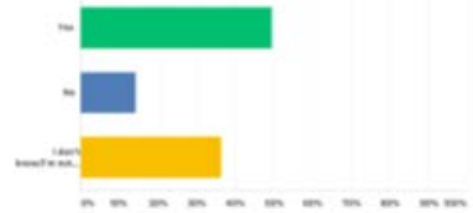
Answered: 248 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	64.52% 160
No	10.04% 42
I don't know/In not sure	13.55% 46
TOTAL	248

Q3 Are we focusing on the right things to improve maternal, child and young people health?

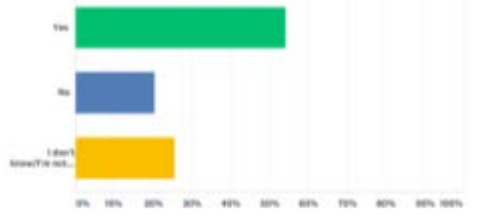
Answered: 245 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	40.32% 121
No	14.29% 35
I don't know/In not sure	36.37% 89
TOTAL	245

Q5 Are we focusing on the right things to improve out of hospital care?

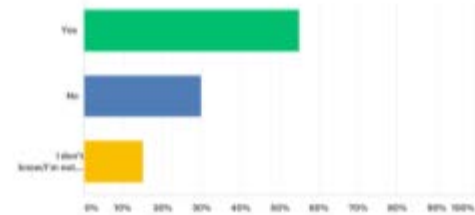
Answered: 247 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	54.25% 134
No	20.24% 50
I don't know/In not sure	25.51% 63
TOTAL	247

Q7 Are we focusing on the right things to improve urgent and emergency care?

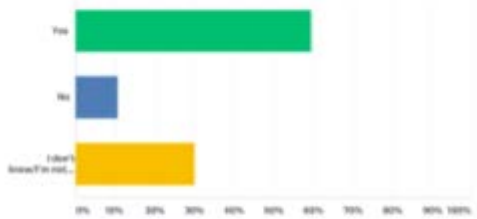
Answered: 247 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	55.06% 136
No	29.96% 74
I don't know/In not sure	14.98% 37
TOTAL	247

Q9 Are we focusing on the right things to improve planned care?

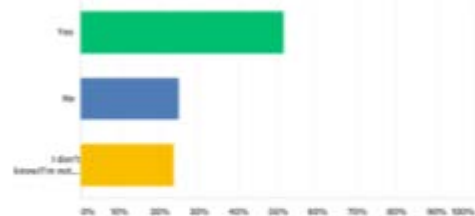
Answered: 246 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	59.23% 146
No	10.57% 26
I don't know/In not sure	30.20% 74
TOTAL	246

Q11 Are we focusing on the right things to improve out mental health and learning disability services?

Answered: 245 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	51.43% 126
No	24.90% 61
I don't know/In not sure	23.67% 58
TOTAL	245

Q13 Are we focusing on the right things to improve self-care?

Answered: 243 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	57.61% 140
No	16.04% 39
I don't know/In not sure	26.70% 65
TOTAL	243

A sample of what our public has told us

Primary Care	Out of Hospital	Maternity and paediatrics
<ul style="list-style-type: none"> • “Ensure that GP has appropriate information and links to refer people on to support. E.g. Mental Health support / weight management” • “Better access outside of the 9-5 hours Mon-Fri is definitely needed urgently” • “Better IT so that referrals to other services can be dealt with quickly instead of relying on the post” • “More communication to the public about when to seek which service (GP / Pharmacy / A&E)” • “Our GP offers telephone appointments. Excellent!” • “Better integrated working and communication with other health professionals and voluntary sector organisations” • “Need to improve self-help and self-management as a step before GP access. This would reduce pressure on surgeries” • Priorities should include addressing inequalities in access and inequalities in outcomes for patients in some communities in Coventry. Providing greater access of those who are able to navigate the system well will not address this inequality. 	<ul style="list-style-type: none"> • “Having one notes system for health and social care would vastly improve efficiency and reduce duplication across both services” • “Out of Hospital care should become the main focus of all NHS partnerships. Partners working collectively to reduce hospital admissions as this is the best outcome for patients and will improve the long term prospects for older people in particular” • “More out of hospital "clinics" based in local hubs within the clusters to give better access for patients. E.g. memory assessment, minor surgery, audiology, micro suction, dermatology, mental health navigators” • “More patient experience stories will give a clearer picture on quality and delivery. improve system wide working” • “Improve communication between hospitals and GP surgeries” • Address linkages to other determinants of health such as housing, finances and person centred solutions for the multiple issue people experience. 	<ul style="list-style-type: none"> • More needs to be done to support women who want to breast feed • More support throughout pregnancies - especially around the MH effects on parents. The difficulties of caring for a demanding baby and how to manage lack of sleep. This can be worked into the safer sleeping programme to expand the service to 'safer parenting' • Better education on healthy diet for families / young children • For NHS maternity staff to have a better understanding of safeguarding and what it means to work alongside Children's social care • More prevention advice would be good, how to stay healthy during pregnancy, how to cope during first few weeks etc • Ensure community and hospital antenatal services are joined up. Ensure patients are provided with explanations for decisions being made. Support people to remain physically and mentally healthy during pregnancy. • To keep continuity with the same Midwife for patients during their pregnancy

Urgent and emergency care	Planned care	Mental health
<ul style="list-style-type: none"> • “Transport to out of hours facilities difficult for many villagers if no access to a car. this penalises young families and the elderly population who live in rural areas where public transport has been reduced or removed” • “I think a lot more could be do educate people about the appropriate places to get help. A surprising number of people don’t seem to know that a pharmacist can provide advice on minor ailments and discuss drugs and any issues with them. There needs to be a much more streamlined process when someone is admitted to hospital via the GP route”. • “A triage service at A&E to redirect non-urgent cases to urgent care/GPs so that urgent cases are dealt with immediately”. • There should be a focus on understanding why some patients have repeated re-admission to hospital and ow they could be supporting in other ways to avoid this. 	<ul style="list-style-type: none"> • “More convenient options for out of working hour appointments. People of working age are a large proportion of the population and finding suitable appointment can be difficult. Some venues due to parking issues require and extra 30-45 mins out to enable time to park and walk to clinic. More flexible venues, more flexible hours. General increase promotion of benefits of screening”. • “Planned care - great opportunities for prevention messages to be delivered - make every contact count” • “More prevention and self-care advice in one place which is easy to use” • “Improved communications once patients in system” • “Keep it as local as possible. Hard to travel when you have a chronic condition”. • “Good idea to have virtual follow up appointments - saves time/parking at hospital. Like the idea of GPs being able to speak to consultants. Too many people are referred to consultants where there is no further action required”. 	<ul style="list-style-type: none"> • “The number of mental health beds across all areas are too few. They need to either be increased, or better bed management solutions put in place to prevent MH patients being inappropriately treat in acute medical beds”. • “IAPT is a very good service, but appears under resourced. Increase overall in resource to work with dementia diagnosis at an earlier stage to maximise chance to use compensatory techniques for longer and look at assistive tech options” • “More knowledge and training on how these disabilities affect a patient and the impact of a hospital visit/stay can have on that patient. How to support those patients with identified difficulties. Sensitivity and understanding of diversity through training is needed for all staff” • “Increased awareness and training in Primary Care of signs and symptoms of early psychosis. Training and resource support for GP’s to diagnosis dementia in uncomplicated dementia, AND support for ongoing aftercare, medication etc. Secondary care mental health workers working in cluster hubs, providing a faster and more pro-active support for patients with less severe illness, who may otherwise have to wait 6 months for an appointment through the SPE”.

Appendix 3: Performance, key messages from the 2018 Annual Report

Full details of our performance, key messages and financial information can be found in both our full and summary annual reports here:

<https://www.warwickshirenorthccg.nhs.uk/About-Us/Key-Documents/Annual-Report>

DRAFT

Item 5(b)

Commissioning Intentions 2018/19 – *Progress Review.*

Report to:	Warwickshire Adult Social Care and Health Overview and Scrutiny Committee
Date:	26 September 2018
By:	Anna Hargrave, Chief Transformation Officer
Purpose:	<p>In the autumn of 2017, the CCG's 2018-19 commissioning intentions were presented to the Committee. The overall function of the commissioning intentions document is to drive delivery of the CCG's strategic aims, as set out under the four cornerstones of the CCG's 2016-2020 strategy 'Translating our 2020 Vision into Reality'.</p> <p>The current report provides an update to the Committee regarding the progress that has been made in relation to the delivery of the strategy, identifying the key achievements under each of the cornerstones.</p>

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Appendix 1 – General Practice Forward View Plan Key Achievements

Appendix 2 – Performance; Key Messages from the 2018 Annual General Meeting

Appendix 3 – Engagement; Key Achievements in 2017-18

SECTION 1: BACKGROUND

Clinical Commissioning Groups

The three Coventry and Warwickshire Clinical Commissioning Groups (NHS Coventry and Rugby CCG, NHS South Warwickshire CCG and NHS Warwickshire North CCG) are clinically-led statutory NHS bodies responsible for the commissioning (planning, buying and monitoring) of most healthcare services for the people of Warwickshire. The CCGs operate within a financial budget set by the Department of Health.

Commissioning, in summary, is about “*getting the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc. It is an ongoing process. CCGs must constantly respond and adapt to changing local circumstances. They are responsible for the health of their entire population, and measured by how much they improve outcomes*”.¹

National Context

In October 2014 NHS England published the *NHS Five Year Forward View (5YFV)*.² This key policy document sets the context within which the CCG’s strategy and other associated plans have been developed. The 5YFV articulates a clear vision of the future, in which greater emphasis is placed on prevention, integration (in other words, organisations, both Commissioner and Provider, within local health and care systems working together to meet the needs of and deliver the best care for patients) and putting patients and communities in control of their health. The 5YFV sets out a vision and collective view of how the NHS needs to change, what change might look like and how to achieve it.

Strategy and Operational Plan

The CCG’s strategy ‘Translating our 2020 Vision into Reality’ was adopted by the Governing Body in January 2016.³ The strategy was developed through engagement with our key stakeholders (our Member Practices, Warwickshire County Council, local health partners including South Warwickshire NHS Foundation Trust and Coventry and Warwickshire Partnership NHS Trust and patients and members of the public) and continues to be the focal point for the CCG’s work.

Developed around four cornerstones, the strategy articulates our vision and values, describing the overall ambition and longer term aims that the CCG has set for itself, in alignment with the ‘*triple aim*’ identified in the 5YFV:



Sitting underneath the strategy is the CCG’s Operational Plan. The Operational Plan sets the work programme for the CCG for a defined time period within the strategy period. The overall programme described in the Operational Plan must, as a fundamental, enable the CCG to meet its statutory duties and to make progress towards delivering its strategic aims.

It is not the purpose of the Operational Plan to detail all of the services that we commission as a CCG and how they will be delivered; instead the document outlines our strategic programmes, how our priorities link

¹ <https://www.nhs.uk/commisioning/>

² <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

³ <https://www.southwarwickshireccg.nhs.uk/mf.ashx?ID=68ef044f-565f-4ae8-8f44-d6206bf85a3d>

to national policy, what delivery work streams will help us to achieve our priorities and how we will measure performance.

Risk Management

The CCG's Assurance Framework set out the high level risks which could potentially impact upon the CCG and its ability to deliver its statutory duties and strategic aims. The Assurance Framework clearly identifies the strategic risks to the organisation, the controls in place to mitigate those risks, the assurances on these controls and the action plans that have been established to address any gaps. The Assurance Framework is a living document which is presented and discussed at every Governing Body meeting and is underpinned by an Operational Risk Register, which is discussed at every meeting of the CCG's Executive Team and Clinical Quality and Governance Committee.⁴

Each year the CCG publishes an annual report which sets out the key risks which have impacted the CCG during the reporting period.⁵

Commissioning Intentions

All CCGs are required to develop and publish commissioning intentions on an annual basis. In the autumn of 2017, the CCG's 2018-19 commissioning intentions document was presented to the Committee.⁶

Developed firmly in the context of the strategy and the Operational Plan, the commissioning intentions identify how the CCG intends to translate its strategic aims into the commissioning of services, with a key audience being the major local Provider organisations. The commissioning intentions enable Providers to understand how our strategic vision impacts contracts and, specifically, what will continue in the existing contracts and what changes will be implemented.

The overall function of the commissioning intentions document is to drive delivery of the CCG's strategic aims, with key sub-functions being:

- To notify our Providers as to what services the CCGs intend to commission for the following year;
- To provide an overview of our priorities for the relevant financial year in line with national and statutory requirements;
- To drive improved health outcomes for our population; and
- To transform the design and delivery of care, within the resources available.

The 2018/19 commissioning intentions document was published on 29 September 2017. Since then the CCG has been working to deliver the priorities articulated in the document under each of the four strategic cornerstones.

⁴ <https://www.southwarwickshireccg.nhs.uk/About-Us/Governing-Body-Meetings>

⁵ <https://www.southwarwickshireccg.nhs.uk/About-Us/Publications-and-Policies>

⁶ <https://www.southwarwickshireccg.nhs.uk/mf.ashx?ID=a23c4033-ba6a-419a-8c83-4119877f7ac6>

SECTION 2: KEY ACHIEVEMENTS BY CORNERSTONE

As noted in **Section 1**, our strategy is, and in the period up to 2020 will remain, the focal point for our work as an organisation. In the two and a half years since the strategy was published significant progress has been made to deliver the commitments set out under each of the four cornerstones. This **Section** provides an overview of the key achievements by cornerstone.

Within the **Out of Hospital Cornerstone** a significant amount of the work that we have done (as summarised in **Appendix 1**) has been driven by our plan 'Transforming General Practice Together'. The plan is our local response to the General Practice Forward View – its implementation focuses the CCG on the sustainability of general practice here and now and how general practice in south Warwickshire will transform over time to remain sustainable for the future.⁷

Within the **Delivering Today Cornerstone** financial performance, the delivery of NHS Constitution rights and pledges and engagement are key areas of focus. In relation to performance, **Appendix 2** extracts key messages that were shared as part of the CCG's Annual General Meeting in July 2018. **Appendix 3** captures key achievements in relation to engagement. The CCG's 2017-18 Annual Report provides a more detailed overview of each area.⁸

OUR STRATEGY COMMITMENTS

Out of Hospital Cornerstone



To **PREVENT** negative lifestyle choices



To **RESPOND** 24/7 in a co-ordinated way



To **INNOVATE** the Provider market

Specialist Provision Cornerstone



To increase **CONFIDENCE** of service users



To **ACCELERATE** integrated working



To **CENTRALISE** expertise to improve outcomes

Personalisation Cornerstone



To **SUPPORT** a personalised approach



To **ALIGN** resources to deliver better care



To **TRANSFORM** commissioning arrangements for vulnerable groups

Delivering Today Cornerstone



To **LISTEN** to patients and the public



To **DRIVE** the best outcomes for our population



To **ASSURE** quality and performance

⁷ <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

⁸ <https://www.southwarwickshireccg.nhs.uk/mf.ashx?ID=1bb13352-c8b1-488a-9363-b09ec6339751>

KEY ACHIEVEMENTS

Out of Hospital Cornerstone



General Practice

National Patient Survey results and Care Quality Commission inspections have recognised the excellent work that our 33 Member Practices do. Looking to the future, in the spring of 2017 just over 2,500 people shared their views with us on how general practice works now and how it might work differently in the future. At the same time, we published our plan Transforming General Practice Together. The plan recognises the challenges facing general practice and describes how we are working with our Member Practices to develop a new model of general practice in south Warwickshire.



Out of Hospital Transformation

In November 2017 we awarded a new contract to NHS South Warwickshire Foundation Trust to work with partners to transform the way that a range of out of hospital services are delivered in south Warwickshire, based on achieving the outcomes that our population told us matter most to them.



Fit for Frailty Project

Working with our Member Practices and Age UK, we have focused on improving the health and wellbeing of people aged over 75 living in south Warwickshire, by supporting them to maintain their independence and equipping them to better manage any conditions that they are living with at home.



Social Prescribing

We have supported our Member Practices to try out different ways of connecting their patients with sources of support within their communities - recently securing a grant from Stratford Town Trust to expand a successful early intervention programme, co-designed by the national mental health charity Mind, which provides support to people who are experiencing mild to moderate mental health problems.



Diabetes

With support from the national Diabetes Transformation Fund, we are leading and supporting a range of different work aimed at improving the quality of care available to people living with diabetes and prediabetics. In the last year alone, we have launched a Diabetes Clinical Network, increased the number of hospital-based clinics for footcare and improved access to education courses.

KEY ACHIEVEMENTS

Personalisation Cornerstone



Rise (Children and Young People's Emotional Wellbeing and Mental Health Services)

Over 750 young people, parents and professionals contributed to a Coventry and Warwickshire wide project to redesign the way that these services are delivered in our area. Based on this work, a new service launched in 2017. Through the service website young people and their families can access a huge range of self-help materials including the new Dimensions tool - a web-based app that helps people to connect with relevant advice, support and local interventions.



Transforming Care Programme

We were one of the first areas in England to develop a transforming care partnership. Working with other local CCGs and Local Authorities, we set out our plan to enable people with learning disabilities to get support closer to their homes. One of our first steps was to set up an Intensive Community Support Team who focus on supporting people in their communities.



Personal Health Budgets

In the spring of 2016 we published our offer for Personal Health Budgets. Recognising the potential that PHBs have to give people more choice and control over the money spent on meeting their health and wellbeing needs, we have recently expanded our Quality Team to include a dedicated PHB Nurse who will focus on supporting more people in south Warwickshire to be able to take up a PHB.



Mental Health Service Pilots

We have worked with a number of our Member Practices and the charities Rethink and Mind to pilot different approaches to support people who go to their GP with symptoms of common mental health problems. Nearly 200 people were referred into one of the pilot services in 2016/17.



KEY ACHIEVEMENTS

Specialist Provision Cornerstone



Planned Care

We have focused on a number of different areas (including musculoskeletal (MSK), ophthalmology and dermatology services) to look at how changing the way that these services are delivered could deliver better outcomes for patients. Engagement with patients and the public and clinical professionals has helped to shape our thinking.



Local Maternity System Transformation

Working with other local CCGs, we have published our Local Maternity System Plan, the overall aim of which is to ensure that mothers and babies in Coventry and Warwickshire receive the best quality of care and achieve the best outcomes. To help shape what the system will look like in the future, we have started to talk to parents and carers about their experiences of care before, during and after birth.



Cancer

We have been working with other CCGs in Coventry and Warwickshire to develop our local response to the National Cancer Strategy. In 2017 we were successful in securing support from Macmillan Cancer Support to recruit a Programme Manager who is now leading the implementation of the 'Living With and Beyond Cancer' programme.



Stroke Services

Working with other local CCGs and key stakeholders (including local hospitals, a dedicated patient advisory group and the Stroke Association), we have engaged with our population on our proposals for how stroke services may look different in Coventry and Warwickshire in the future in response to national and regional guidance.



KEY ACHIEVEMENTS

Delivering Today Cornerstone



Systematic Approach to Quality

We have set out a clear framework for how we will work with Providers of services to improve patient safety, patient experience and clinical outcomes.



HaveYour Say Day

From Alcester to Shipston, we have got out and about across south Warwickshire to talk to our population about our plans and work programmes and to hear their thoughts and concerns.



Outcomes Based Commissioning

We are embedding an outcomes based approach commissioning - meaning that when we plan and buy services we are increasingly working collaboratively with local people and Providers to define what outcomes are most important to people who use services and what kind of support could achieve these.



Better Health, Better Care, Better Value Partnership

Through the partnership we are working with other organisations from across the local health and care system to seize opportunities to make changes which benefit our population by working together.



Contract Negotiations

Since our strategy was published, we have successfully completed two rounds of contract negotiations within the mandated national timeframes.



Finance

We have faced an increasingly challenging financial environment as demand for services continues to grow faster than funding is increasing. Over the first two years of our strategy, we have been successful in securing significant national transformational funding across a range of work programmes, including over £2.7m to support general practice through the Estates and Technology Transformation Fund.

TRANSFORMING GENERAL PRACTICE TOGETHER 2017/18

CARE REDESIGN

What we have achieved:

Out of Hospital Programme



Established new place based teams that will wrap around the emerging GP Networks, supporting practices to manage some of their most complex patients.

Extended Access



Engaged with a broad range of stakeholders, including our Member Practices, to understand how the new extended access service can work to benefit patients, practices and the wider health system.

Primary Care Survey



Surveyed our population and the local primary care workforce to seek views on how primary care works now and how primary care services might be delivered differently in the future. We received over 2,500 responses.

What we are working on going into 2018/19:

GP Networks



Engaging with our Member Practices to establish GP Networks based on populations of 30-50,000 people. Through this work, practices are seeking to take advantage of the many benefits associated with collaborative working.



Extended Access

Launching a further phase of public engagement, specifically focused on securing the engagement of audiences that we have not heard from before.

WORKLOAD

What we have achieved:

Productive General Practice Quickstart Programme



Secured national funding to enable 18 practices to complete the programme, which provides hands-on support to help practices to release time for care and build improvement capability.

Releasing Time for Care Programme



Secured national funding to enable all of our Member Practices to participate in the programme which brings practices together to implement changes that release GP time.

General Practice Resilience Programme



Secured national funding to support 4 practices to make changes which will help them to be more sustainable and resilient in the short and longer terms.

What we are working on going into 2018/19:

Estates and Technology Transformation Fund



Continuing to deploy technology solutions to all of our Member Practices which will enable them to manage workload differently and increase capacity.

Releasing Time for Care Programme



Running 3 more learning in action workshops to give practices the head space to think about how they want to work together in Networks.

WORKFORCE

What we have achieved:

Training for Reception and Clerical Staff



Secured national funding to offer training that will allow practice staff to expand their roles beyond traditional boundaries.

Practice Manager Development



Run a series of master classes that have provided an opportunity for practice managers to share challenges and ideas.

Workforce Development Funding



Secured funding from Health Education England to be able to develop and offer a local Leadership Programme to develop primary care leaders of the future.

What we are working on going into 2018/19:



Coventry and Warwickshire Primary Care Workforce Strategy

Working with key stakeholders to develop the Strategy, which describes how we will support the primary care workforce to meet the challenges of the future.



Coventry and Warwickshire Workforce Working Group

Developing a comprehensive plan aligned to the Workforce Strategy which will describe the actions that we will take locally to grow capacity and capability.



International GP Recruitment

Awaiting the outcome of our application to help meet future GP recruitment needs through international recruitment.

INFRASTRUCTURE

What we have achieved:

Investment in Premises

Continuing to develop our Primary Care Estates Strategy to make sure that primary care has the estate capacity that it needs for the future and to generate strategic estate solutions that drive new models of care.



Supporting 1 project to improve an existing GP practice in Leamington.



Supporting 2 projects to develop new GP practices in Wellesbourne and Warwick.



Supporting the development of options appraisals for 5 priority areas.

NHS WiFi



Rolled out WiFi to all of our Member Practices to support patients and the public to be able to take an active role in managing their health by opening up access to different digital platforms.



General Practice IT Strategy

Being developed with oversight from a Steering Group that engages representatives of primary care. The Strategy will ensure that new and existing technologies are used to the maximum benefit of our Member Practices and population.

What we are working on going into 2018/19:

Engagement with District Councils



Continuing to engage with the local District Councils to make sure that we secure appropriate developer contributions in support of our Primary Care Estates Strategy.



Local Estates Forum

Continuing to run regular LEF meetings which provide an opportunity for us to engage with groups of practices to understand their concerns and priorities in relation to estates development in their area.

Financial Performance 2017/18



2016/17 Surplus brought forward into 2017/18 was **£6.9m**



NHS England (NHSE) planning requirement for 2017/18 was to deliver surplus of **£6.9m**



Therefore taking the 2016/17 surplus into account the CCG planned to spend all of the **£372.4m** received in 2017/18



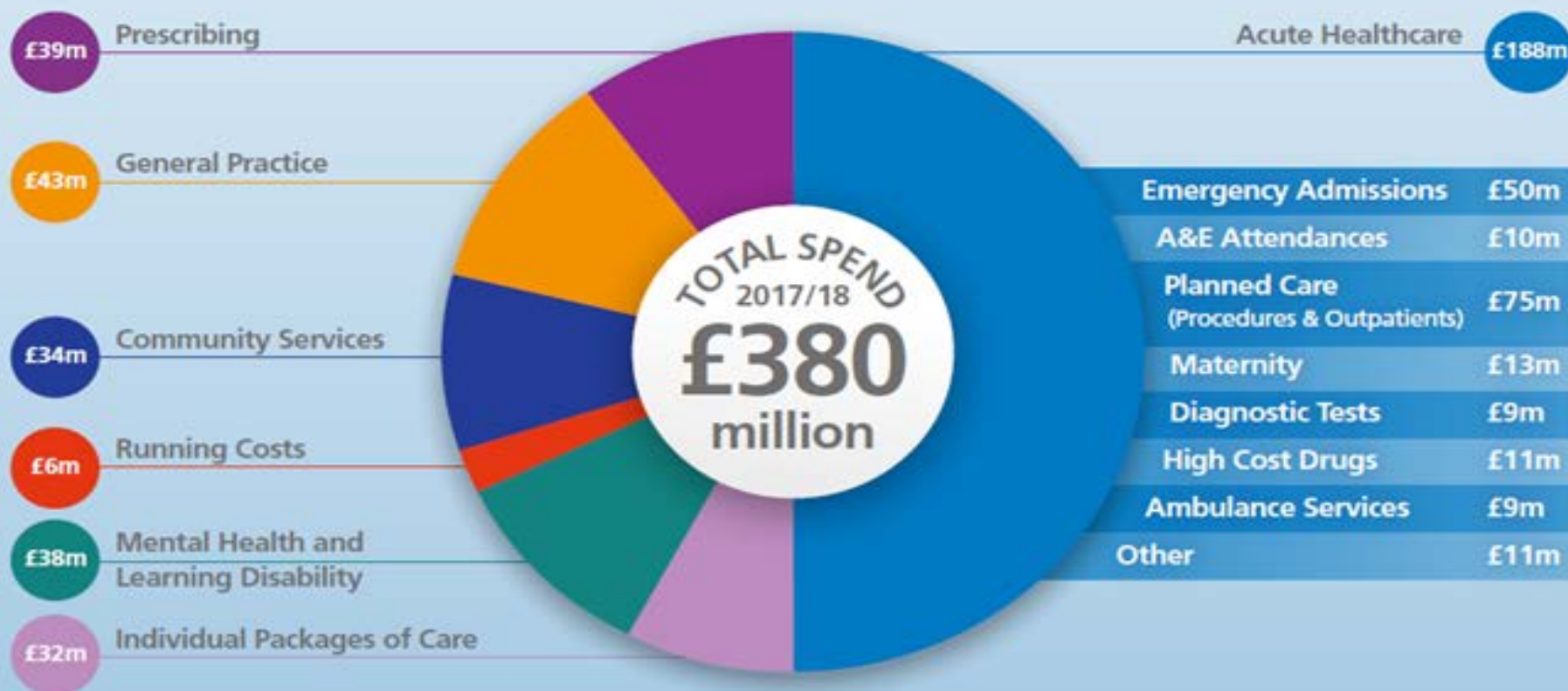
Due to financial pressure on Acute contracts and Individual Packages of Care South Warwickshire CCG overspent by **£5.9m** resulting in a surplus of **£1m** for 2017/18



As a result of not meeting the NHSE planning requirement the CCG did not meet its statutory duty for expenditure not to exceed resources



Overall the CCG's QIPP programme was **£16.2m** for 2017/18 of which **£15.6m** was delivered



Each day we spend over **£1 million**

Looking forward to 2018/19



The CCG is required to deliver a £1m surplus



The impact of funding growth from population and price increases has resulted in the need to deliver

£17.3m

of QIPP savings

(4.4% of the CCG's resource allocation in 2018/19)



The CCG has developed a comprehensive programme to efficiencies, including the national Right Care initiative



The size of the challenge must not be underestimated however the CCG continues to peruse areas of joint working with our local partners in health and social care, and with the support of patients and public, QIPP delivery is achievable

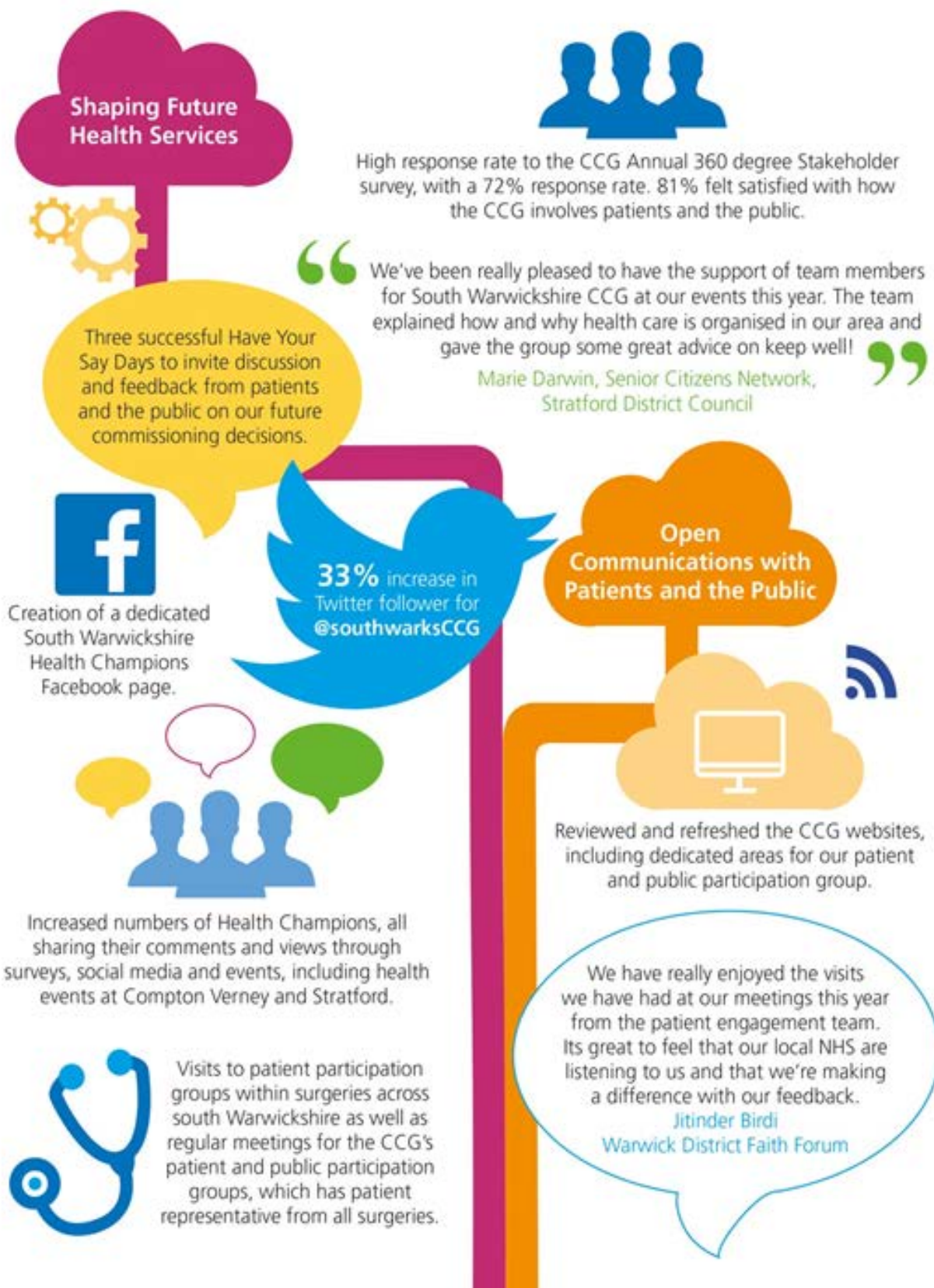
NHS Constitution 2017/18

Indicator (% of patients)	Target	2017/18 Year End
Waiting less than 4 hours in A&E	95%	91.5%
Waiting less than 18 weeks from GP to treatment	92%	90.4%
Waiting less than 6 weeks for a diagnostic test	99%	98.7%
Seen within 2 weeks from GP referral for cancer	93%	95.8%
Starting cancer treatment within 31 days of diagnosis	96%	98.4%
Starting cancer treatment within 62 days	85%	81.9%
Accessing Psychological Therapies (IAPT)	15%	16.7%

Key Areas of Focus for 2018/19

- 1) 85% of patients are treated within 62 days of urgent cancer referral.
- 2) 95% of patients are waiting less than 4 hours when attending A&E.
- 3) Reduce delays for patients waiting to leave hospital.
- 4) <18 weeks between GP referral to hospital treatment, all specialties.
- 5) No-one waits longer than 52 weeks from referral to treatment.
- 6) No-one waits longer than 12 weeks for Children and Young People's Emotional and Wellbeing Mental Health Service treatments.

APPENDIX 3: Engagement; Key Achievements in 2017-18



Engaging and Involving Staff and Members



Regular fun viral video vlogs by staff and patient group member promoting advice on keeping safe and well.

Creation of internal CCG staff newsletter, fortnightly GP members newsletter improved format in conjunction with South Warwickshire Foundation Trust.

Complementary working between Project Leads for the QIPP Operational Pipeline and Communications and Engagement leads to ensure all engagement requirements are considered and patients are kept fully informed.



Development of values



“ South Warwickshire CCG have helped bring together staff members from lots of different local health and care organisations with simple shared purpose - to get people to drink more fluids each day. I've been heartened by the shared goals and how quickly we're already started to make progress. By working together we're really going to make a difference. ”
Dr Richard Lambert (clinical lead)
Warwickshire Hydration Partnership



A locally developed Engagement Assessment Tool is used to ensure a consistent approach. There will be occasions when engagement with patients, the public and stakeholders will suffice; however, there will also be circumstances where we will need to undertake a full consultation. The circumstances that will trigger a full consultation are not set out in statute or guidance. The CCG will use the test in section 244 of the NHS Act 2006 (together with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013) to assess whether a requirement to consult is triggered. The CCG has a duty to inform both the local regional team for NHS England and the Health Overview and Scrutiny Committee ('HOSC') before a consultation is launched. As appropriate, and in line with the emerging Communications and Engagement Strategy for the Coventry and Warwickshire System Plan, engagement activities during the Operating Plan period will take an integrated approach.



Adult Social Care & Health Overview & Scrutiny Committee

26th September 2018

One Organisational Plan Quarterly Progress Report: Period under review: April to June 2018

Recommendation

That the Overview and Scrutiny Committee:

- (i) Considers and comments on the progress of the delivery of the One Organisational Plan 2020 for the period as contained in the report.

1. Introduction

- 1.1. The One Organisational Plan Quarterly Progress Report for the period April 1st to June 30th 2018 was considered and approved by Cabinet on 13th September 2018. It provides an overview of progress of the key elements of the OOP, specifically in relation to performance against key business measures, strategic risks, workforce management, revenue and capital budgets, reserves and savings targets and financial information on Business Units.
- 1.2. This report draws on information extracted from the Cabinet report to provide this Committee with information relevant to its remit.

2. One Organisational Plan 2020: Strategic Context

- 2.1 The OOP 2020 Plan aims to achieve two high level Outcomes. These are measured through 62 Key Business Measures (KBMs) which are grouped under, and reported against, the seven agreed policy areas.

For the outcome Warwickshire's communities and individuals are supported to be safe, healthy and independent there is a total of 35 Key Business Measures included in four Policy area dashboards:

- Children are Safe - 15 Key Business Measures
- Adult Social Care - 8 Key Business Measures
- Health & Wellbeing - 6 Key Business Measures
- Community Safety and Fire - 6 Key Business Measures

For the outcome Warwickshire’s economy is vibrant and supported by the right jobs, training, skills and infrastructure there is a total of 13 Key Business Measures included in two Policy area dashboards:

- Economy, Infrastructure and Environment - 10 Key Business Measures
- Education & Learning - 3 Key Business Measures

To demonstrate OOP delivery by ensuring that WCC makes the best use of its resources a total of 14 Key Business Measures have been developed.

2.2 The table below provides an overview and Key Lines of Enquiry regarding performance for a total of 11 KBMs across 2 policy areas as appropriate for this Committee;

Adult Social Care (8 KBMs)
<p><u>Areas of Good Progress</u></p> <p>The number of people in receipt of an Adult Social Care service has remained on par with the end of Quarter 4 2017/18, with the March figures at 6525 and the June figures at 6520.</p> <p>The demand for the Reablement Service has decreased across Quarter 1 2018/19 following an extremely busy winter period, however is similar to the trend seen in the same period last year. The Service is implementing processes, such as broadband, to enable better connectivity for co-located teams and scheduling tools to enable multiple visits to be programmed. The Service is working with referrers in health and social care to ensure that the right customers are referred to the Service to gain the maximum benefit from the enabling programme.</p> <p>With regards to the Average Daily Beds Occupied by Delayed Warwickshire Patients measure, since the end of June, performance at the 3 main Warwickshire providers has been close to or below the target.</p> <p>Actual performance for June-18 of 32 was below (better than) the new target for 2018/19 of 43.</p> <p><u>Areas of concern including remedial action</u></p> <p>There has been a reduction in the number of people receiving a Direct Payment from 1158 recipients in February 2018 to 1054 in June 2018. These figures have reduced as a result of data cleansing prior to the move to Mosaic and also due to requirements for the payment cycle, meaning that some annual payments cannot be added until their payment date. It is anticipated that this will be resolved by the end of the financial year and that a consistent and confident baseline will therefore be achieved.</p> <p>Where individuals are eligible for council funded services then practitioners are expected to offer Direct Payments as a means of receiving this service and they are required to record that this has been offered. Recent case file audit feedback is showing that practitioners are recording the offer.</p> <p>Workshops for Operations Managers and Team Leaders have taken place to increase the knowledge of managers on Direct Payments and to compliment the Direct Payments learning programme offered to all staff.</p> <p>Officers from the Independent Living Team are being linked to social care and support teams from July 2018 to support practitioner knowledge to continue to increase the take up of Direct Payments.</p>

Health and Wellbeing (3 KBMs)

Areas of Good Progress

Even though official latest data on several of our Key Performance Measures is awaited it is evident that the Warwickshire figure for the Ratio of Admissions for alcohol related conditions is below the averages for England and the West Midlands.

Areas of concern including remedial action

The data for Q1 NHS health checks is not available until September 2018, however, provisional performance for Q1 is lower than expected, at 21%. In order to support take up, the Service is looking for opportunities to deliver health checks through alternative settings, such as workplaces and within local communities. This is an area which would benefit from further scrutiny, especially as, although the 2017/18 performance had been higher, it is still not achieving the target set of 40%.


Areas to note

Data for the following measures will not be available until later in the year:

- % women who smoke at the time of delivery- October 2018.
- Rate of hospital admissions for alcohol related conditions per 100,000 population (all ages) - February 2019.
- % of eligible population aged 40-74 offered a NHS Health Check who received a NHS Health Checks - September 2018.

2.3 More detailed progress on the 11 KBMs relevant to this Committee is reported through the Scorecards in the following pages.

One Organisational Plan Key Business Measures Scorecard

 <p>18/19 Actual 18/19 Target 17/18 Actual</p>	Direction of travel (DoT) of performance (compared to trend)	
	↑	Positive improved
	↓	Positive decline
	↑ ↓	Decline
	↔	Steady

15/16	16/17	17/18	DoT
1,074	1,212	1,046	↑

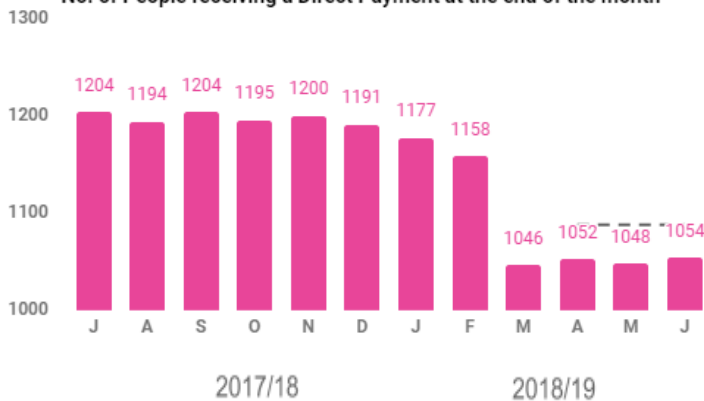
Where individuals are eligible for council funded services practitioners are expected to offer Direct payments as a means of receiving this service as one of the options and to record that this has been offered. Recent case file audit feedback is showing that practitioners are recording the offer.

Workshops for Operations Managers and Team Leaders have taken place to increase the knowledge of managers on Direct Payments and to compliment the Direct Payments learning programme offered to all staff.

Officers from the Independent Living Team are being linked to social care and support teams from July 2018 to support practitioner knowledge to continue to increase take up of Direct Payments.

Please note, levels have dropped partly due to data cleansing prior to the move to Mosaic, and partly due to requirements for the payment cycle meaning some annual payments cannot be added until their payment date. This should be resolved and see a consistent and confident baseline by the end of the financial year.

No. of People receiving a Direct Payment at the end of the month



No of Reablement Service **Exits**

15/16	16/17	17/18	DoT
1295	1387	1358	↔

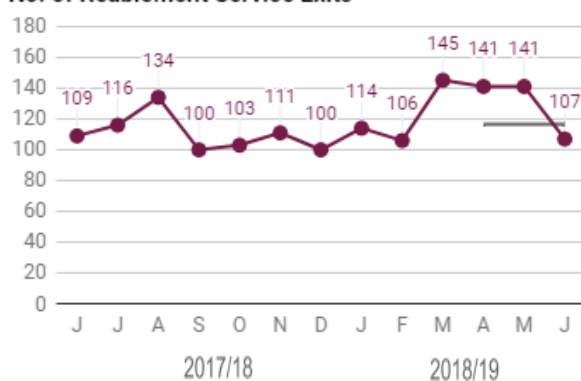
No of Reablement **Completions**

15/16	16/17	17/18	DoT
1030	1084	984	↔

No of Service Exits **not leading to ASC Service**

15/16	16/17	17/18	DoT

No. of Reablement Service Exits



<p>No. of Reablement Completions</p> <p>No. of Reablement Service Exits not leading ASC Service</p>	969	1112	1034	
	<p>The demand has fallen since an extremely busy winter period but is very similar to the trend to the same period last year.</p> <p>The Service is currently in the process of setting up a pilot for Iconnect which will enable Reablement Assistants to receive their working rota's electronically. The Service is also defining the business requirements for a new scheduling tool for the multiple visits required to be programmed on a weekly basis which needs to be in place summer 2019. The Service has a new broadband connection at their south base where they are co-located with health. This has significantly improved the connectivity for the team.</p> <p>The Service is working with their referrers in health and social care to ensure the right customers are referred to the Service to gain the maximum benefit from the enabling programme.</p>			

<p>No. of People in receipt of an adult social care service</p>	15/16	16/17	17/18	DoT
	6,275	6,270	6,525	
<p>Average daily beds occupied by delayed Warwickshire patients (by month)</p>	15/16	16/17	17/18	DoT
	33	42	49	

2017/18

2018/19

Since the end of June, performance at the 3 main Warwickshire providers has been close to or below the target:

- actual performance for June-18 of 32 was below (better than) the new target for 2018/19 of 43.

As part of the Countywide DTOC Project, future improvement activities include

- trusted assessor placed in hospitals to complete assessments on behalf of a number of care homes
- hospital Social Care Team process improvements
- hospital Social Care Dashboard

No. of permanent admissions of people to residential and nursing care homes (**aged 18-64**)

15/16	16/17	17/18	DoT
46	33	60	↓

The number of permanent admissions has decreased slightly in Q1 2018/19 in comparison to Q4 2017/18.

Support planning for individuals will continue to ensure that community support is considered for all customers and residential and nursing care provision is the last option.

An increase in this cohort has arisen over the last year due to individuals transferring funding streams from health to social care; practitioners will apply Continuing Healthcare (CHC) criteria robustly to ensure individuals are in receipt of the most appropriate support to meet their needs.

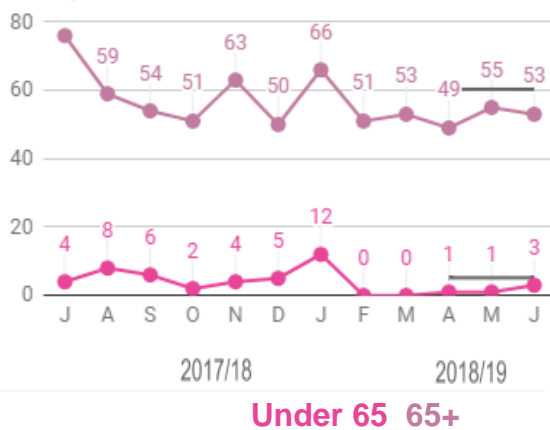
No. of permanent admissions of people to residential and nursing care homes (**aged 65 and over**)

15/16	16/17	17/18	DoT
662	552	696	↓

The number of permanent admissions has decreased slightly in Q1 2018/19 in comparison to Q4 2017/18.

There are a variety of aspects impacting long

No. of permanent admissions to residential or nursing care

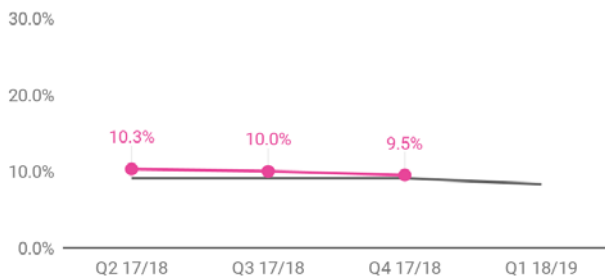


term admissions into residential and Nursing care.

The numbers leaving hospital requiring this level of support continue to rise and pathways 3 beds within acutes have increased and continue to be increased by Clinical Commissioning Groups in response to Delayed Transfer of Care pressures, especially in the Rugby area. No new Extra Care Housing schemes have been available for 12 months, with limited potential new availability in 2018 / 19 planned. Individual length of stays within residential and nursing care are increasing in longevity.

15/16	16/17	17/18	DoT
10.6	9.9	9.5	↓

% of women who smoke at the time of delivery across Warwickshire



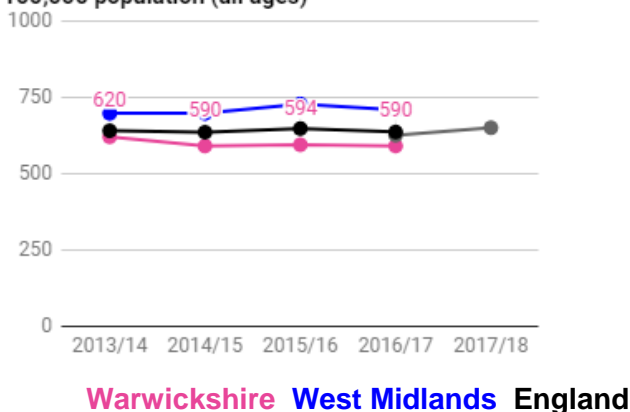
2018/19 Q1 data due October 2018.

The Smoking in Pregnancy Specialist Service has been integrated within the Health Visiting and Family Nurse Partnership service delivered by South Warwickshire NHS Foundation Trust (SWFT).

The aim is to reduce the number of women who resume smoking after giving birth through providing continued support for women during the postnatal period and reduce the number of women smoking during second pregnancy.

15/16	16/17	17/18	DoT
594	590	Due Feb 19	↓

Rate of hospital admissions for alcohol related conditions per 100,000 population (all ages)



2017/18 data due February 2019

Our 2016/17 annual rate is 590 per 100,000 this is below the West Midlands and England average.

A new service was commissioned, which started April 2018, as such are currently in the early stages of service change.

The service will deliver a renewed focus on prevention, early intervention and self-help.

% of eligible population aged 40-74 offered a NHS Health Check who received a NHS Health Check

100

15/16	16/17	17/18	DoT
27.8	45.4	28	↓

	<p>2018/19 Q1 data is due to be submitted by 30th July and published mid-September 2018.</p> <p>Provisional performance for Q1 is lower than expected, with 21% of those offered an NHS Health Check through their GP practice receiving an NHS Health Check.</p> <p>To improve take-up opportunities for delivering NHS Health Checks through the workplace and within local communities are being explored with various providers to offer an alternative setting to GP Practice.</p>
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Financial Commentary – relevant finance information taken from Cabinet report

4.1 Revenue Budget

4.1.1 The Council has set the following performance threshold in relation to revenue spend: a tolerance has been set of zero overspend and no more than a 2% underspend. The following table shows the forecast position for the Business Units concerned.

	2018/19 Budget £'000 0	2018/19 Outturn £'000	Revenue Variance % £'000	Retained Reserves £'000	Financial Standing £'000
Social Care & Support	141,526	132,811	(8,715) -6.16% underspend	(8,959)	(17,674)
Strategic Commissioning & Public Health	36,249	35,411	(838) -2.31	(5,184)	(6,022)

4.1.2 Heads of Service commentary on their forecast revenue positions are given below.

- **Social Care & Support**

The business unit is forecasting an £8.7m underspend. The main cause is from projects underspending, and client contributions for purchased care forecast to exceed the budget. Where specific OOP savings will not be achieved, alternative savings have been recognised to reflect the effect of transformational and preventative work on demand.

- **Strategic Commissioning & Public Health**

There are no significant financial issues to highlight at this time

4.2 Reserves

4.2.1 Business Units are seeking members' approval to add funds to reserves, mostly from current underspends, for use in future years as follows:

Social Care & Support (£3.000 million)

- £3.000 million budget for transformation and projects spend which will be incurred in future years, this in line with the Council's long term strategy to address adult social care pressures.

4.3. Delivery of the 2017-20 Savings Plan

4.3.1. The savings targets and forecast outturn for the Business Units concerned are shown in the table below.

	2018/19 Target £' 000	2018/19 Actual to Date £'000	2018/19 Forecast Outturn £'000	2018-2020 Implementation Status	Comments
Social Care & Support	2,562	1,647	2,562	Green	
Strategic Commissioning & Public Health	406	406	406	Green	

4.4 Capital Programme

4.4.1. The table below shows the approved capital budget for the business units and any slippage into future years.

	Approved budget for all current and future years (£'000)	Slippage from 2018/19 into Future Years £'000	Slippage from 2018/19 into Future Years (%)	Current quarter - new approved funding / schemes (£'000)	All Current and Future Years Forecast (£'000)
Social Care & Support	3,350	0	0%	0	3,350
Strategic Commissioning & Public Health	2,030	(1,035)	-51%	4,186	6,216

4.4.2 The reasons for the slippage compared to the approved budget are:

- **Strategic Commissioning & Public Health**

£1.035 million of slippage, £0.501 million relates to Adult Social Care modernisation, there has been a delay in developing proposals for projects due to the Project Manager leaving the Council, a new Project Manager is now in place who is actively pursuing options and the spend has been re-profiled accordingly. £0.535 million relates to Client Information Systems Review, Mosaic is now live for Social Care and Support and Children and Families, the slippage is in relation to funding which was to support further developments on Mosaic; however these developments were on hold until Mosaic was live for both Social Care and Support and Children and Families. Proposals are now being developed and spend has been re-profiled accordingly.

5 Supporting Papers

5.1 A copy of the full report and supporting documents that went to Cabinet on the 13th September 2018 is available via the following [link](#) and in each of the Group Rooms.

6 Background Papers

None

Authors:	Vanessa Belton, Performance and Planning Business Partner vanessabelton@warwickshire.gov.uk Mandeep Kalsi, Performance Officer mandeepkalsi@warwickshire.gov.uk
Heads of Service	Pete Sidgwick, Social Care & Support: petesidgwick@warwickshire.gov.uk John Linnane, Director of Public Health & Head of Strategic Commissioning: johnlinnane@warwickshire.gov.uk
Strategic Directors	Nigel Minns, Strategic Director, People Group nigelminns@warwickshire.gov.uk
Portfolio Holders	Cllr Les Caborn, Adult Social Care & Health; cllrcaborn@warwickshire.gov.uk

Adult Social Care and Health Overview and Scrutiny Committee

26 September 2018

Work Programme Report of the Chair

Recommendations

That the Committee reviews and updates its work programme.

1. Work Programme

The Committee's work programme for 2018/19 is attached at Appendix A for consideration. The programme was discussed by the Chair and Party spokespeople at their meeting on 19 September. A copy of the work programme will be submitted to each meeting for members to review and update, suggesting new topics and reprioritising the programme.

2. Forward Plan of the Cabinet

The Cabinet and Portfolio Holder decisions relevant to the remit of this Committee are listed below. Members are encouraged to seek updates on decisions and identify topics for pre-decision scrutiny. The responsible Portfolio Holders have been invited to the meeting to answer questions from the Committee.

Decision	Description	Date due	Cabinet / PfH
Approval from Cabinet required to transfer Community Dietetics budget via section 75 agreement	The Community Dietetics Service is an integral part of the Dietetics Service provided by SWFT which includes treatment, specialist advice, training and education. The service has undergone a full commissioning review in collaboration with 3 CCGs as part of the WCC strategic commissioning review programme. The current contract arrangements for the Dietetics Service are split between SW CCG and WCC Public Health and Strategic Commissioning. The Dietetics Service has been incorporated within the Out of Hospital (OoH) contract which has been awarded to SWFT on a 3 year contract from 1st April 2018. SW CCG manages the OoH contract on behalf of the 3 CCG's. The proposal is that SW CCG takes on responsibility for contracting all elements of the Dietetics Service including the Community as part	10 October 2018	Cabinet

	of the OoH contract and that the budget is transferred via a Section 75 agreement.		
School Health & Wellbeing Service Commissioning Approval	The School Health & Wellbeing Service is being recommissioned as part of the on-going commissioning cycle. The current contract will end on 31st October 2019.	11 December 2018	Cabinet

3. Forward Plan of Warwickshire District and Borough Councils

Set out below are scheduled reports to be considered by district and borough councils at their scrutiny / committee meetings that are relevant to health and wellbeing. Further updates will be sought and co-opted members are invited to expand on these or other areas of planned activity.

Date	Report
North Warwickshire Borough Council	
	<p>In North Warwickshire, the focus on health is provided through two forums, the Warwickshire North Health and Wellbeing Partnership (covering both North Warwickshire and Nuneaton and Bedworth), and the Borough Council's Health and Wellbeing Working Party. Examples of recent work are shown below:</p> <p>Warwickshire North Health and Wellbeing Partnership:</p> <ul style="list-style-type: none"> • End of Life Care • Addressing Teenage Conceptions – Sustainability of the service • Access to Health Services – Community Transport Initiatives • Services at George Eliot Hospital and its Future Vision • #onething – Focus and sustainability of the service <p>Health and Wellbeing Working Party</p> <ul style="list-style-type: none"> • The Corporate Health and Wellbeing Action Plan - Delivery • The evolving Strategic Leisure Review – Ensuring that it addresses issues of relevance to the health and wellbeing of the local community • End of Life Care • Addressing Teenage Conceptions - The service afforded to young people in North Warwickshire • Access to Health Services – Community Transport Initiatives • #onething • Fitter Futures and its services in North Warwickshire
Nuneaton and Bedworth Borough Council – Health Overview and Scrutiny Panel	
2018/19	<ul style="list-style-type: none"> • The concerns and priorities for Healthwatch • Improving Stroke Services in Coventry & Warwickshire. A request from WNCCG to consult on the document (after inspection probably in Aug) • Discharge Protocol. A review of the current situation with regard to hospital discharges and how GEH is working with Housing and

	<p>other partners. Is there a robust discharge protocol?</p> <ul style="list-style-type: none"> • Gambling and its impact on health and wellbeing. What is the position locally, can licensing have an effect, what help, advice and assistance is available locally?
6 Dec 2018	<ul style="list-style-type: none"> • HWBB Annual Report 17/18. Annual Report from Health & Wellbeing Board • Health Performance Report. A report to be prepared twice a year with the Council's health related action plans. E.g. Sports Dev/Health Inequality • Teenage Conception Update. An update on the current rates of teenage conceptions in the Borough together with the Address Teenage Conception Task and Finish Group Action Plan update. • JSNA & Public Health Update. A presentation and report from Public Health on the priorities for health
18 April 2019	<ul style="list-style-type: none"> • CAMHS Mental Health matters and the provision of services in the borough are of concern • George Eliot Hospital Update. A presentation from the GEH on the current services and funding situation, including the provision of additional hospice beds
Rugby Borough Council – Customer and Partnerships Committee	
Date TBC	Mental Health Briefing
Stratford-on-Avon District Council – Overview and Scrutiny Committee	
5 September 2018	<ul style="list-style-type: none"> • Specialist Elderly Accommodation (TFG)
31 October 2018	<ul style="list-style-type: none"> • Update on Home Environment Assessment & Response Team (HEART)
Warwick District Council – Health Scrutiny Sub-Committee	
20 November 2018	<ul style="list-style-type: none"> • Health & Wellbeing Annual Update Report • Annual Status Report – Air Quality Management
Each meeting	Health and Wellbeing Update
Each meeting	Updates from representative on WCC ASC&H OSC
Date to be set	Care Quality Commission

4.0 Briefing Notes Circulated Since the Last Meeting

- 4.1 The work programme at Appendix A lists the briefing notes circulated to the Committee. Members may wish to raise questions and to suggest areas for future scrutiny activity, having considered those briefing notes.

5.0 Joint Health Overview and Scrutiny Committees (JHOSC)

- 5.1 Members will recall the previous reports about the review of stroke services. The assurance process is still to be completed, to allow the formal consultation to be commenced with the JHOSC and others.
- 5.2 At its meeting on 15 May 2018 the County Council agreed to participate in the Joint Health Scrutiny Committee with Northamptonshire and Oxfordshire County Councils, for the purpose of responding to the consultation for substantial reconfiguration of consultant-led obstetric services at the Horton General Hospital. The Chair of this Committee, Councillor Wallace Redford is this Council's appointed representative. The first meeting of the JHOSC will take place on 28 September 2018.

6.0 Task and Finish Reviews

- 6.1 At its meeting on 9 May 2018, the Committee received and approved the report of the GP Services Task and Finish Group. The review report was approved by Cabinet at its meeting on 14 June. The Task and Finish Group was also submitted to the Health and Wellbeing Board on 18 September. The Committee will now have a monitoring role on the implementation of recommendations. An item is listed for the March Committee meeting for this purpose.

Background Papers

None.

	Name	Contact Information
Report Author	Paul Spencer	01926 418615 paulspencer@warwickshire.gov.uk
Head of Service	Sarah Duxbury	Head of Law and Governance
Strategic Director	David Carter	Joint Managing Director
Portfolio Holder	n/a	

The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillor Wallace Redford

Adult Social Care and Health Overview and Scrutiny Committee Work Programme 2018/19

Date of meeting	Item	Report detail
26 September 2018	Performance Monitoring - CCGs	The Committee considered the CCG commissioning intentions in 2017. This follow up item provides the opportunity to monitor performance against those commissioning intentions and will be of use for the OSC to consider in commenting on the future commissioning intentions of CCGs.
26 September 2018	Director of Public Health Annual Report	For the Committee to consider and comment upon the Annual Report of the Director of Public Health.
26 September 2018	One Organisational Plan Quarterly Progress Report Q1	To consider the first quarterly Progress Report for the period April to June 2018.
26 September 2018	Integrated Care Systems	The Committee considered a report in March 2018 on Integrated Care Systems. It was agreed to have a further update after six months. This will now be provided via a briefing note.
21 November 2018	Mental Health and Wellbeing.	At the Chair and Party spokesperson meeting on 21 June, members agreed to replace a proposed item on the budget position of social care with an item to consider mental health and wellbeing.
21 November 2018	George Eliot Hospital	<p>Originally scheduled for September, this item was added to the programme to focus on progress made in relation to the action plan arising from the CQC inspection, particularly in relation to end of life care services.</p> <p>Glen Burley is the new CEO. GEH had arranged for Dr Catherine Free, Medical Director and Daljit Athwal, Interim Director of Nursing to attend in September. Glen Burley and Prem Singh (Chair of GEH Trust) as well as NHSI were also invited to this session, but couldn't attend. The item was deferred in agreement with the Chair, so that the key people can attend.</p>
21 November 2018	Update from Healthwatch Warwickshire	Chris Bain, Chief Executive of Healthwatch Warwickshire will present their Annual Report.
6 March 2019	GP Services TFG	To receive an update on the implementation of recommendations arising from the work of the GP Services TFG. The report was approved by Cabinet at its meeting on 14 June and is being considered by the Health and Wellbeing Board in September.

Appendix A

July 2019	Update on Public Health Commissioned Services for Drugs and Alcohol	The Committee received a presentation at its meeting on 11 July 2018. It was agreed that a further update be provided on this service area after twelve months.
Future Work Programme Suggestions	Out of Hospital Programme.	Suggested by Councillor Parsons at the Chair/Spokes meeting on 21 June.
	Review of the Direct Payments processes and infrastructure	This item was suggested at the Chair and Party Spokesperson meeting in January, as a joint review area for this Committee and the Children and Young People OSC. The timing for this to come to members would be considered further as part of the annual work programme review.
	Update on Delayed Transfers of Care (DToC)	A comprehensive item was provided to the Committee on 24th January 2018 including a joint presentation on Warwickshire's current DTOC performance and actions to improve this. It is proposed to have an update on this important service aspect to explain the progress made in reducing DToC.
	Review of the Adult Transport Policy	Cabinet approved a revised Adult Transport Policy on 25 January 2018. This has been suggested as an area for the Committee to review after 12 months of implementation.
	Better Health, Better Care, Better Value (BHBCBV) – Proactive and Preventative Workstream	Suggested by Councillor Margaret Bell. The Proactive and Preventative work stream of the STP. The suggestion is to find out more: What is happening; what is the plan; how is it to be funded; when will we see results?
	BHBCBV – George Eliot Hospital Campus Model	Suggested by Councillor Clare Golby. To understand how the proposals for the George Eliot Hospital (GEH) Campus Model will fit into other health services for the north of Warwickshire and the implications for residents. Councillor Parsons supported this area, raising concerns about the potential downgrading of services delivered at GEH.
	The 111 Service	Suggested by Councillor Margaret Bell. Areas to examine are: How do they refer people to health services; how do they link in with the relevant CCG; how do they know where services are commissioned; also what do they do about patients with no transport who are referred to an Out of Hours Service at, say, the early hours of the morning.
	Local Commissioning of Services	Suggested by Councillor Mark Cargill. A pilot scheme has been undertaken in Alcester.
	Director of Public Health Suggestions	From the Director of Public Health's annual report. The theme this year is 'Vulnerability'. The Joint Strategic Needs Assessment and linked to this the commissioning of health, wellbeing and social care services. The JSNA aims to establish shared evidence on the key local priorities across health and social care. Other areas are: Health & Wellbeing Strategy, Sustainability & Transformation Plan (STP), Out of Hospital Programme, Community Hubs and the County Council Transformation Plans, suicide prevention and Mental health and substance misuse.

	Coventry and Warwickshire Partnership Trust	Suggested by Healthwatch. There has been a re-inspection of the CWPT by the Care Quality Commission. Originally planned for the Trust to present its progress against the action plan to the January 2018 meeting, which was considered to be too soon for the Trust to have implemented actions from the CQC review. Suggestion to have a written update and then programme for a formal report to provide assurance that the 'must do' and 'should do' recommendations are being implemented.
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BRIEFING SESSIONS PRIOR TO THE COMMITTEE

Date	Title	Description
12 July 2017	Overview of Strategic Commissioning	Chris Lewington provided an overview of the work of Strategic Commissioning.
13 September 2017	Out of Hospital Programme	A significant and positive step forward on the Out of Hospital Programme. It is felt members need to be sighted and engaged in this development. This session would include representatives of the clinical commissioning groups.
22 November 2017	Housing Related Support	Hugh Gaster, Housing Related Support Officer to lead on this. A briefing beforehand to remind of recent history and the briefing session to bring up to date with current position / developments.
24 January 2018	Proposal from Chair and Party Spokes Meeting - Direct Payments	An initial briefing note on direct payments would be useful, ahead of the January session.
14 March 2018	None	Originally intended to have a session on Integrated Care, which subsequently became part of the main Committee meeting.
9 May 2018	None	There is no separate briefing session for this meeting. The Committee will have two key areas, being the report of the GP Services TFG and the care market and domiciliary care.
11 July 2018	Presentation on developing Fire and Health/Social care agenda.	A presentation from Officers of the Fire and Rescue Service on the support they are providing to the work of Social Care.
26 September 2018	Dementia Awareness	A detailed report and presentation was provided in September 2017. The Committee agreed to consider the additional work being undertaken through Warwickshire's Living Well with Dementia Strategy (2016-2019), the potential areas of focus being timely diagnosis and support in acute/residential housing with care settings.

BRIEFING NOTES

Date Requested	Date Received	Title of Briefing	Organisation/Officer responsible
21 June 2018		Request for a briefing note on the patient transport service was raised at the Chair & Spokes meeting. This involves several commissioners and service providers, notably five voluntary groups, WMAS, WFRS and CWPT.	DPH and SC The briefing is requested by November 2018.
-	14/05/18	NHS England provided a briefing on the need to close a dental practice in Nuneaton.	NHS England
9 May 2018		Dr John Linnane offered to circulate a briefing note on a service delivery review by the Coventry and Warwickshire Partnership Trust.	DPH and SC
22/02/18	18/04/18	Drug and Alcohol Service. A briefing from the Director of Public Health. This is the subject of a member briefing session at the meeting on 11 July.	
14/03/18	03/05/18	GEH Mortality Briefing – A briefing note to explain the actions taken to respond to two areas of concern on end of life care and an increase in Hospital Standardised Mortality Ratio.	
-	03/05/18	DPH Annual Report Update – A briefing paper to set out the topic of the next annual report. The theme for this report is the impact of social media on young people's health and wellbeing.	
22/02/18		A briefing note was requested at the Chair and Party Spokes Meeting on 22 February, to update the OSC on the work of the Safeguarding Adults Board, including the work of the MASH.	
22/11/17	19/01/18	Direct Payments Briefing Note - This briefing note provided an overview of the background and principles for Direct Payments. It described what they are, how they can be accessed and the support available to ensure people manage them successfully.	
31/10/17	10/01/18	Community Meals Service	Claire Hall
22/11/17	21/12/17	Self-Harm – A briefing on data for intentional self-harm in Warwickshire and the support services available.	Paula Mawson
22/11/17	21/12/17	Childhood Obesity – A briefing on the levels of obesity affecting both adults and children, the health consequences of childhood obesity, data for Warwickshire and the support services available.	Fran Poole
22/11/17	21/12/17	#onething - Launched in 2015, this campaign asked people in the north of Warwickshire to think about just one thing they could change in their life to be a little healthier, with the overall aim of reducing the risks of heart disease, a significant health issue across the north of the county.	Yasser Din
22/11/17	21/12/17	Teenage Pregnancy – The Director of Public Health agreed to send the Committee more information on teenage pregnancy rates.	Etty Martin
22/11/17	21/12/17	NHS Health Checks - Members providing publicity of the local health check offer.	Sue Wild

		Further information on health checks would be provided to the Committee for this purpose.	
22/11/17	21/12/17	Discussion about the school health and wellbeing service. The Director of Public Health offered to recirculate a briefing on this service.	Kate Sahota
31/10/17		Update on progress with reducing delayed transfers of care	Chris Lewington
-	01/11/17	Healthwatch England Publication – Readmission to Hospital	Paul Spencer
-	31/10/17	LGA Publication – Adult Social Care Funding	Paul Spencer
12/07/17	07/09/17	Dementia – Enhancing Awareness and Understanding Across Warwickshire	Claire Taylor
12/07/17	05/09/17	Summary of the CAMHS Redesign Process	Andrew Sjurseth
-	20/07/17	Healthwatch Report into Warwickshire Mental Health Services	Chis Bain
01/03/17	23/03/17	Maternity Briefing Note	
-	16/01/17	NHS Dental provision in Stratford	

TASK AND FINISH GROUPS

ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	TIMESCALE	FURTHER INFORMATION
GP Services	The Committee agreed this TFG area at its meeting on 15 September. The report of the TFG presented in May 2018.	May 2018.	The review report was approved by Cabinet in June 2018 and submitted to the Health and Wellbeing Board in September 2018.
Joint Health Overview and Scrutiny Committee	This is the first of the joint committees, working with Coventry City Council to focus on Stroke Services.	To be confirmed	There have been delays in the commencement of the work due to the NHS assurance process required ahead of the public consultation. Two informal meetings have taken place.
Maternity and Paediatric Services	The Committee agreed this TFG area at its meeting on 15 September. The detailed scoping of this area is still to be determined.	Review starts after completion of the GP Services TFG.	
Quality Accounts 2016/17. Paul Spencer and Coventry City Council / Healthwatch	QA Groups for each of the 5 Trusts to work with the Trusts on quality accounts over the year.	June 2016 – completed	Follows the format used for 2015/16, with WCC leading on the TFGs for George Eliot Hospital, West Midlands Ambulance Service and South Warwickshire Foundation Trust. Coventry City Council and Healthwatch Coventry to lead on the reviews for UHCW and CWPT.
Quality Accounts 2015/16, Paul Spencer and Coventry City Council / Healthwatch	QA Groups set up for each of the 5 Trusts to work with the Trusts on quality accounts over the year.	June 2016 – completed	The reviews are complete. This year, WCC led on the TFGs for George Eliot Hospital, West Midlands Ambulance Service and South Warwickshire Foundation Trust. Coventry City Council and Healthwatch Coventry led on the reviews for UHCW and CWPT.