

# Adult Social Care & Health Overview & Scrutiny Committee

Date: Thursday, 30 July 2020  
Time: 10.00 am  
Venue: Microsoft Teams

## Membership

Councillor Wallace Redford (Chair)  
Councillor Margaret Bell (Vice-Chair)  
Councillor Helen Adkins  
Councillor Jo Barker  
Councillor Sally Bragg  
Councillor Mike Brain  
Councillor John Cooke  
Councillor Andy Jenns  
Councillor Christopher Kettle  
Councillor Keith Kondakor  
Councillor Pamela Redford  
Councillor Kate Rolfe  
Councillor Jerry Roodhouse  
Councillor Tracy Sheppard

Items on the agenda: -

## 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 or 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**

## **2. Public Speaking**

## **3. COVID-19 Service Changes**

5 - 14

To receive an update and presentation from the Coventry and Warwickshire health and care system.

## **4. The Future of Health Commissioning in Coventry and Warwickshire**

15 - 18

To brief the committee on the future of health commissioning in Coventry and Warwickshire, the proposed changes to the structure of the clinical commissioning function and the future process.

**Monica Fogarty**

Chief Executive

Warwickshire County Council  
Shire Hall, Warwick

To download papers for this meeting scan here with your camera



## Disclaimers

### Webcasting and permission to be filmed

Please note that this meeting will be filmed for live broadcast on the internet and can be viewed on line at [warwickshire.public-i.tv](http://warwickshire.public-i.tv). 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.

### 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

The public reports referred to are available on the Warwickshire Web

<https://democracy.warwickshire.gov.uk/uuCoverPage.aspx?bcr=1>

### 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 Democratic Services 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.

This page is intentionally left blank

## Special Adult Social Care and Health Overview and Scrutiny Committee

30 July 2020

### COVID-19 Service Changes

#### Recommendation(s)

1. To note the content of the report and presentation.

#### 1.0 Key Issues

- 1.1 COVID-19 created an unprecedented situation, resulting in a national state of emergency and the greatest health and care challenge of our time. The Coventry and Warwickshire health and care system responded to this challenge at significant pace.
- 1.2 We delivered both the nationally mandated changes from NHS England and Improvement ('**NHSEI**'), as well as local decisions, so that together we provided an effective and robust response to COVID-19 and deliver as many services as possible during this time.
- 1.3 The response to COVID-19 is being managed in four phases:
  - Phase 1 – Service change (immediate response to COVID-19)
  - Phase 2 – Restoration (6 weeks from May to July)
  - Phase 3 – Recovery (to March 2021)
  - Phase 4 – Reset (2021/22)
- 1.4 A Reset Co-ordination Group (RCG) has been established to oversee the Restoration, Recovery and Reset Programme and this group reports into the Coventry and Warwickshire Health and Care Partnership Executive Group. This group will oversee all 3 phases of restoration, recovery and reset.
- 1.5 As a health and care system, we have received correspondence from NHSEI requesting the implementation of nationally mandated service changes, which have included:
  - 17/03/2020 – a letter regarding 'urgent response'; identifying the need to free-up the maximum possible inpatient and critical care capacity and prepare for the anticipated large numbers of COVID-19 patients, as well as support staff, and maximise their availability.
  - 28/03/2020 - a letter regarding 'reducing the burden'; which identified the need to change current governance to facilitate the COVID-19 response, as well as standing down a range of performance reporting requirements.

- 14/04/2020 – a request from the regional NHSEI team to complete a service change baseline exercise, to understand material changes across Coventry and Warwickshire services.
- 24/04/2020 – Guidance on the service change baseline letter and the emergency service change protocol and template linked to restoration and recovery.
- Specific guidance relating to particular services and COVID-19 enablers, which was published since the start of the COVID-19 period.

- 1.6 Locally, we adopted the nationally mandated changes that impacted on the routine delivery of a range of services. Alongside this, we took local decisions to ensure resilience amongst our services and workforce, as well as minimising COVID-19 infection rates.
- 1.7 Given the diverse health and wellbeing needs of our population, we were committed to providing services, albeit in different locations or virtually through telephone and/or online services. However, a number of services had to be suspended, which was a situation reflected across the country.
- 1.8 In many areas, it was essential to fast-track transformation initiatives to enable delivery of as many services as possible. The areas of major innovation are fully aligned with our strategic ambitions outlined in the NHSE Long Term Plan; our local Five Year Plan and align with key messages from various engagement activities with local people.
- 1.9 As we look to the future, maintaining the transformation will not just enable us to meet the short to medium term challenges of restoration and recovery, it provides a sound basis to reset our health and care system to one that is more effective and sustainable.
- 1.10 We are in the process of restoring services and in doing so we are considering if we are returning them to the pre-COVID-19 model or in a new way that reflects the significant transformation that has taken place across our services.
- 1.11 The presentation attached will be delivered at the meeting and will enable us to give an up to date position on our progress as well as an opportunity to discuss the challenges and opportunities that we face in restoring services.

## **2.0 Options and Proposal**

- 2.1 Not Applicable

## **3.0 Financial Implications**

- 3.1 None

#### **4.0 Environmental Implications**

4.1 None

#### **5.0 Timescales associated with the decision and next steps**

5.1 Work will continue throughout 2020/21

This page is intentionally left blank



**Coventry and Warwickshire**  
Health and Care Partnership

**Covid-19:**

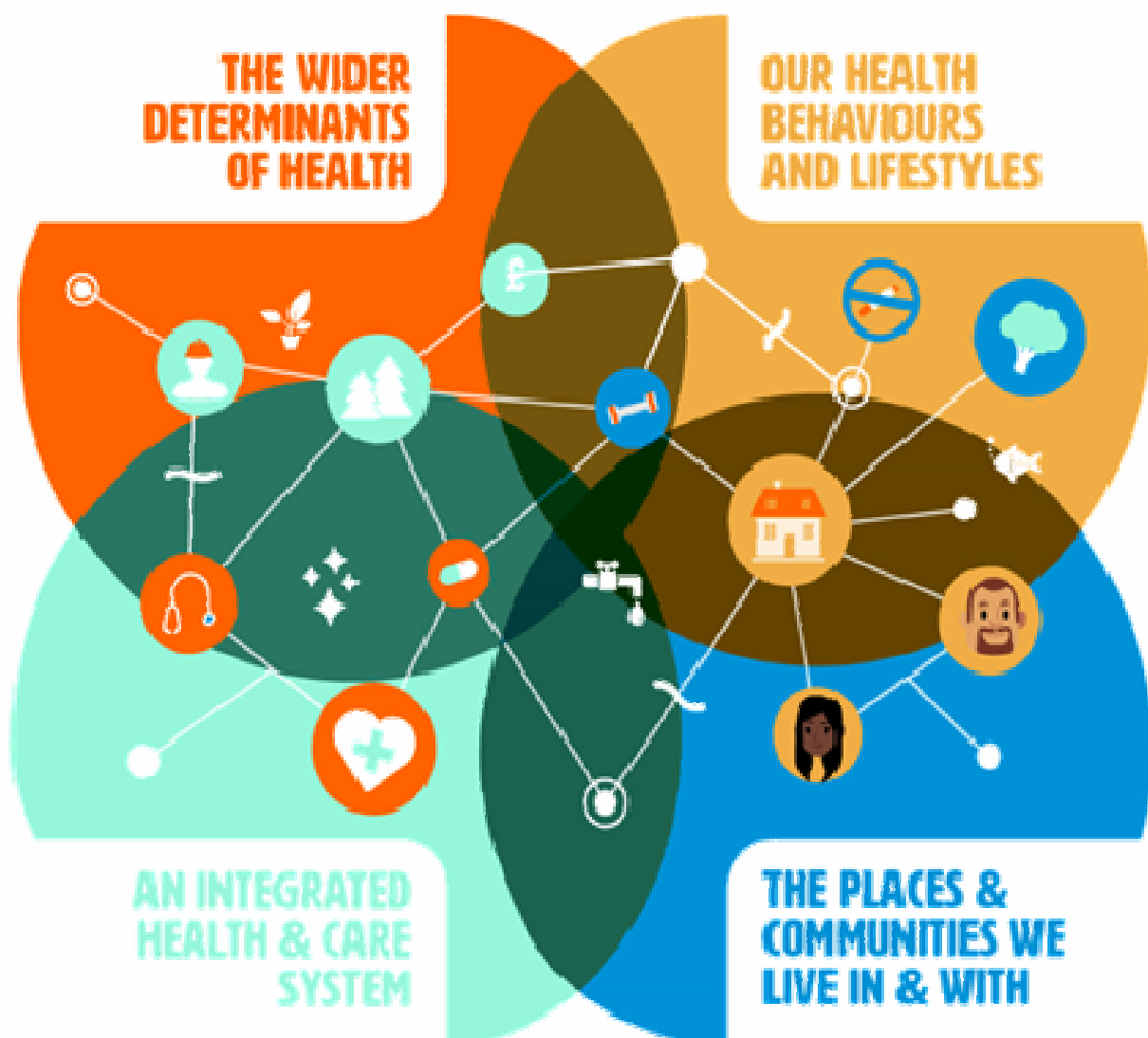
**Restoration  
Recovery  
Reset**

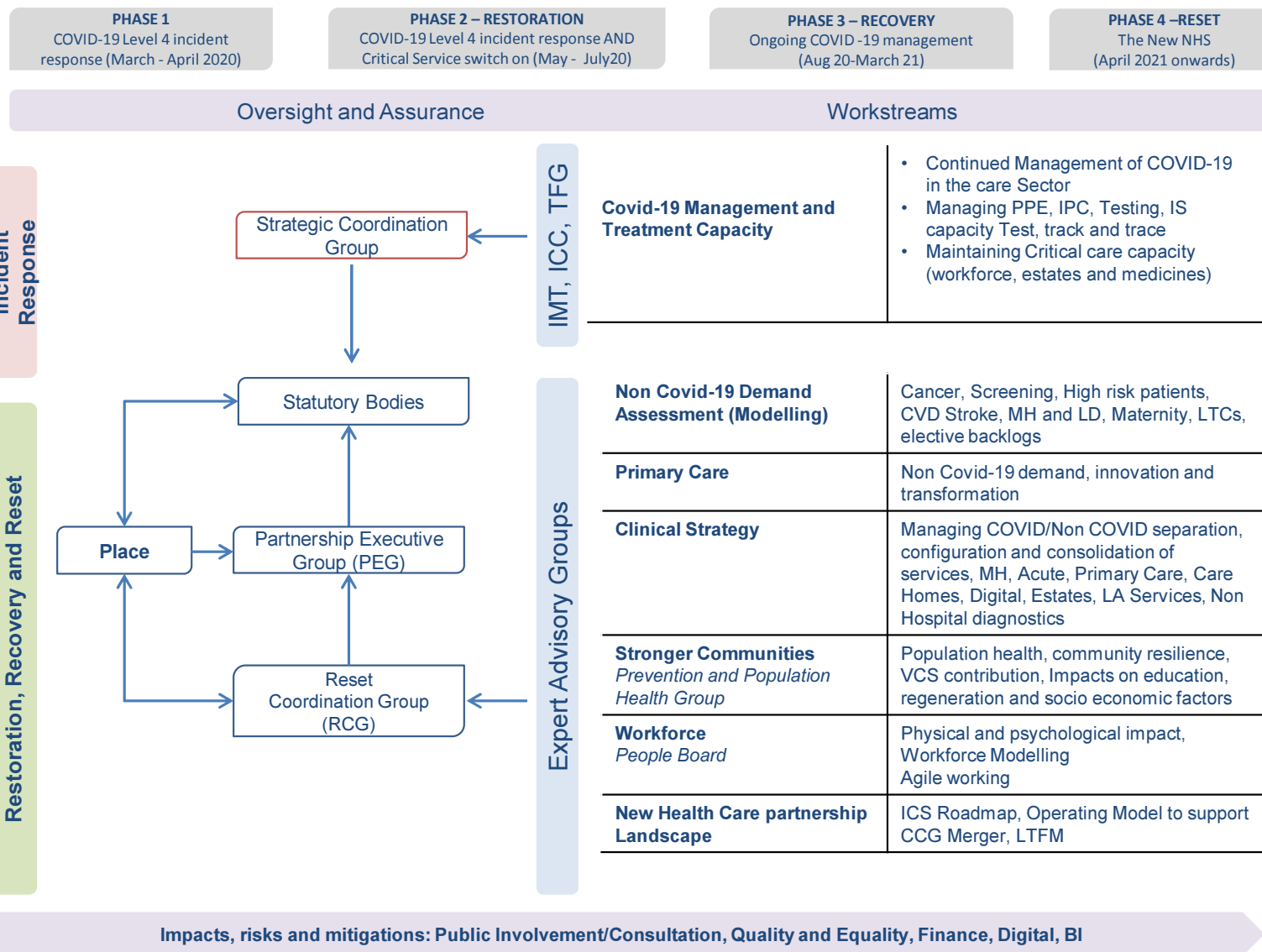


# CONTEXT

- Ongoing backdrop of Covid-19
- Starting v stopping
- Productivity paradox
- Partnership working strengthened
- Locking in innovation







# PHASE 2 PRIORITIES

- Essential Services
- Test, Track & Trace
- Care Homes
- Mental Health



# TAKEAWAY MESSAGES

- All phases happening simultaneously = complexity
- Level 4 response running into winter
- Partnership working – “fleet of foot”
- Communication is key



## **Warwickshire Adult Social Care & Health Overview & Scrutiny Committee**

### **30 July 2020**

## **The future of health commissioning in Coventry and Warwickshire**

### **1 Purpose**

- 1.1 To brief the Warwickshire Adult Social Care & Health Overview & Scrutiny Committee on the future of health commissioning in Coventry and Warwickshire, the proposed changes to the structure of the Clinical Commissioning function and the future process.
- 1.2 To seek the support of the Warwickshire Adult Social Care & Health Overview & Scrutiny Committee for the application to create a single merged Clinical Commissioning Group in Coventry and Warwickshire.

### **2 Recommendations**

- 2.1 For the Warwickshire Adult Social Care & Health Overview & Scrutiny Committee to
  - Support the proposed changes in the structure of the Clinical Commissioning Groups in Coventry and Warwickshire

### **3 Information/Background**

- 3.1 The NHS Long Term Plan (LTP) was released in early January 2019. This outlined a new service model for the NHS. Every Sustainability and Transformation Partnership (STP) area in the country is to be, or be part of, an Integrated Care System (ICS) by 2021.
- 3.2 The three Clinical Commissioning Groups in Coventry and Warwickshire have been considering how we can best support the move to an ICS and how we might need to change to accomplish this.
- 3.3 Following a period of engagement with members, staff, partners and the public, between December 2018 and May 2019, a case for change was developed, outlining the options available. These options were identified as do nothing, to retain three CCGs as individual statutory organisations but with a single management structure, or to fully merge, with the three CCGs becoming one statutory organisation.
- 3.4 Any options which involve the strategic direction of the CCG is a matter reserved to all member organisations ("the members") of the CCG. Members were asked to vote on their preferred option.

- 3.5 The Governing Bodies for each of the CCGs considered the case for change, and the potential options available. Each Governing Body chose to recommend the option of full merger to their members. This option was considered the best way to develop and invest in our system going forward, have a strong and consistent GP voice at all levels in that system and improve health outcomes for our population.
- 3.6 Each CCG ran an voting process for their members where members were able to vote on the three options outlined in the case for change
- 3.7 The outcome of the vote was decisive in all three CCG areas, with members choosing by significant majority to vote for the option of full merger.
- 3.8 In Warwickshire North 20 out of a possible 26 votes were cast. Of these
  - 2 were for Option 1 – Do Nothing
  - 5 were for Option 2 – Joint Working
  - 13 were for Option 3 – Merger.
- 3.9 In South Warwickshire 22 out of a possible 33 votes were cast. Of these
  - 1 was for Option 1 – Do Nothing
  - 3 were for Option 2 – Joint Working
  - 18 were for Option 3 – Merger.

#### **4 Next steps for process**

- 4.1 The three CCGs are now preparing to apply to NHS England and NHS Improvement for authorisation to become a single merged organisation. In order to apply to NHS England to become a merged organisation, we need to submit a number of documents, which are then reviewed against NHSE's requirements for CCG mergers. The deadline for submitting these documents for a 1 April 2021 merger is 30 September 2020 with a pre-application (draft submission) deadline of 21 August 2020.
- 4.2 There has been a change in the timeline for submitting the application, brought about by the need to respond to COVID-19. The application process was paused from mid-March to mid-May so that CCGs could divert our resources into our immediate COVID-19 response. Although the CCGs continue to respond to COVID, they have been able to now restart the work on the merger programme alongside the ongoing COVID-19 response, and our work to restore services.
- 4.3 In addition to the process of application for merger, the CCGs are starting the process for recruitment for a single Accountable Officer across the three CCGs. This is running concurrently with the formal application to merge, and will not be dependent on the outcome of the application progress. The Accountable Officer will be a prominent system leader across the health economy, providing a strong clinical commissioning voice to the local authorities and local health care providers.
- 4.4 We hope to be able to announce the successful candidate in September
- 4.5 The Scrutiny Committee will be kept up to date with the progress of this recruitment.

#### **5 Ongoing engagement and the benefits of merger**

- 5.1 If this application is successful, the three CCGs would aim to become a merged organisation by April 2021.
- 5.2 The CCGs are clear regarding the advantages that they believe that a merger will bring for the system and the population of Coventry and Warwickshire.

**Opportunity to develop Place to meet the needs of our population and address health and care inequalities**

- A single CCG across Coventry and Warwickshire will be able to make system-wide decisions in a joined up way, allowing our "Places" (Warwickshire North, Rugby, Coventry and South Warwickshire) to take a local approach on service provision, alongside our partners, to suit their individual populations and address local inequalities without being driven by the needs of other areas.

**Faster more efficient decision making to enhance the experience of care**

- A single CCG will provide stronger, more consistent and quicker decision making, reduce duplication and delays in implementing services. Patients get the best care and clinicians benefit from a more streamlined, joined up healthcare system, working closely with our partners across health and social care to co-ordinate services.

**Significant administrative savings to reduce per capita cost of health care and improve productivity**

- Becoming one CCG, with one Governing Body, reduces administrative costs without a negative impact on our ability to support primary care and deliver services to our patients. It would also help us reduce our financial deficit in the longer-term.

**Easier to recruit and retain staff and increase the wellbeing and engagement of the workforce**

- A single, forward thinking, stable organisation is more attractive to potential leaders and employees, making it easier to recruit, afford and retain staff with the right skills and experience and deliver effective staff wellbeing programmes across the area.

**Better access to new opportunities and funding to invest in healthcare and improve the health and wellbeing of the population**

- As a single CCG we will be better able to respond to new funding opportunities, bringing money into our system. It will increase our influence, negotiation and commissioning power. This means we can support our Places and PCNs and deliver the objectives of the Long Term Plan, prioritising prevention and improving health and wellbeing

- 5.3 These benefits align with the principles outlined in the Health and Wellbeing Concordat of prioritising prevention, strengthening communities, co-ordinating services and sharing responsibility. They also reflect the feedback we have had from stakeholders, patients and the public as to their aims for health commissioning.
- 5.4 Successful progression of the merger programme is one of the CCG key priorities over the next few months. The response to COVID has demonstrated the importance of being able to work in with our health and social care partners four local "Places" of

Coventry, Rugby, South Warwickshire and Warwickshire North to address issues at a local level, whilst also delivering Coventry and Warwickshire wide programmes and making decisions in a joined-up way. We believe that creating a single merged commissioning organisation to support four strong Places is the best way to do this, so it is imperative that we keep on making progress towards this goal.

- 5.5 Ongoing engagement with our stakeholders and our population forms an essential part of this process, and it is important to the CCGs that the views of our stakeholders are able to help to shape the potential form of the new strategic organisation and ensure we identify and maintain a strong focus on the benefits which the new organisation will deliver for our local populations.
- 5.6 Further details as to the opportunities for engagement, particularly on the development of our Clinical Commissioning Strategy, which outlines how we will commission services as a single organisation, will be shared with stakeholders in due course.

### Additional Documentation

- Timeline of stakeholder engagement

	Name	Contact Information
Report Author	Rose Uwins, Senior Communications and Engagement Manager, NHS Coventry and Rugby Clinical Commissioning Group and NHS Warwickshire North Clinical Commissioning Group	rose.uwins@coventryrugbyccg.nhs.uk Tel: 07979232001
Accountable Officers	Gillian Entwistle, Accountable Officer, NHS South Warwickshire Clinical Commissioning Group  Adrian Stokes, Interim Accountable Officer, NHS Coventry and Rugby Clinical Commissioning Group and NHS Warwickshire North Clinical Commissioning Group	