NHS
Coventry and Rugby
Clinical Commissioning Group

Commissioning Intentions 2020/21

better healthcare for everyone

This document has been co-developed by the three Coventry and Warwickshire Clinical Commissioning Groups (NHS Coventry and Rugby CCG, NHS South Warwickshire CCG and NHS Warwickshire North CCG) to provide an overview of our commissioning intentions (or priorities) for 2020/21.

The document is presented in four parts:

Section 1 – consists of a message from the Coventry and Warwickshire Health and Care Partnership. The development of this narrative has been endorsed by the Coventry and Warwickshire Health and Care Partnership Executive Group. The narrative is intended to act as a statement of intent for all partner organisations – setting out, in summary, the overall ambition that we have set for our system. The narrative will be presented to other forums through September and may be subject to change.

Section 2 – presents the high level intentions for the three Coventry and Warwickshire CCGs, which will support the transition of the Coventry and Warwickshire health and care system to an Integrated Care System. These themes will be developed further within a new commissioning strategy. Work on the development of the strategy will commence imminently.

Section 3 – provides an overview of the progress that has been made by the Coventry and Rugby Places.

Appendix 1 – this section sets out a summary of the CCG's commissioning intentions under each of our 'thematic' work programs. These intentions have been developed with reference to the NHS Long Term Plan Implementation Framework and emerging themes from the new place based Joint Strategic Needs Assessments.

The detailed full list of commissioning intentions can be found on the CCG's website.

Contents

SECTION 1

Message from the Coventry and Warwickshire Health and Care Partnership

One Health and Care Partnership, Two Health and Wellbeing Boards, Three Outcomes, Four Places

There are a million reasons to be ambitious about living a healthy and fulfilling life in Coventry and Warwickshire. Together, as organisations working to improve health and wellbeing, we share a common vision:

We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do.

We believe every single one of our one million residents deserves to:

- **Lead** a *healthy, independent and fulfilled life*
- **Be part** *of a strong community*
- **Experience** *effective and sustainable health and care services*

Over the last three years we have been working together on this vision. We now want to use it to change the way we understand population health, prevent illnesses and design services to meet people's often increasingly complex needs over the next 5-10 years.

The NHS Long Term Plan will be a catalyst for change in Coventry and Warwickshire, but we aren't stopping there.

We will look at our health and care services and wider factors that can impact living a healthy, independent and fulfilling life. We will be linking up our Five-Year Plan to both of our refreshed local Health and Wellbeing Strategies.

We have been listening to what local people and our staff have been telling us about what is important to them, and that is now driving a new way of working. Our first important step is the creation of a new Health and Care Partnership Board, which will meet in public, to oversee the transformation of health and care within Coventry and Warwickshire by building a new relationship between individuals and communities and the services they use.

The Coventry and Warwickshire Health and Care Partnership brings together health and social care services, local authorities, voluntary and community sector organisations and other partners. Our aim is to deliver life-long health and wellbeing benefits for the people of Coventry and Warwickshire.

In order to make this happen we are making the following commitments:

- Prevention will be at the centre of everything we do. We are committed to promoting health and wellbeing rather than treating illness. As organisations responsible for public money we will change where we spend our money to promote health and

wellbeing. Through earlier intervention, we're aiming to make it easier for everyone to lead healthy lives and stay well for longer.

- Health must not be viewed in isolation. We recognise the importance of education, good work, affordable and appropriate housing, leisure opportunities and a healthy environment to the quality of life of local people. We need to work together to improve the overall health of our population and address inequalities by reducing the health and wellbeing gap that exists between our most deprived and affluent areas.

- We all need to do more to look after our own health and wellbeing so that we depend less on our local health and social care services, while knowing they are there when we need them. Voluntary organisations and community groups play an enormous role in keeping people healthy and independent and we will change how we work with communities to enable community leadership and build capacity. We will do more to support carers too, not only to improve the health of family members they care for, but also their own health and wellbeing.

- When people need support from health and social care services, we know that they want accessible, responsive and high-quality services and we will provide them. We will have a focus on making sure that services deliver the right standard of care in a consistent way across Coventry and Warwickshire that builds on best practice and evidence.

- We will be honest about the challenges we face. Demands on health care services continue to increase, alongside a shortage of key staff groups and skills to deliver care and financial pressures to deal with. While the amount of money we spend in the NHS is going up each year, the cost of services is going up more quickly, so we need to identify ways to deliver the same level of services at a lower cost – for example, through reducing waste and avoiding the duplication of services. We will work together to ensure we are always doing what's right for individuals and make it easier for people to access the right service, the first time.

- There will be times when we need to make difficult decisions, but when we do, we will listen to the views of local people and our staff, and we will have transparent processes for making those decisions.

SECTION 2

Coventry and Warwickshire Clinical Commissioning Groups' High Level Intentions for 2020/21

In **Section 1** of this document we have described the overall ambition that we and other partners have set as we look to the future. Fundamental to our success in achieving this ambition will be our ability to stop thinking in terms of health care and social care (or specialities within these) and instead for us, as NHS commissioners, to work with Local Authority colleagues and providers of services to focus our combined efforts on joining up services. In doing so, we will be seeking to drive a range benefits that we know are characteristic of 'integrated' systems; namely to improve people's experience of the care they receive, the health and care outcomes of our population and the overall efficiency of our health and care system.

Where we want to get to

There is clear consensus across organisations – both commissioner and provider – that what we want to create in Coventry and Warwickshire is an Integrated Care System ('ICS'), in which decision making, budgets and frontline professionals are brought together in a different way from ever before. The aim of doing this will be not only to shape services in ways that better support local people and communities but also to help to tackle the wider issues that can affect health, like access to education, employment opportunities and housing quality to name a few.

In the future ICS relationships between organisations will be fundamentally different and the functions that different organisations are responsible for will change. The agreed end point that we will move to consists of:

- A single NHS commissioner that takes responsibility for 'strategic commissioning' – known as the ICS (strategic) commissioner;
- Four Places (Coventry, Rugby, north Warwickshire and south Warwickshire);
- Eighteen thriving Primary Care Networks;
- The development of outcomes based Integrated Care Provider contracts;[1]
- On one side of each Integrated Care Provider contract, the ICS (strategic) commissioner;
- On the other side of each contract, an Integrated Care Partnership made up of providers of services which fall within scope of the contract;
- A provider arrangement (lead provider or alliance) for each contract that is ready and able to:
    - Take on various functions (so called 'delivery/place commissioning' functions) which previously sat with the single commissioner;
    - Take responsibility for an allocated budget;

[1] https://www.england.nhs.uk/integrated-care-provider-contract/about/

- Facilitate partners within the Integrated Care Partnership to come together to share accountability for improving the health and care outcomes of the population of the Place and living within available resources; and
- Develop strong relationships beyond the Integrated Care Partnership with other organisations and services that have a contribution to make to improving the health and wellbeing outcomes of the population.

A single NHS commissioner

Our ability as NHS commissioners to change our 'business as usual' will play a critical part in determining whether the transition to an ICS succeeds or fails. During 2019/20 we have begun to consider how the three Clinical Commissioning Groups ('CCGs') may work together differently in the context of the NHS Long Term Plan's conclusion that CCGs will, in the future, become '*leaner, more strategic organisations'.* In May 2019 the Governing Body of each CCG considered a report which set out different options to create a single commissioner for Coventry and Warwickshire; with the key options being to create a single management structure across the three CGGs or to merge the CCGs.

The anticipated benefits of changing the way that the CCGs work together are set out in full in the Governing Body report – in short, coming together (be it through joint management or merger) will allow us to:

- Speak with a single voice, supporting relationship development in an evolving system;
- Make decisions and act in a co-ordinated way; and
- Make the best use of our collective resources.

A vote of the membership of NHS South Warwickshire CCG in May 2019 identified merger as the option preferred by the majority. NHS Coventry and Rugby CCG and NHS Warwickshire North CCG are continuing to review the options and intend to conduct votes in November 2019, following receipt of a revised case for change. Following on from those votes, transitioning to more joint working will likely be an area of focus for the CCGs in 2020/21.

The commissioning challenge

Whatever organisational form the CCGs ultimately take, we know that our approach to commissioning must change to support a new era. When we talk about what we want to achieve over the coming years it is to become a 'strategic commissioner'.

Strategic commissioning is quite different to how commissioning is currently understood and practiced. Commissioning has traditionally been delivered through detailed contract specification, negotiation and monitoring of activity (for example, number of appointments, attendances, operations or procedures), and payment mechanisms which are activity based. Strategic commissioning will instead, in summary, focus on defining and measuring outcomes, putting in place fixed budgets with appropriate incentives for providers to collaborate to deliver these outcomes, and the use of longer term contracts, meaning that providers will have time to innovate and evolve contracts so as to maximise their collective impact on population health.

A fundamental challenge for us as CCGs, as we make the transition to become a strategic commissioner, is that we will need to continue to undertake a number of functions which will, ultimately, not fall within the remit of a strategic commissioner. In the longer term, Integrated Provider Contracts will provide a mechanism for these functions (delivery/place commissioning functions) to transfer away from the ICS (strategic) commissioner.

A new commissioning strategy for Coventry and Warwickshire

Across the summer of 2019 we have started to talk to some of our key stakeholder partners about what strategic commissioning means to them, seeking their views on what the role of the ICS (strategic) commissioner will (and will not) be in the future and what they will expect to see it focusing on. In engaging on strategic commissioning in this way we are inevitably also shaping and refining our understanding of delivery/place commissioning.

We will use the learning from these conversations to help us to develop a new commissioning strategy and intend to be in a position to engage with our population and wider stakeholders on this document during the spring of 2020. Our commissioning strategy will need to focus equally on the development of strategic and delivery/place commissioning, and will, in effect, be our roadmap to get to the end state described on page 6.

Of critical importance is our ability to take our Memberships and staff with us on the journey that we are embarking on and the commissioning strategy will provide a springboard for us to talk to them about what we are seeking to achieve, how we take the best of commissioning 'as is' into the future and to understand the contributions that they see themselves being able to make.

What will we focus on in 2020/21?

Already, as we look to begin developing the new commissioning strategy, we are clear on some of the priorities that it will articulate in relation to both strategic and delivery/place commissioning.

Strategic Commissioning

(1) In preparation for Integrated Care Provider contracts, we will continue with the move to commissioning and contracting for outcomes not volume and activity, and the move to a different payment system.

As we have said above, continuing to commission in the way that we have traditionally done is not an option. There is growing evidence, both nationally and internationally, that taking an outcomes based approach to commissioning and contracting, where we as commissioners hold providers accountable for delivering outcomes, versus widgets of activity, is the way that we will be able to drive more integrated, high quality and sustainable services.

Locally we have agreed that we will focus on a number of 'developmental contracts' during the coming 18 month period. Using the same methodology and approach that led to the successful award of new contracts for Out of Hospital services in 2017, we

intend to commission outcomes based contracts for the following areas; maternity and paediatrics, mental health and potentially planned care.

The extremely challenging financial position that our system finds itself in is a major driver for change, requiring us to plan and manage finances more effectively across the three CCGs and collectively with our providers. A new financial strategy will be developed to sit alongside the commissioning strategy and will describe the steps that we will take to ensure that the Coventry and Warwickshire health and care system is able to achieve and maintain financial balance. The strategy will build out from the eight principles for collaborative working which were agreed by the Coventry and Warwickshire Health and Care Partnership Board (and ratified by the individual Governing Bodies/Boards of the partner organisations) and underpin the desire of the component organisations to work together to deliver an improving financial picture.

One key area that we want to focus on within the broader financial strategy is payment system reform, moving away from Payment by Results to other approaches that not only focus all partners on the task of managing demand and containing year on year growth in acute hospital activity, but also better meets the needs of the future ICS by:

- Supporting shifts in care from hospital to other settingsif this will improve the outcome and experience for the patient and is cost-effective;
- Promoting continuity and co-ordination of care;
- Incentivizing health promotion and prevention activities;
- Supporting innovation.

There is learning to take from other areas nationally and, based on this, our aspiration is to move to aligned incentive contracts with all of our main acute providers in April 2020.

(2) Working with partners from the Coventry and Warwickshire Health and Care Partnership, we will contribute to the development of a System Outcomes Framework for Coventry and Warwickshire, which will provide a mechanism to support the development of a population health approach at system level.

The Coventry and Warwickshire Health and Care Partnership recognises the contributions that multiple organisations have to make to improving the health and wellbeing of the population of Coventry and Warwickshire – from hospitals to the police service, GP practices to voluntary organisations, to name only a few. Through the development of a System Outcomes Framework ('SOF') the Partnership will give a clear signal to the local population as to the impact that constituent organisations are collectively seeking to achieve over the coming years. Equally importantly, the SOF will shape and drive the strategic planning of individual partner organisations; the ask of each organisation is clear – to be able to be articulate and demonstrate its own contribution to the delivery of the SOF.

(3) We will commence work to develop the Integrated Care Provider contract.

Using the national Integrated Care Provider contract documentation, we will begin to develop the contract that will be deployed locally. Critical within this process will be defining the range of services to be commissioned under these contracts. Engagement with Local Authority partners will be required to determine the integration

activities to be undertaken and goals to be defined in relation to services outside the ambit of those that will be provided under the Integrated Care Provider contracts. Another driver for the ICS (strategic) commissioner will be to ensure that the Integrated Care Provider contract outcomes contribute to the delivery of the SOF.

(4) We will develop an assurance framework that can be used by the prospective lead provider or provider alliance to assess its readiness to take on an Integrated Care Provider contract.

Thinking about the end state that we want to achieve, we know that the ICS (strategic) commissioner will need to get to a point where it is assured that there is a prospective Integrated Care Provider (whatever form this may take – lead provider or alliance of providers) capable of holding the contract. Using the Integrated Care Provider contract document and any relevant guidance issued by NHS England and NHS Improvement as a starting point, we will develop an assurance framework that can be shared with prospective provider configurations, which will allow them to understand what tests will ultimately be applied by the ICS (strategic) commissioner.

On a practical level, we expect that the sequenced roll out of the developmental contracts will allow provider organisations to begin to develop and embed the different competencies and capabilities required to operate effectively in an ICS. We are aware that different Places are moving at different paces in terms of their development – driven in part by the varying provider landscapes within each Place – and, as such, we fully expect that provider arrangements will emerge at different points in time in each Place.

(5) We will begin to organise ourselves differently to reflect strategic commissioning and delivery/place commissioning.

Regardless of the organisational form that the single commissioner takes, to prepare for the ultimate separation of strategic and delivery/place commissioning, we will need to reconfigure our organisational structures so that staff are aligned to either strategic or delivery/place commissioning. We will engage and work with the Integrated Care Partnerships to enable them to shape and influence the development of new structures so as to ensure that they are future proofed. Input will also be required to determine how, over time, staff who are aligned to delivery/place commissioning begin to develop a relationship with those organisations.

(6) We will maintain close engagement with Local Authority partners to ensure that, as commissioners acting within the same system, we are co-ordinated in the way that we undertake our commissioning activities.

Recognising that ultimately all commissioning activity should contribute to the delivery of the SOF being developed by the Coventry and Warwickshire Health and Care Partnership, and as commissioners acting within the same ICS, we will continue to engage closely with our Local Authority partners to ensure that our commissioning activities and decision making are co-ordinated, the decisions that we make are not counterintuitive and we take opportunities to integrate commissioning activities where appropriate.

Delivery/Place Commissioning

(1) We will support the four Places, and the Integrated Care Partnerships that sit within each Place, to develop and thrive.

We recognise that the development of delivery partnerships within the four Places will be paramount to the overall success of the Integrated Health and Care System. **Section 4** of this document summarises the progress that has already made at Place – as we have said already the different Places are naturally moving at different paces at this early stage. Recognising this, and taking account of the different starting points, the approach that we will take to supporting Place development will inevitably be different in each of the Places.

As statutory organisations, and key participants in an Integrated Care Provider contract, the main providers of NHS services will have a critical role to play within each of the Places (as they will where contracts are based around Programme). We expect these providers to drive the development of the Integrated Care Partnership for each Place/Programme and the further development of the Provider Alliance must be rooted in this context.

As a first step we want to work closely with all of the Places to support them to develop their Place Plans, and we will make dedicated staff resource available to deliver this support – in developing their plans the Places will need to think about and be able to articulate:

- How partners will work together and the operating model and that will enable them to do this;
- How the Integrated Care Partnership will establish strong and effective partnerships which extend beyond organisations that may ultimately be involved in the delivery of the Integrated Care Provider contract. The engagement of district councils, the county council, voluntary, community and social enterprise organisations with the Integrated Care Partnership will be essential if the Places are to succeed in improving the health of the communities by tackling the wider issues that can affect health;
- How they will work with communities, seeing local people, who may or may not access services, as equal partners and assets;
- How local GP practices will engage with the Integrated Care Partnership – engagement with the new Primary Care Networks will be of critical importance to develop this narrative;
- The scale of the financial challenge and how they intend to address this;
- What service transformation priorities they want to focus on in 2020/21 and how the new place based Joints Strategic Needs Assessments have been used to support priority setting, alongside finance and performance data.

(2) For those services that we determine are best commissioned on a Place footprint, we will expect the Integrated Care Partnership within each of the Places to create a development programme which responds to the assurance framework.

As we have said already, at the time that the Integrated Care Provider contract is placed, a provider arrangement within each Place will need to be ready to take on

various responsibilities that have traditionally sat with commissioners. We expect that providers will undertake a baseline assessment against the assurance framework and use the outputs of this process as a springboard to shape their own development programme. We expect that organisational development will form a core component within each of the four development programmes – in particular provider organisations will need to ensure that their Boards are fully cognisant of the implications of taking on delivery/place commissioning functions.

(3) We will support Primary Care Networks to develop so that our Member GP Practices are able to harness the benefits of Network participation and the Networks can cement their role within the place based Integrated Care Partnerships.

Following the publication of the national Primary Care Network contract specification eighteen Primary Care Networks have formed in Coventry and Warwickshire. As the building blocks of the future Integrated Health and Care System, supporting the development of the Networks will continue to be an important area of focus for the CCGs in 2020/21. Our focus will, in part, be on ensuring that the Networks are positioned to successfully deliver the nationally mandated requirements, including, in 2020/21, five new Network services. Recognising the key role that the Network Clinical Directors will play not only in the success of the Networks themselves but also as the voices of general practice at place level, we will also focus energy on supporting them to develop in their new roles.

The on-going development of Out of Hospital Place Based Teams (as part of the wider local Out of Hospital Transformation Programme) during 2020/21 will continue to bed in a collaborative model of out of hospital care, which will be characteristic of the future Integrated Health and Care System. As the current lead providers for the Out of Hospital contracts, we will expect South Warwickshire NHS Foundation Trust and Coventry and Warwickshire Partnership NHS Trust to continue to focus on developing their relationships with the Primary Care Networks and their constituent GP practices so as to create stronger, broader and more effective multi-disciplinary working in the out of hospital arena.

As the development of the Places gathers pace during 2020/21 the Primary Care Networks will need to consider how they develop their role as partners within each Place and, more specifically, what role they want to play within the emerging Integrated Care Partnerships. We will support the Networks to understand the different options and mechanisms available to them.

Challenges

Whilst the NHS continues to benefit from year on year growth in its allocation, it is generally accepted that this is not of the scale needed to match increasing demand for services which is driven both by demographics and new medical technologies. This challenge is replicated at CCG level meaning that there is a continued need to drive efficiencies in order to supplement our allocation growth and hence be able both to fund activity growth and invest in service improvements.

The Coventry and Warwickshire system is financially challenged and needs to address an underlying deficit: this deficit sits variously across CCGs and Provider Trusts but collectively we are spending more than our annual revenue allocation.

It is therefore important that our Commissioning Intentions for 2019/20 are considered in the context of what we can actually afford to do and that we are honest that some of the improvements we want to deliver will only be possible if we reduce spending in other areas. 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. To do this we will need to work with our Health and Care partners to tackle waste and duplication and reduce the amount of money spent activities that don't directly benefit the majority of people.

SECTION 3

Coventry and Rugby Places

Providers and Commissioners within Coventry and Rugby have been collaborating at Place for some time and have foreseen the benefits of integrated care. This has been strengthened for a number of years through the investment and establishment of the Out of Hospital Care work Program. As a result we have started thinking and planning as a Place before it became part of the NHS Long Term Plan. We have continued to develop this and worked with all key partners to develop an approach that will be our next step on this journey.

Coventry Place – Progress to Date and Next Steps

Background

In the past ten years, Coventry's population has grown by a fifth, making it the second-fastest growing population outside of London, with growth particularly high amongst 18-29 year olds. Coventry residents are, on average, eight years younger than the England average with a median age of 32 years. Life expectancy has stalled at 82.4 years for females and 78.3 years for males.

The number of older people is increasing and this is expected to accelerate and outpace other groups. It is expected that there will be an additional 8,900 people aged over 65 and additional 2,000 people aged over 85 within a decade. This creates an imperative to focus on preventative health amongst the working age population.

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

Governance Arrangements

The Coventry Place programme governance is aligned to the Coventry and Warwickshire Health and Care Partnership structure, recognising the reporting function into respective statutory boards. An executive group has been established and is maintaining overarching macro and micromanagement combined as the transformation and delivery process is established.

The Coventry Place executive currently has representatives from the following organisations:

- CRCCG (lead agency and chair)
- City Council (deputy lead agency and vice-chair)
- University Hospitals Coventry and Warwickshire
- Coventry and Warwickshire Partnership Trust:

Clinical Engagement and Transformation

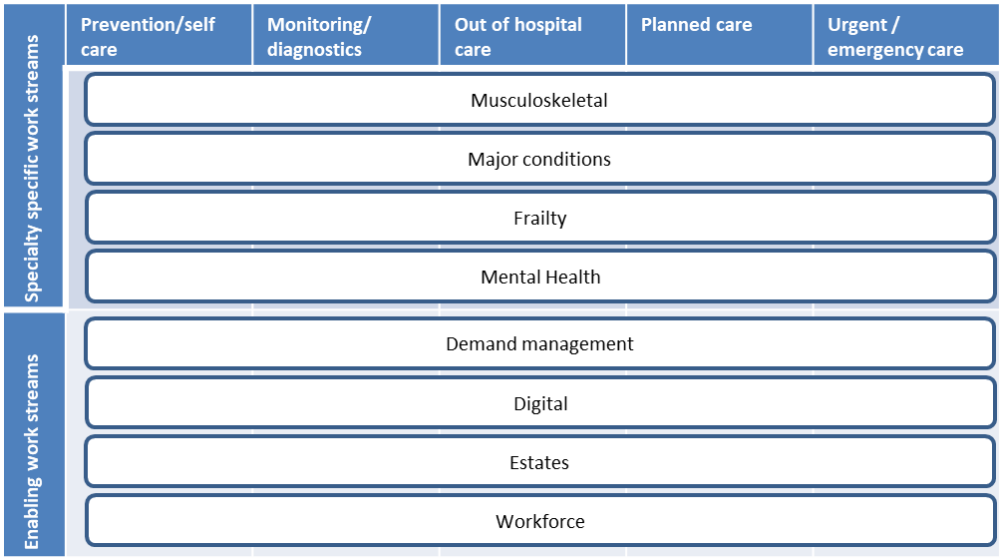
Clinical leadership is key in ensuring the successful delivery of programmes, moreover, therefore a professional leadership function is being developed in order to incorporate frontline delivery across all parties.

Primary Care engagement is centred on the NAPC Primary Care Home model. This model is focused on building a partnership of like-minded willing practices, coming together with other professionals to create a multi-disciplinary partnership, co-ordinating care around their GP registered populations. The journey towards this primary care model started in 2017, driven by clinical leadership, and supported by CCG transformation funding. Consequently, Primary Care Networks (PCNs) are now in a strong position to respond to the GP Framework Contract and the NHS Long term plan.

This Primary Care model is supported by the Out of Hospital contract which requires our community provider to wrap a multi-disciplinary community Place Based Team around our PCNs, providing the conditions for integrated care partnership, focused on delivering personalised, risk stratified care. We will work with PCNs to build the infrastructure they will require to function effectively, embed appropriate governance, deliver their extended access requirements and recruit the workforce they will need to deliver the specifications that come on stream from 2020. Thereafter we will work with PCN's to provide the population data and analytics to support PCNs to extend their membership to other partners relevant to the needs and priorities of each PCN.

Place Priorities

Coventry Place will deliver a matrix working programme (outlined below), for a range of specialty pathways in the first instance, as the larger scale system transformation programmes continue to develop. This approach provides the opportunity for service user engagement, which will be built upon for the later phases of delivery.



Rugby Place – Progress to Date and Next Steps

Rugby has a distinct local identity and a long history of partnership working across health and social care. Rugby has a wide range of community assets and a thriving community and third sector which already work together to address local health and social care priorities. The Rugby Health and Wellbeing Partnership has been a focal point for Rugby Place partnership working to date, and has brought together a wide range of both commissioners provider organisations, in addition to the voluntary and community sector.

This existing infrastructure provides a vehicle for collective action to address local health and social care priorities identified through the JSNA, by bringing together core partners with a commitment to utilising collective available resources to improve health and well-being, to reduce health inequalities, and to deliver high quality, accessible services according to health need.

Background

Rugby is home to 103,443 residents with the 'white British' ethnic group accounting for 84.1% of the population (2011 data) and just over 1 in 10 of the population recorded as being born outside of the UK.

The borough has experienced a rate of population growth that is higher than the national average and there is significant local housing development which is anticipated to contribute to an additional 29,760 residents living in Rugby by 20301 over and above demographic growth.

In 2017/18, the directly age standardised rate of admissions for alcohol related conditions in Rugby Borough was 644 per 100,000 population; the highest of all districts and boroughs in Warwickshire, although not significantly different from the England average (632 per 100,000). Rugby Borough also has the highest self-harm rate of all the districts and boroughs in Warwickshire (187 per 100,000 population, compared to 157.7 for Warwickshire) as well as for hospital admissions for unintentional and deliberate injuries in children (0-14 years), where Rugby Borough has the highest rate of admissions all the districts and boroughs in Warwickshire (153 per 10,000 population, compared to 118.3 for Warwickshire)

Governance Arrangements

In addition to existing partnership arrangement's it is our intention to further strengthen Rugby Place Governance by establishing a Place Executive Group which will

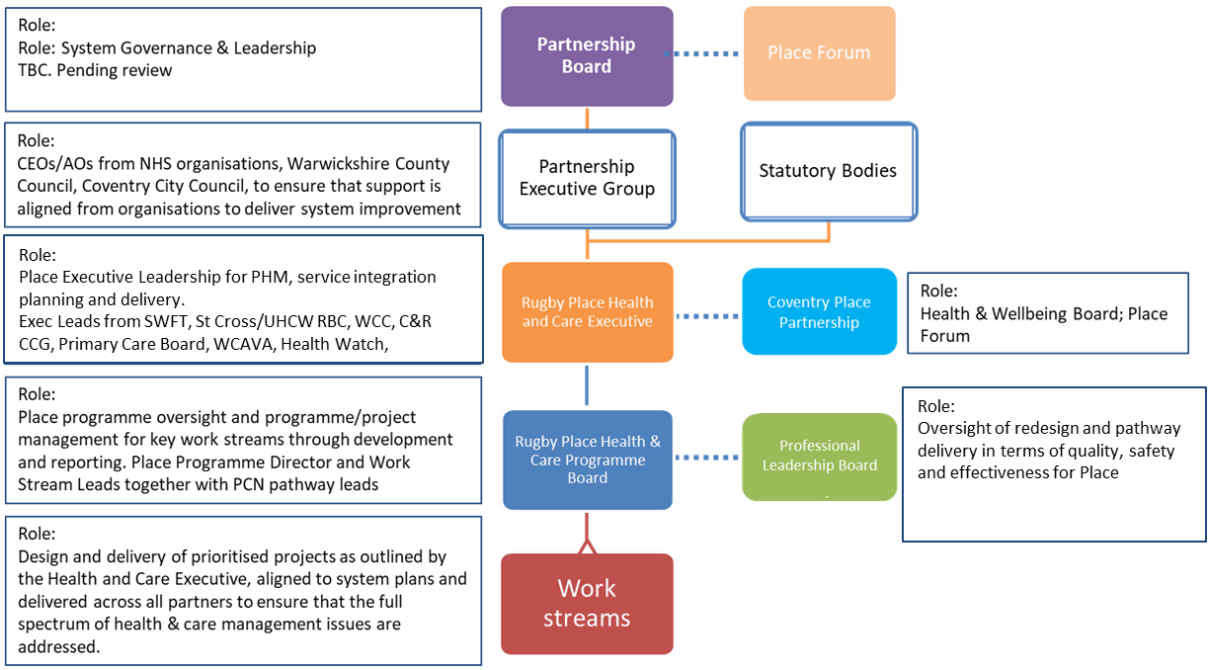
- Support development of the local Integrated Care Partnership capable of responding to and addressing the interests and specific place requirements and challenges of Rugby whilst recognising and effectively utilising the assets available within Rugby
- Understand and scope the place priorities for Rugby in context of the Long Term Plan, taking account of existing commissioner and provider obligations and local JSNA and wider determinants of health and social care

- Identify and address priorities which impact on the sustainability of local health and social care which require an integrated collaborative / local solution and response.
- Develop population health insights for Rugby Place to establish a clear focus on health outcomes and establish clear base line to assess collective impact

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

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

The diagram below sets out the proposed Rugby Place Governance architecture, and the functions and role proposed for each of the groups that make up the Future Rugby Place partnership arrangement. This structure will feed into our PCNs, supporting us to deliver our commissioning intentions at a Place and Neighbourhood level.

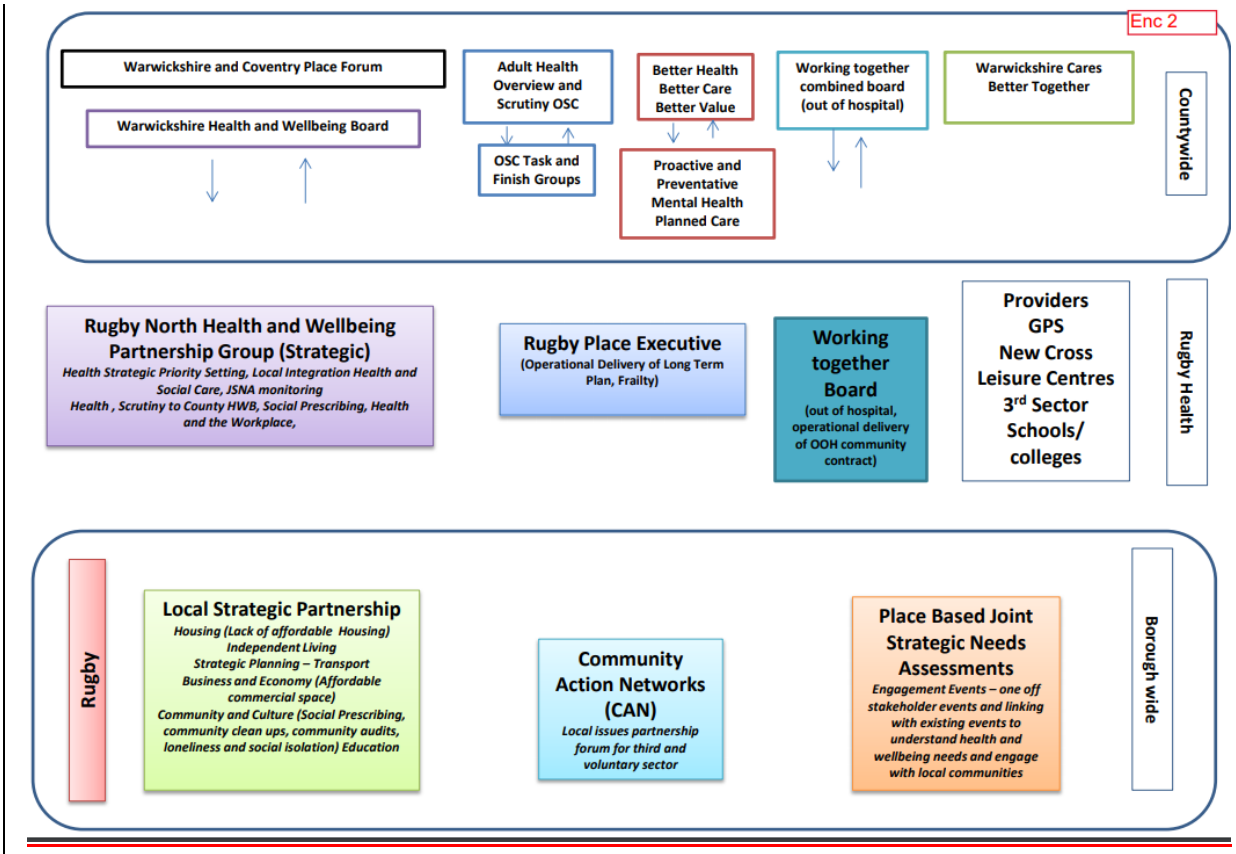


Clinical and Public Engagement

We already have a robust existing framework for patient and public engagement, as well as working together with other health and social care organisations, as well as the voluntary and community sector. The structure described in the diagram below will be key going forward to support the delivery of our commissioning intentions at a Place based level.

In 2019 we engaged with our patient networks on our commissioning intentions, feeding the knowledge they shared with us into our work to date. In 2020/21 we will continue to develop

and build our patient representation, working through our PCN to establish a structure which will further enable us to implement our commissioning intentions in Rugby Place.



Place Priorities and approach to transformation

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

- Designation of urgent care centre provision on St Cross Site in recognition of higher A&E attendances and UCC attendances per 100,000 registered patient populations in Rugby.
- Optimisation of St Cross site for delivery of planed care services which meet the needs of the local population and support equitable access to health provision which is safe and sustainable to be delivered from the St Cross site.
- Integrated working between general practice and the Out of Hospital provider wrapped around PCN's, to establish multi-disciplinary Place Based Teams capable of delivering the key requirements of the Long Term Plan including 2 hour rapid response and anticipatory care.

- Collaboration and innovation to address the challenge of transferring 30% of out patient's appointments into Out Of Hospital settings and ensuring equity and access for Rugby residents.
- Designing pathways to respond to local needs and priorities and to address unwarranted variation in GP initiated referrals to effectively respond to high demand specialties e.g. Trauma and orthopaedics, Dermatology, General surgery.
- Prepare and plan collaboratively for the impact of housing growth
- Take account of rurality and pockets of deprivation in developing services.

Appendix 1

Summary Commissioning Intentions

Primary Care	Out of Hospital Care	Maternity and Paediatrics
Our commitment is to put general practice at the very heart of our future integrated care system. We believe that a thriving general practice is the foundation for developing a new service model in which patients experience "…properly joined up care at the right time in the optimal care setting…" mirroring the requirements in the NHS Long Term Plan.	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 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

- Access to proactive preventative care, timely access to anticipatory and same day urgent care when it is needed and support and encourage self-care;
- Safe, digitally enabled primary care and out of hospital care alongside traditional face to face consultations, for each of our citizens, delivered through an expanded, integrated multidisciplinary workforce;
- A rapid response service for our most vulnerable patients, and to achieve equitable access to new standardised models of care for key patient groups, driven by population health analytics, to address variation and health inequality;
- Urgent care that provides a safe, coherent, streamlined locally accessible and convenient alternative to A&E for patients who don't need hospital care;
- Mental health and wellbeing services which are an integral part of primary care, so that people living with mental health challenges have timely access to the care and support they need
- Our workforce with access to the very latest tools and technology, ongoing training, access to clinical supervision and support, so that they are
- Empowered to deliver excellent person centred care, creating a working environment in which they can thrive.
- Primary care services which are available and accessible to our communities in local, fit for purpose premises which can offer a range of services and facilitate integrated working and joined up service delivery.

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
- Implementation of an Electronic Patient Record to enable improved access to information to support health, primary care and social care professionals in the integrated care co-ordination and care planning , where people only need to tell their story once
- Patient pathway development, specifically for long term conditions, to enable patients to be better equipped to self-manage their conditions and receive the care in the correct setting when needed.

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 2020 and 50% in 2025
- Achieve 35% of women receiving continuity of carer during pregnancy
- All women are able to make informed choices about their maternity care during pregnancy, birth and postnatally and have a personalised care plan that reflects this
- More women will be able to give birth in a midwifery setting.
- Increase access to specialist perinatal mental health services

Continue working in a multi-disciplinary way across the Local Maternity System (LMS)

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

- Fully implement new specification for Rugby Urgent Treatment Centre and review impact.
- Develop Coventry Walk-in Centre according to local need.
- Enable direct bookings into Urgent Treatment Centre appointments via NHS 111.
- Support local implementation of the NHS app including the ability for patients to access appointments online.
- Support national and regional 'Choose Well' and NHS 111 marketing campaigns inc during the winter season.
- Review and promote agreed smart phone app(s) to support patient and carer navigation of the urgent care system.
- Improve stroke services across the area to reduce the number of strokes suffered, improve immediate care for those that do have a stroke and provide better support and rehabilitation after a stroke.
- Provide better, clearer and easier-to-access alternatives to A&E to help patients receive the best care for their need when it isn't a life-threatening emergency.

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
- To ensure social prescribing model is meeting the needs of our communities.

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

- Work with primary care to continue to Increase dementia diagnosis rate
- Increase number of people accessing talking therapies
- Improve services for people experiencing first episode of psychosis.
- Implement plan to reduce 'out of area' mental health and learning disability placements
- Increase mental health liaison service across acute trusts
- Work with primary care to increase rates of people with serious mental illness receiving a physical health check
- Increase investment into crisis and home treatment teams
- Continue to improve the system's response for children and young people in crisis by:
    - Deliver pilot bespoke service to work with young people within the community to prevent A&E attendance
    - Continue implementation and development of CAMHs Tier 3.5 Service.
    - Implementation of service to provide support for young people in schools
- Continue to reduce hospitalisation of people with a learning disability and/or autism.

Detailed full list of commissioning intentions can be found on the CCG's website.