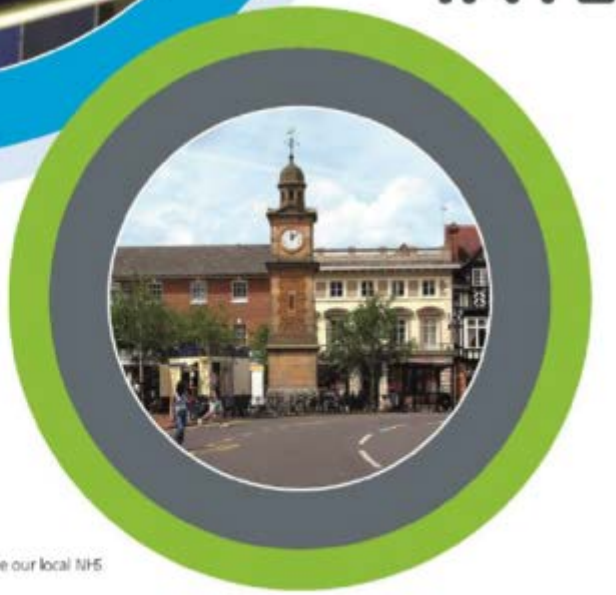
05 - Appendix D

NHS
Coventry and Rugby
Clinical Commissioning Group

Our Commitment to Health

COMMISSIONING INTENTIONS 2019/20



Working together to improve our local NHS

Who we are and what we do

NHS Coventry and Rugby Clinical Commissioning Group (CCG) is responsible for planning, organising and buying NHS healthcare for around 448,000 people living in Coventry and Rugby.

This includes most hospital and community NHS-funded services and, starting from April 2017, we have assumed full delegation from NHS England (NHSE) for commissioning (buying) Primary Care (or General Practice) services.

The CCG is made up of 67 GP member practices which provide primary care services to people in our area. The Member Practices have elected a clinical Chair and three locality GPs who, as part of the CCG Governing Body, lead the CCG.

The Governing Body is responsible for ensuring that the CCG fulfils the statutory duties delegated by NHS England. The CCG receives funding from NHS England to commission services for our population against specified standards from qualified NHS and other healthcare providers.

The services we commission

The CCG is responsible for commissioning a variety of services, including:

Primary Care services
We commission general practice services that provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS

Hospital services
For people who are ill or injured and need more specialised input, often provided in this area by the University Hospitals Coventry and Warwickshire NHS Trust (UHCW) at Coventry and by the Hospital of St Cross at Rugby.

Mental health services
Talking therapies for people with common mental health problems, and care from mental health teams for people with more complex needs

Medication
That patients are prescribed by their GP, consultant or other NHS practitioner

Community health
Services such as treatment by district nurses, advice from health visitors, rehabilitation, physiotherapy and occupational therapy to help people recover from illness or injury

What are commissioning intentions?

- All CCGs are required to review and outline the actions they will take to improve the health and wellbeing of their local population on a yearly basis

- These reviews put into plans called 'Commissioning Intentions' and they set out the priorities for the CCG in line with national and statutory requirements, set in the context of ongoing and significant financial and clinical workforce challenges

- The 2019/20 commissioning intentions have been developed in line with:

    - The health needs of our local population, as defined in local Joint Strategic Needs Assessments (JSNA)
    - National health deliverables for 2019/20, focusing on areas of key performance challenges for the CCGs

Our commissioning intentions will also set out the strategic direction for the CCG with the context of the local system, looking for ways for all health and care providers to work more closely together for the benefit of our population, whilst keeping a focus on the local needs and priorities. To reflect this more collaborative approach, we are working closely with Warwickshire North CCG and South Warwickshire CCG to develop 2019/20 commissioning intentions that benefit everyone across Coventry and Warwickshire.

This document

This document outlines our commissioning intentions for 2019/20.

It is broken into sections:

- Our values – *helping you to understand what drives us and the behaviour we demonstrate*
- National priorities – *helping you to understand the national context that is driving some of the decisions and changes being made locally*
- Local health needs – *helping you to understand the priorities, opportunities and challenges we are facing locally*
- What our population have told us – *you talk, we listen and then we make changes*
- How we've engaged and will continue to engage with our population – *demonstrating how we have involved our patients and the public*
- High level summaries of each of our core commissioning intention themes – *to give you an overview of each area, the priorities, our achievements so far and the work still to be done*
- An appendix, featuring tables containing more detail for each commissioning intention themes

Our values

As a result of our close working relationship with Warwickshire North CCG, during 2018 we reviewed and refreshed our core organisational values, creating a new set of joint values that outline

National Operational Plan Priorities

Each year, local CCG level priorities will need to reflect national priorities and 'must do' targets as set out in the NHS England operational plan.

The plan is updated each autumn, although likely priorities for the CCG are set out below.

Primary care	• Providing extended access to GP services, including at evenings and weekends, for 100% of the population • Delivering their contribution to the workforce commitment to have an extra 5,000 Doctors and 5,000 other staff working in primary care • Ensuring every practice implements at least two of the high impact 'time to care' actions • Actively encourage every practice to be part of a local primary care network
Maternity, children and young people	• Deliver improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20 and by 50% in 2025 • Increase the number of women receiving continuity of the person caring for them during pregnancy • Continue to increase access to specialist perinatal mental health services
Urgent and emergency care	• Deliver national performance targets for A&E and other urgent care targets • Deliver integrated urgent care services with simple access for patients • Standardise Urgent Treatment Centres in line with national standards
Planned care	• Meet and maintain planned care referral-to-treatment waiting time standards • Deliver reduction in avoidable demand for elective care by tackling variations in in referrals and providing advice first options for primary care • Creation of redesigned and efficient hospital pathways, avoiding duplication and unnecessary hospital visits • Expanding cancer screening uptake – focus on bowel, breast and cervical cancer
Cancer	• Ensure all eight waiting time standards are met, including the 62 day referral –to-treatment cancer standard
Mental health	• Dementia diagnosis rate to be delivered at maintained 67% of prevalence • Maintain delivery of access target for IAPT (19% of prevalence in 2019/20) • Maintain 2 week standard for being seen in early intervention for Psychosis • Reduction in Out of Area placements • Further develop crises response for Children and young people and fully implement a 'CAMHs 3.5 service' model
Transforming care for people with learning difficulties	• Continue to reduce inappropriate hospitalisation of people with a learning disability, autism or both

Local health population needs

Coventry City Council and Warwickshire County Council have developed a local Joint Strategic Needs Assessment (JSNA) which outlines the health needs of the local population and therefore the priorities for the CCG. We have been working with our local partners to address these needs.

Joint Strategic Needs Assessment (JSNA) Identified Need:	What the CCG and some of our partners are doing in response to this need:
Economy and health • Jobs and Economy	**CCG** • Partner in the Marmot City Programme Board • Local apprenticeship and volunteering programmes as part of wider social value offer **Wider partners** • West Midlands Combined Authority the Thrive Commission for mental wellbeing • Coventry City of Culture 2021 - bid success announced December 2017
Housing and health • Homelessness • Fuel Poverty	**CCG** • iBCF Prevention – Affordable warmth scheme approved funding for 18/19 • Health and wellbeing for our homeless population **Wider partners** • Housing and homelessness strategy development in support of the Homelessness Reduction Act 2017 • Wide range of fuel poverty schemes, Switch and Save campaigns
Children and Young People • Teenage pregnancy and teen parents • Vulnerable children (including LAC) • Educational attainment and employment	**Wider partners** • Sexual health services supporting access to contraception, and improvement in uptake of C-card condom distribution • Accident prevention 0-14 • Parenting strategy development.
Mental Health and Wellbeing • Children and adults mental health • Self-Harm • Dementia	**CCG** • CAMHS transformation programme and commissioning including, new neurodevelopmental pathway and Dimensions Tool roll out • Zero Suicide commitment, suicide prevention training, and early development of Crisis Café and Place of Safety • Working groups around reduction in out of area placements and multiple attendances at A&E • Admiral Nurses supporting families and carers of people with dementia to cope with their condition through expert advice and coordination of care management in partnership with Dementia UK and the CCG GP Alliance

Joint Strategic Needs Assessment (JSNA) Identified Need:	What the CCG and some of our partners are doing in response to this need:
Infectious diseases • HIV • TB • Immunisations	**CCG** • Support for flu vaccination campaign and programme • Commissioning of pathway for flu outbreak management **Wider partners** • Partnership working to support TB outbreak control among homeless/drug mis-using community in Coventry and re-tender of Community Nursing TB services • New HIV testing approaches being implemented alongside “I know my HIV status. Do you?” campaign
Physical wellbeing • Obesity – diet and physical activity • Substance misuse – alcohol and smoking	**CCG** • Development of Commissioning for Quality and Innovation (CQUIN) schemes for 18/19 – smoking and alcohol risk and brief intervention • Physical wellbeing for people with severe and enduring mental illness group established **Wider partners** • Coventry City Council Public Health recommissioning – new Drug and Alcohol Treatment Services (November 2017), Integrated Adult Lifestyles (April 2018) and Family Health and Lifestyles Service (August 2018) • Childhood Obesity Alliance formed and DPH Annual Report ‘Shape Up Coventry’ published in support of a whole systems approach to health weight with a physical activity strategy to be developed 2018
Long term conditions • Cancer • Cardiovascular disease • COPD	**CCG** • Successful bids to the NHSE Diabetes Transformation Fund for Improving access and uptake of structured education and Improving NICE treatment targets as well as the development of prospectus for the National Diabetes Prevention Programme tender – new service to start in April 2018 • Atrial Fibrillation quality improvement audit in general practice launched • Improving bowel cancer screening uptake and early diagnosis • Training community cancer champions **Wider partners** • NHS Health Checks programme identifying those at highest cardiovascular disease (CVD) risk • CCC Public Health recommissioning of Integrated Adults Lifestyles service tackling lifestyles risks and delivering health checks – new service to start April 2018.
Resilience of health and social care system • Admissions to hospital • Winter deaths	**CCG** • Better Care Fund (BCF) programme includes a wide range of initiatives aiming to reduce delayed transfers of care, reduce non elective admissions, reduce admissions to residential and care homes and improve the effectiveness of re-ablement **Wider partners** • Wider BCF – links to fuel poverty already mentioned. Wider prevention plans covering community capacity and resilience, care homes nutrition and hydration and MECC for adult social care. • Multi agency cold weather communications/alerts.

How we are engaging to develop our Commissioning Intentions for 2019/20

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.

What our local population and other stakeholders are telling us

This year we have used every opportunity to gather feedback, ideas and insight from our patients, our member practices, the public, community and voluntary groups and other stakeholders.

This feedback has been extremely valuable to us, and we have included some examples throughout this document. The feedback we receive helps to shape and influence our commissioning intentions throughout the year.

We have also taken account of key recommendations from Healthwatch reports; reflected priorities identified through local JSNA stakeholder engagement; and listened to the key themes emerging from our Local Health and Wellbeing Partnership Forums.

High Level Themes Emerging from our engagement activity this year

Throughout all of our engagement this year there have been some common key themes which we've heard loud and clear from our patients, public and stakeholders:

- **Patients want to be empowered to live well**
- **People want better integration in health and social care**
- **Patients want easy access to services they need**

What our membership has told us

Our CCG is clinically led and made up of membership practices. As the first point of contact for the majority of people using the NHS, it is important that we listen to, understand and acknowledge the valuable feedback given to us by those who provide care to our population on a day to day basis.

2019/20 Commissioning Intentions

Our system

Through the formation of the Coventry and Warwickshire Better Health, Better Care, Better Value (BHBCBV) partnership and the programmes of work it contains, commissioner and provider organisations from across Coventry and Warwickshire have recognised that if we are going to deliver the best possible outcomes for our population within the resources available to us:

- We cannot keep doing things the way we have always done them
- Greater collaboration between organisations will be needed to improve services and make the best use of resources

In July 2018, both Coventry and Warwickshire's Health and Wellbeing Boards agreed a concordat which sets out the principles of how organisations in Coventry and Warwickshire will work together over the coming years.

Prioritising prevention: We will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities. We will seek to address the root causes of problems, listening to local people's priorities and acting on their concerns.

Strengthening communities: We will support strong and stable communities. We will listen to residents to understand what they want from the services we provide and encourage them to lead change themselves wherever possible.

Co-ordinating services: We will work together to design services which take into account the complexity of people's lives and their over-lapping health and social needs. We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people will have with our services and avoiding multiple interventions from different providers.

Sharing responsibility: We value the distinct contributions made by all the organisations that are part of this concordat. We will maintain partnerships between public sector, voluntary and community sector, local businesses and residents, recognising that we share a responsibility to transform the health and wellbeing of our communities. We will pool resources, budgets and accountabilities where it will improve services for the public.


COVENTRY & WARWICKSHIRE
HEALTH & WELLBEING CONCORDAT

OUR VISION

WHAT THIS MEANS FOR RESIDENTS OF COVENTRY & WARWICKSHIRE

OUR PRINCIPLES

OUR WAYS OF WORKING

Our priorities – working together to improve health and care outcomes

The emphasis on working together across the health and care sector underpins much of the work happening locally to improve health and care outcomes for our population. Through the work started by the Better Health, Better Care, Better Value programme, the Coventry and Warwickshire health and care system will begin to move towards a more Integrated Care System (ICS) throughout 2019/20, with a focus on the following priorities:

Finish what we have started

In 2014, the three local CCGs developed a strategic plan called “Transformational Change: Transforming lives in Coventry and Warwickshire Clinical Commissioning Groups”, which underpins the Better Health, Better Care, Better Value programme.

Although the plan ends in March 2019, the priorities are strongly embedded in ongoing work and will continue to influence delivery into the future.

Move towards more strategic commissioning

Our focus going forward will be on delivering improved outcomes for our patients and our commissioning activity will reflect that, as seen recently with the Out of Hospital programme. The way we contract and pay for services will need to change to ensure this approach is successful.

This type of commissioning needs to be driven by strong engagement with our patients, the public and other key stakeholders to understand what is important to them and what outcomes they would like to see.

The three CCGs will work together to map out and define the role of a “strategic commissioner” and the route map for developing an integrated care system.

Support our providers to work more closely together

Our providers will need to find new ways of working with each other and other partners, and we will need to build our commissioning in a way that supports this to help deliver outcomes based contracts in the years to come.

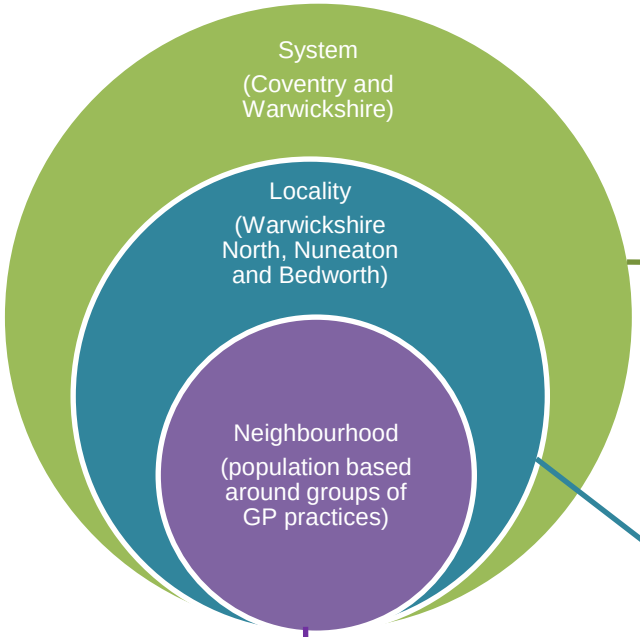
We know that a number of other changes will be needed to support this change, such as improving the use of technology and how our buildings are utilised. With this in mind, the delivery of our Primary Care Estates, Workforce and GP IT strategies will continue to be an area of focus in 2019/20.

Better Health
out of hospital
COVENTRY & WARWICKSHIRE

The Out of Hospital programme is about making sure we treat as many people as possible outside of hospital setting.

Levels of Commissioning

In this future commissioning model, it is likely that commissioning will be carried out at different levels depending on the nature of the service and provider landscape:



System Functions:

- Assurance and strategic support
- Strategy and planning
- Business Support & Intelligence
- Procurement and Provider Management
- Medicine Management
- Direct commissioning at scale
- System oversight
- Financial oversight & contracting
- Service Transformation support

Locality Functions:

- Population and needs assessment
- Addressing health inequalities
- Specialist commissioning
- Integrated service delivery
- Support for re- designing new service models
- Reviewing service provisions
- Engagement

Neighbourhood Functions:

- Local commissioning of services to support Out of Hospital Services and GP practices

Our place

The areas we serve -
Coventry and Rugby

- We will tailor system-wide priorities to optimise health benefits / outcomes for our local populations
- We will commission services that are delivered around our diverse neighbourhoods and communities
- We will continue to work with member practices, clinical leaders, providers, patients and the public to co-design services to 'fit' local needs.

Challenges and pressures

Although a new five year funding package for the NHS was announced in July 2018, we do not expect that CCGs will receive significantly more money each year than what we had already included in our plans.

The need to “live within our means” and use money wisely each year to reinvest into new priorities and service improvements based on the needs of our patients and public will continue.

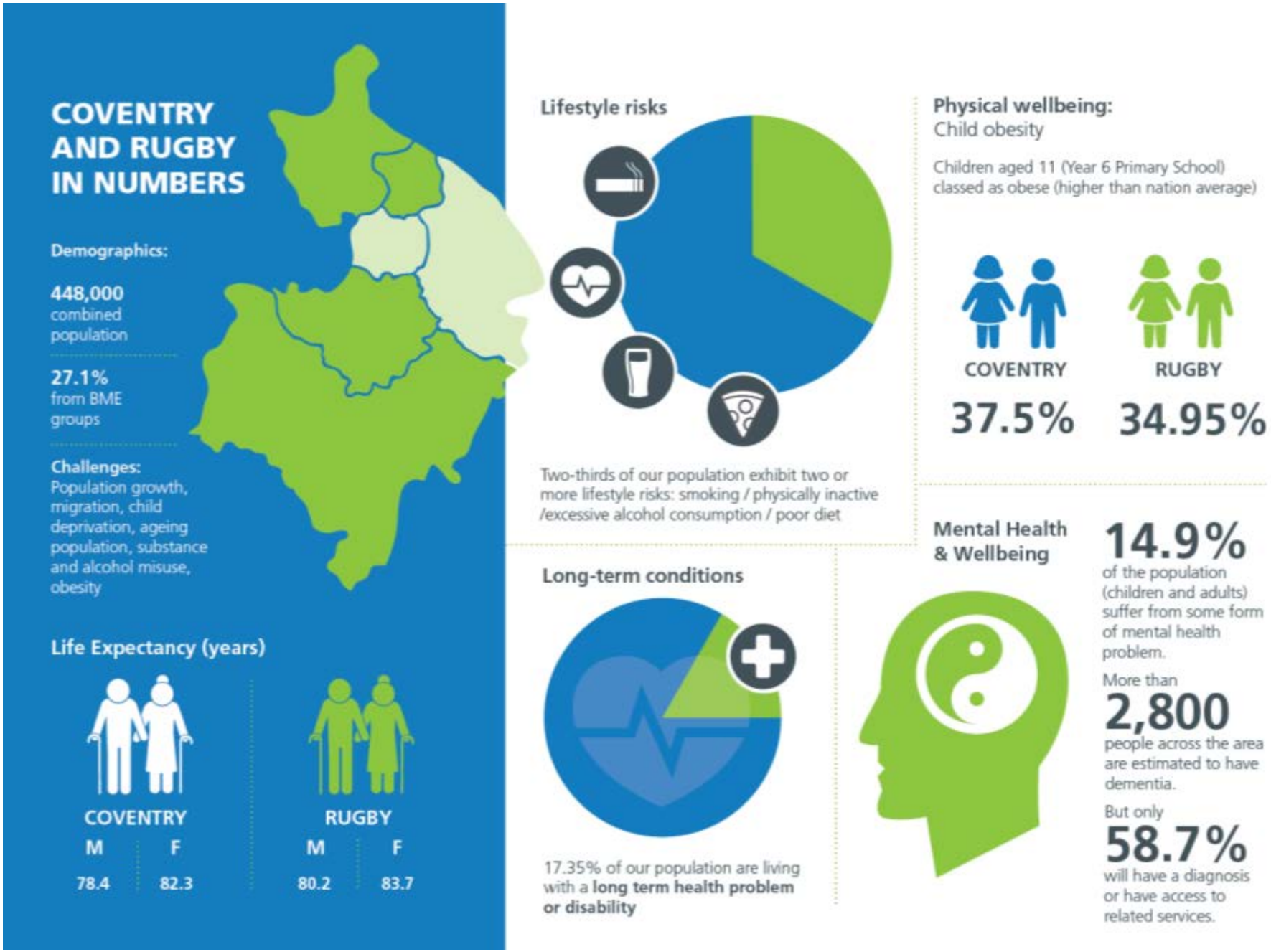
It is therefore important that our Commissioning Intentions for 2019/20 are considered in the context of what we can actually afford to do, be realistic about how we spend the money we are given, and be honest that some of the improvements we want to deliver will only be possible if we reduce spending in other areas, reduce waste and reduce the amount of activities that don’t directly benefit the majority of people.

Throughout our commissioning activities, we will seek to ensure that resources are focused on the services that will deliver the most benefit, impact and value for our communities.

Additionally our commissioning intentions are formulated in the context of the following challenges and pressures:

- As we celebrate people living longer, we need to ensure that they have the necessary support to live healthily and independently
- There has been a rise in the number and complexity of long-term conditions
- Risks associated to lifestyle e.g. drug and alcohol misuse, smoking during pregnancy and obesity put pressure on services
- An expectation for an “always on” NHS and the need to increase access to services (including seven day services)
- Diverse populations – urban and rural communities who want, need and expect different things
- Keeping up to date with the latest medical and technological advances
- Constrained public resources
- Ensuring there are enough trained staff to deliver the services
- Increased housing developments and population growth and the impact this has on local services

Health inequalities



Our plan

We face significant financial and workforce challenges across health and social care, which we need to consider when setting our commissioning intentions.

We may need to develop new ways of delivering care to meet patient need, demand and financial constraints.

But most importantly, we need to:

- Put patients needs before organisational needs and make sure the system can continue to deliver
- Provide services that support people to live independently for longer, stay well and recover quickly closer to home, where appropriate and safe to do so
- Commission services that encourage and support patients to be active participants in their own care
- Improve patient outcomes and make the best use of the resources available to us
- Commission in local community settings where it is safe, sustainable and achieves improved outcomes and patient experience

Provide holistic care co-ordinated around the patient, delivered by multidisciplinary teams working around groups of GP practices.

High level priorities for 2019/20

1. Strategic commissioning
2. Support General Practice resilience and sustainability through workforce
3. Deliver on our Quality, Innovation, Productivity and Prevention programmes, such as for urgent and elective care
4. Transforming care for patients with learning disabilities
5. Children, Adolescent Mental Health Services Crises support
6. Maternity transformation
7. Improvement in cancer services – early diagnosis and screening rates

Our strategic work programmes

Our commissioning intentions are split into six strategic work programmes, detailed in the table below. Underpinning all of these is a focus on self-care, which will help people live longer, more healthy lives.

Primary Care	Out of Hospital Care	Maternity and Paediatrics
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.	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.	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.
Urgent and Emergency Care	**Planned Care**	**Mental Health**
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.	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.	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.
Self-care		
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.		

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, but not abandoning the digitally isolated

A sample of what you've told us

- "Need to improve self-help and self-management as a step before GP access. This would reduce pressure on surgeries"
- "Focus on ways of working that reduces demand and promote self-care".
- "I personally feel frustration that many of today's illnesses can be prevented by self-management of lifestyle, weight, smoking and people who don't do that cost the NHS large sums of money and prevent those who do follow a healthy lifestyle from being able to access services quickly."
- "Patients need to be made aware that not all things require a doctor. A lot of appointments are wasted due to patient not going to the correct place to get help - pharmacy/dentist/self-help. There is a lot of self-help out there and patients need to be made aware what is appropriate and what isn't especially with self-limiting issues"
- "District nursing should be developed to incorporate long term condition management and supporting self-care"
- "I like the idea of self-care and personal responsibility in all areas of health care. Patient education in groups and during consultations with health care professional with encouragement to the patient to become in managing their own care".
- "Start work early with children so they have a self-care mentality through life"
- "More prevention and self-care advice in one place which is easy to use".

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

A sample of what you've told us

- "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"
- "We need to ensure that we are not fragmenting patient care too much"
- "Anecdotally appointments seem to be one of the priorities, so anything you can do to educate the general public away from always wanting to see a GP would be ideal, Advanced Nurse Practitioners"
- "Generally it is very good. The GPs locally seem to offer an excellent service in difficult circumstances. They need more support to deliver more services including more doctors and more money"

Primary Care

The delivery of Primary Care at scale

Increase opportunities for practices to work together to deliver resilient sustainable primary care

Increase access to seven day services and same-day urgent care

AVAILABLE CAPACITY
FOR DIABETES PATIENTS

INCREASED RECRUITMENT
AND RETENTION OF WORKFORCE

FURTHER DEVELOP ONLINE ACCESS TO SERVICES

INCREASED ACCESS
TO PRIMARY CARE
through GP extended access services

IMPROVE diagnosis of dementia and access to dementia services

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
- Identify people at risk of ill health or hospital admission who are ‘frail’
- 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

A sample of what you’ve told us

- “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”
- “Quicker access to social care for people who need support when they're on the road to recovery, There needs to be timely interventions to prevent bed blocking”
- “Local provision is important - I clock up a ridiculous mileage attending appointments outside my town, which isn't feasible for everyone”
- “Make greater use of local agencies and voluntary sector AGE UK”
- “Educate people about the wrong use of A & E just because their GP doesn’t have an appointment when they want it”

Out of Hospital

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

To develop multidisciplinary teams working across groups of practices to support the care delivered to frail and vulnerable adults

Fully develop

LOCALITY HUBS

FOR SPECIALIST SERVICE TEAMS

REDUCE UNNECESSARY

ADMISSIONS TO HOSPITAL

REVISE OUR APPROACH

TO THE COMMISSIONING OF RESIDENTIAL AND NURSING HOME PLACES

REDUCE PRESSURE ULCERS IN THE COMMUNITY

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
- Increase access to specialist perinatal mental health services
- Continue working in a multi-disciplinary way across the Local Maternity System (LMS)

A sample of what you’ve told us

- 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
- Better post birth support Involve dads more Help new parents understand what advice to follow - conflicting advice between midwife, health visitor and family
- Recognise the importance of children’s centres and the role they play in bettering the lives of children and families.
- More compassion when delivering bad news especially about loss

Maternity and Paediatrics

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

BABIES DELIVERED CLOSER TO HOME

WOMEN AND BABIES RECEIVE THE RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME

REDUCE NUMBER **OF STILLBIRTHS AND NEONATAL DEATHS** by 20% by 2020

REDUCE AVOIDABLE DEMAND ON SPECIALIST SERVICES **THROUGH EARLY HELP AND SUPPORT**

TARGETED SUPPORT FOR LOOKED AFTER CHILDREN

REDUCE WAITING LISTS

IMPROVE PATIENT OUTCOMES

IMPROVE ACCESS TO THERAPY SERVICES

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

- 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
- Established a single point of access which will give access to all rapid response community services

A sample of what you've told us

- "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".

- "St Cross walk-in centre provides a good service; better understanding of this service amongst patients may increase its usage and free capacity at Walsgrave which can be extremely busy".

- "Drop in centres cover a wide geographical area. Waiting times are huge. Make better use of them in hospital A+E areas as triage to A+E or an on-site GP service. Prevent visits to different sites, delay in diagnosis, misuse of A+E".

Urgent and Emergency Care

An integrated urgent and emergency care offer to the public with simple access for patients, delivering consistency of care

ASK NHS

PROMOTE THE USE OF THE ASK NHS APP

GREATER NUMBER OF PATIENTS **managed within the community**

IMPLEMENT

support for frequent attenders to A&E

CHOOSE WELL AND NHS111

CAMPAIGN SUPPORT

INCREASE THE RANGE OF TREATMENT PROVIDED BY THE URGENT PRIMARY CARE ASSESSMENT SERVICE

DEVELOP THE BOOKING SERVICES
BETWEEN NHS111 AND GP EXTENDED ACCESS

CONTINUE THE REVIEW AND REDESIGN OF STROKE SERVICES

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

A sample of what you've told us

- "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".
- "Consultant Connect needs to be a 2 way portal. Hospital Consultants have requested the possibility of talking to local GP's for advice and guidance for their patients that may have relatively simple medical problems, but are outside their specific speciality domain. This could avoid the need for "you need to go back to see your GP" which generally means more delay and frustration. Possibility of having a Cluster Specific "on-call" GP who can provide advice and guidance to hospital specialists".
- "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".
- "Allow GPS to take the lead or at least be part of the consultation"
- "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".

Planned Care

Achieve and ensure timely access to expertopinion, investigation and treatment

We will reduce unnecessary visits to hospital for follow up care

Care will be provided in a range of accessible community settings

WORKING TOWARDS IMPROVING

CANCER SCREENING RATES ACROSS THE THREE MAIN CANCER SCREENING PROGRAMMES

PRODUCE A COVENTRY AND WARWICKSHIRE LIVING WELL BEYOND CANCER PLAN

IMPROVE THE PATIENT JOURNEY

BY REDUCING UNNECESSARY HOSPITAL OUTPATIENT APPOINTMENTS

EXPANSION OF THE CARE NAVIGATION/ SOCIAL PRESCRIBING SERVICE

RIGHT SUPPORT FOR CARERS

GREATER SUPPORT

TO HELP PATIENTS ACHIEVE A HEALTHIER LIFESTYLE

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 leaning 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.

A sample of what you've told us

- "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".

- "People in MH crisis need better support OOH - how many end up in ED unnecessarily because of the lack of support OOH? As an ambulance clinician I see these cases regularly and they take time to resolve, usually ending up in taking them to ED!"

- "Put more support into schools as adolescents are most vulnerable and mental ill health often starts at pubity".

Mental Health

A proactive and preventative approach to reduce the long term impact for people experiencing mental health problems

Support individuals and families to manage their mental health and wellbeing

REVIEW OF THE REFERRAL TO TREATMENT PATHWAY TO ENSURE REDUCED WAITS ARE SUSTAINED

ACCESS TO CRISIS SERVICE SEVEN DAYS A WEEK (CHILDREN)

SAFE DROP IN PLACES FOR MEN IN THE COMMUNITY

EXPAND THE PERINATAL MENTAL HEALTH TEAM

DELIVERY OF A SPECIALISED SERVICE FOR ADULT AND CHILDREN AND YOUNG PEOPLE MIGRANT MENTAL HEALTH

IMPROVE PATIENT EXPERIENCE AND CLINICAL OUTCOMES

CONTINUED FOCUS ON ADMISSION AVOIDANCE AND ACCELERATING DISCHARGE FOR PEOPLE WITH LEARNING DIFFICULTIES AND/OR AUTISM

For more information

Our detailed commissioning stock take and next steps

Our detailed commissioning stock take can be found on our website here: **[INSERT LINK to be uploaded once CI are published]**.

It contains a detailed look at our plans, progress to date and next steps for each of the key strategic work programmes. Each section covers the following:

- **Commitment** – what we've said we will do
- **What we've achieved so far** – highlights of work already completed
- **How this will benefit our patients** – to demonstrate the difference you will begin to see
- **The next steps** – the work still to complete

An example can be seen below:

Primary Care

Commitment	What we have achieved so far	How this benefits our patients	Next steps (19/20)
Providing high quality education and self-care resources to help support patients with diabetes	• Sustainability Transformation Partnership (STP)-wide Diabetes Transformation Group and various Task and Finish Groups have been established to drive the work programme forward • A local trajectory has been developed to increase the number of places available • 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 • The CCG is aiming to develop a Diabetes Dashboard to monitor the wider impact on a range of system wider and patient health outcomes	• A greater proportion of patients will have access to and benefit from DESMOND education programme • Patients will be provided with necessary skills and education to help them manage their own condition, meaning they don't need to go to their GP or hospital as much for their diabetes	• Work closely with the new provider (once this is known) and existing providers to ensure capacity is available to eligible patients • Continue to monitor the outcomes associated with this intervention
Supporting GP practices to develop a sustainable workforce and avoid staffing issues	• We have been accepted onto the NHSE International Recruitment scheme • We have submitted a bid for £2m to support GP retention across our STP • We have supported 12 nurses to go through the Nurse Prescribing programme • We have developed an active campaign to support recruitment across our STP - Care for Your Career	• Work with our member practices and key partners to understand the current and forecast workforce capacity and pressures • Ensure that the CCG works closely with NHSE and member practices to attract and retain workforce within the local area	Continue to work with practices and other partners to deliver the STP workforce initiatives including international recruitment, GP retention, nurse prescribing, staff training and recruitment

Our Commitment to Health

COMMISSIONING INTENTIONS

2019/20

NHS Coventry and Rugby Clinical Commissioning Group

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