

Joint Meeting of Coventry & Warwickshire Place Forum and Health and Care Partnership Board

15 July 2020, 10.00 – 12.00

MS Teams meeting

Joining instructions: [Join Microsoft Teams Meeting](#)

AGENDA

10.00	Welcome and reflections on the pandemic – <i>Cllr Les Caborn, Cllr Kamran Caan and Professor Sir Chris Ham</i>
10.10	Learning from our Covid-19 response <ul style="list-style-type: none">• A system-wide approach to staff wellbeing – <i>Dominic Cox, Director of Strategy and Development, CWPT</i>• A system-wide approach to implementing the national discharge requirements locally – <i>Rachel Briden, Integrated Partnerships Manager, WCC</i>
10.30	Understanding our communities – the impact of COVID19 <i>Duncan Vernon, Consultant in Public Health, Warwickshire County Council and South Warwickshire Foundation Trust</i>
10.45	COVID19 Local Outbreak Control Plans – local implementation as a beacon site <i>Monica Fogarty, Chief Executive, Warwickshire County Council</i> <i>Valerie de Souza, Consultant in Public Health, Coventry</i>
11.00	Looking forward: <ul style="list-style-type: none">• Resetting Health and Wellbeing in Coventry and Warwickshire <i>Pete Fahy, Coventry Director of Adult Social Care</i> <i>Shade Agboola, Warwickshire Director of Public Health</i>• COVID19 Restoration & Recovery <i>Adrian Stokes, Accountable Officer, Coventry & Rugby and Warwickshire North CCGs</i> <i>Andy Hardy, Chief Executive, UHCW Foundation Trust</i>
11.45	CCG merger update – <i>Sarah Raistrick, Chair, Coventry and Rugby CCG; Sharon Beamish, Chair, Warwickshire North CCG; David Spraggett, Chair, South Warwickshire CCG</i>
11.55	Next steps – <i>Gail Quinton, Deputy Chief Executive, Coventry City Council</i>
12.00	Close

**Joint meeting of Coventry & Warwickshire
Place Forum and Health and Care Partnership Board**

15 July 2020

*Enabling people across Coventry and
Warwickshire to pursue happy, healthy lives*

Welcome

Aims of the session

- Reflect on the experience and learning from the COVID19 pandemic
- Understand how the pandemic has affected our local communities
- Share plans for ongoing virus management and restoration and recovery
- Provide key business updates

AGENDA

10.00 Welcome and reflections – Cllr Caborn, Cllr Caan and Professor Sir Chris Ham

10.10 Learning from our COVID19 response – case studies

10.30 Understanding our communities: the impact of COVID19 – Duncan Vernon

10.45 COVID19 Local Outbreak Control Plans: local implementation as a beacon site – Monica Fogarty and Valerie de Souza

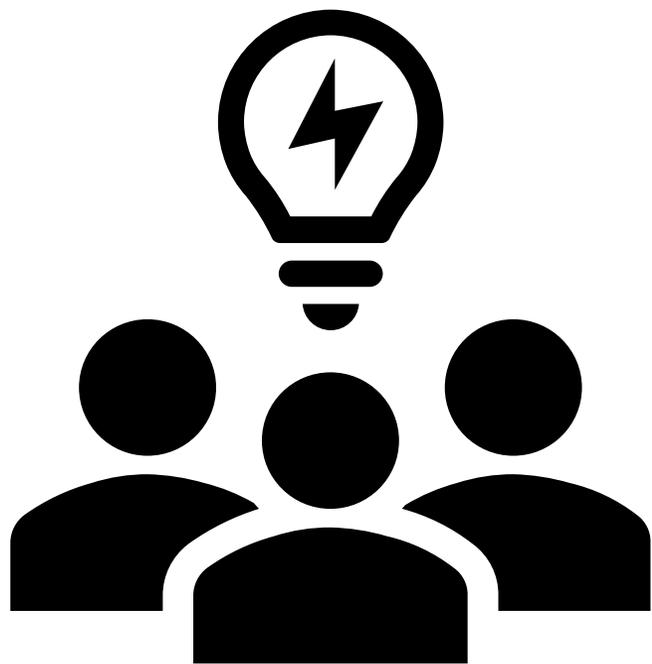
11.00 Looking forward:

- Resetting health and wellbeing in Coventry & Warwickshire – Pete Fahy and Shade Agboola
- COVID19 Restoration and Recovery – Adrian Stokes and Andy Hardy

11.45 CCG merger update – Sarah Raistrick, Sharon Beamish, David Spraggett

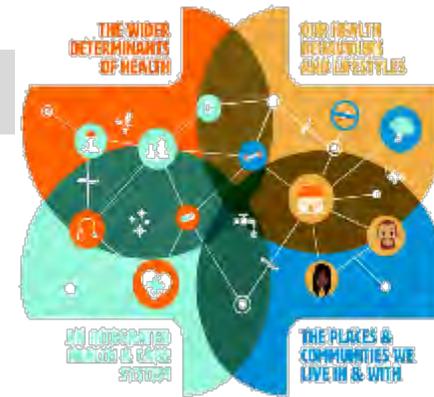
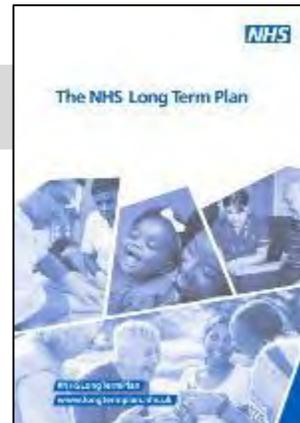
11.55 Next steps – Gail Quinton

12.00 Close



Reflections

Our journey

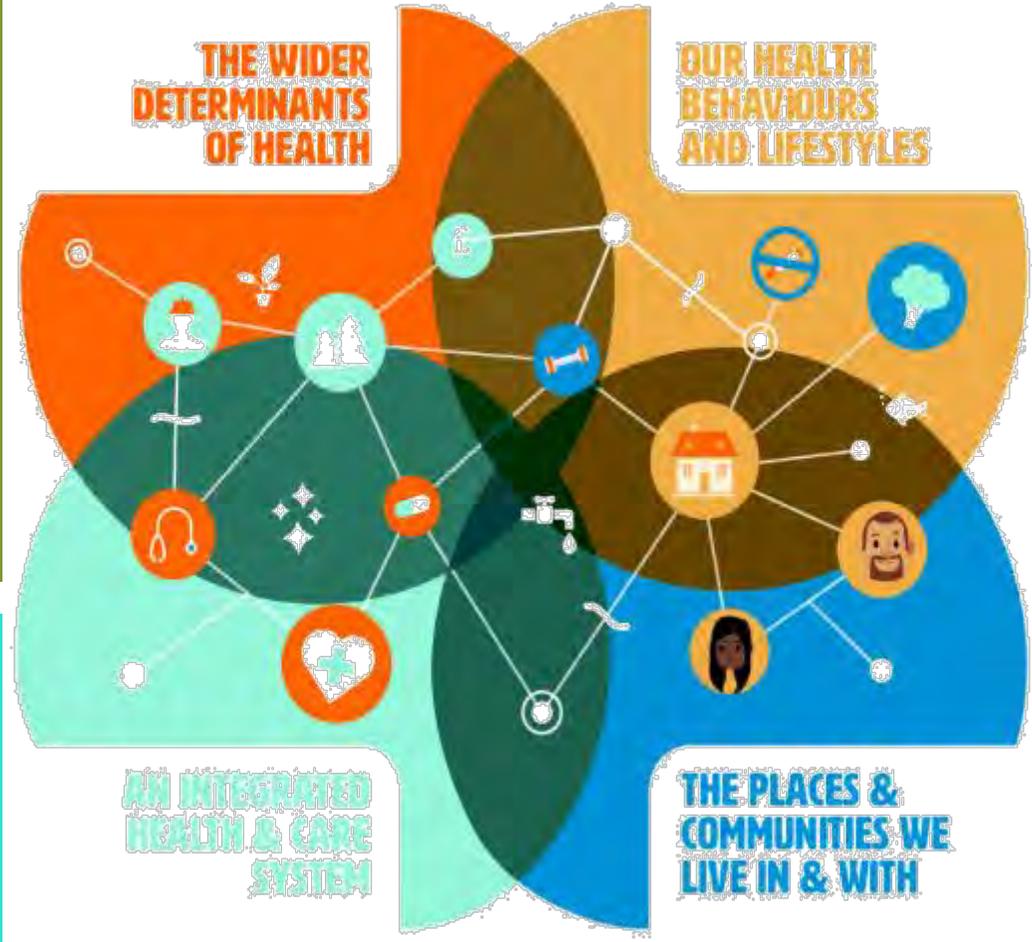


Our aim: to galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the Health & Wellbeing system

Population health approach

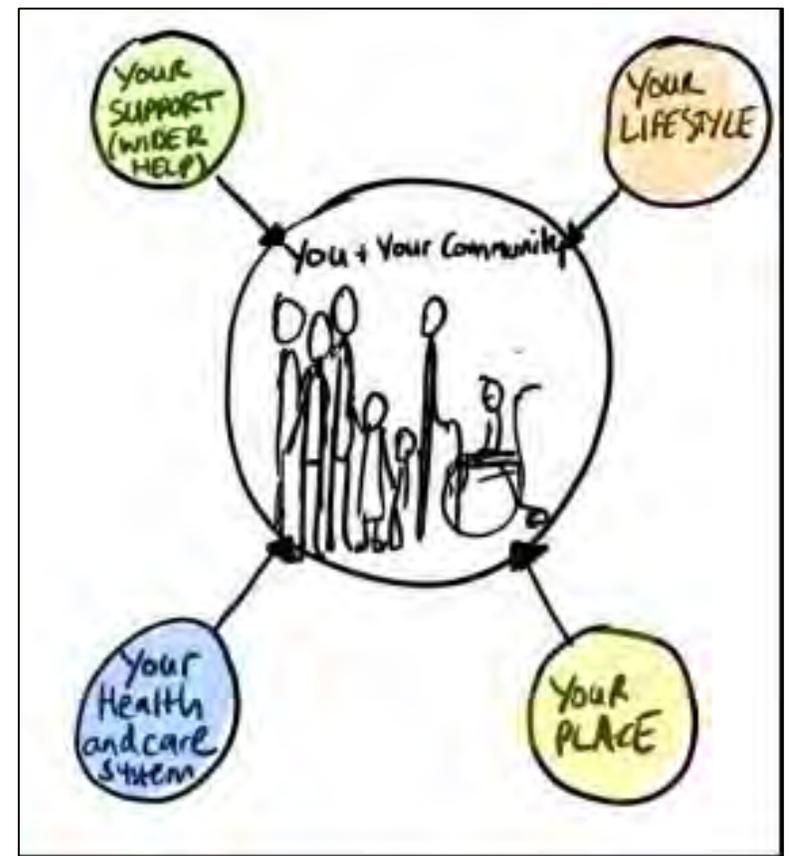
Wider determinants of health, such as income, wealth, education, housing, transport and leisure are the most important driver of health.

We need to join up services to support the needs of our service users, especially those with long-term conditions.



Our health behaviours and lifestyles are another important driver of health and include smoking, drinking alcohol, diet and exercise.

Our local environment is an important influence on our health behaviours, and social relationships and community networks impact on mental health.



Next steps

- Ensure that the achievements, challenges and lessons learnt from system-wide response to the pandemic are captured and harnessed to inform future activity
- Use the Coventry and Warwickshire COVID-19 Health Assessment to inform recovery, restoration and reset plans as a system, in our places and in our organisations
- Work collectively as a system to ensure that priority is given to addressing inequalities in outbreak management and recovery plans
- Re-emphasise our system commitment to health and wellbeing in its widest sense by ensuring our population health model is the framework for all outbreak management, prevention and recovery activity
- Support development of place recovery plans, working together with local communities to tackle inequalities and improve population health.

Next meeting(s): 3 November 2020

System-wide approach to staff wellbeing/psychological support

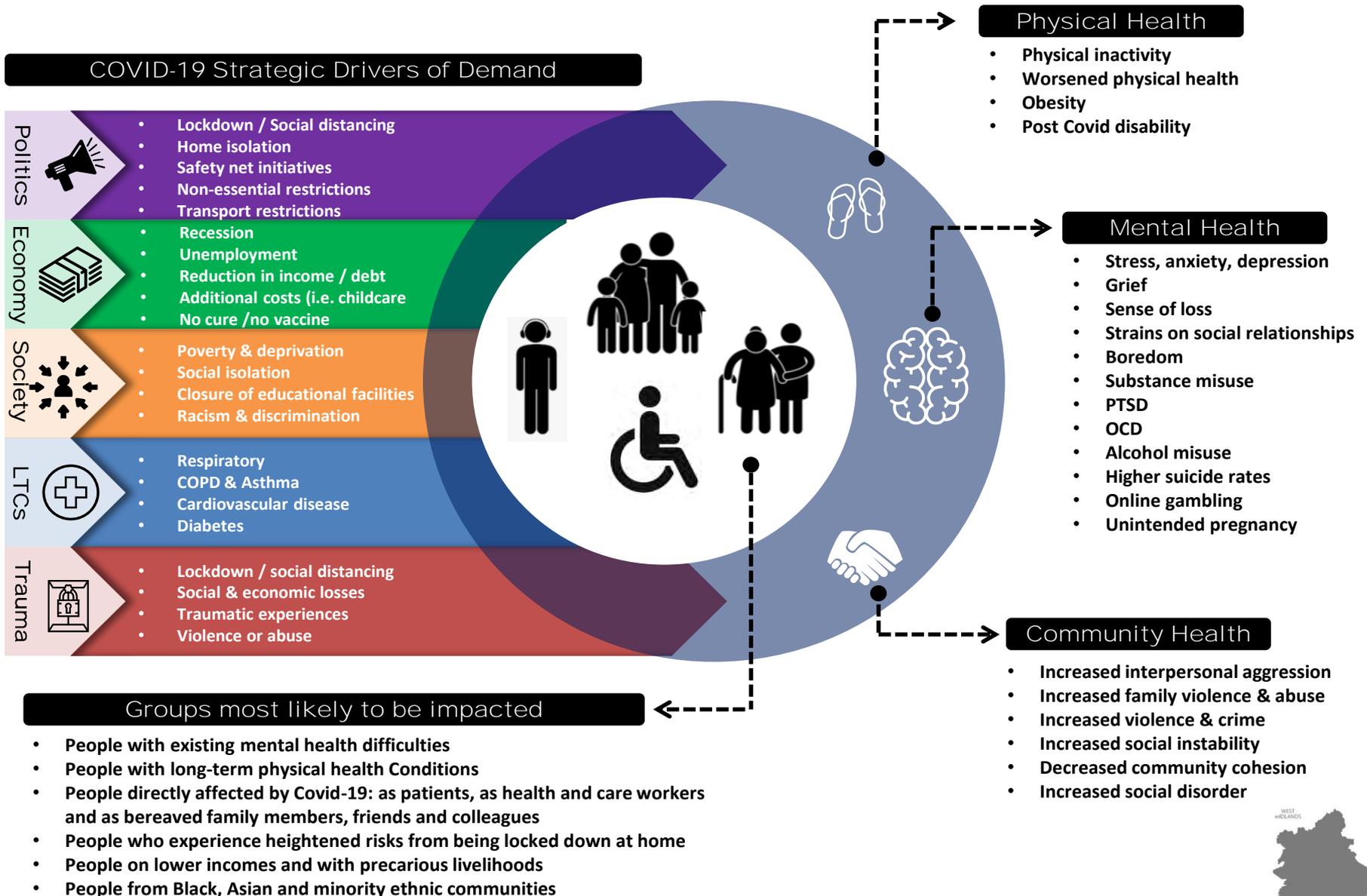
Joint Meeting of Coventry & Warwickshire Place Forum and Health and Care Partnership Board

15th July 2020

Dominic Cox

Director of Strategy and Development
Coventry and Warwickshire Partnership Trust

Strategic drivers of demand



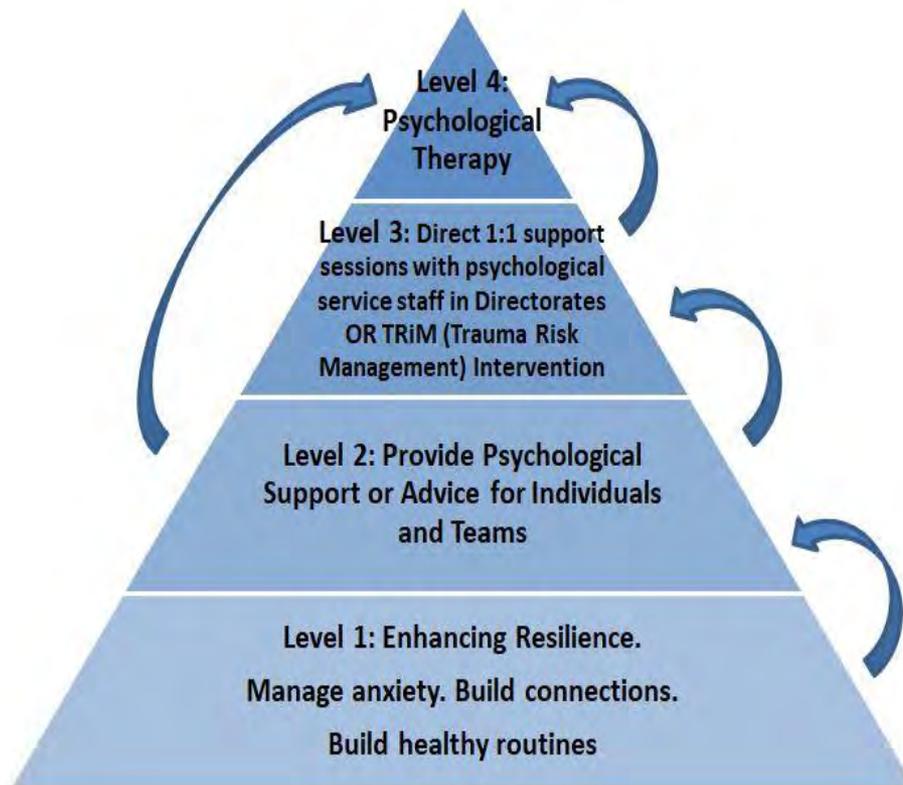
COVID-19 Psychological Support to Staff

Context and Background:

- Across the Coventry and Warwickshire footprint there is a concern on the **impact of the sustained period of managing the implications of the COVID-19 pandemic on the wellbeing of health and social care staff.**
- Supporting our front line staff is a **priority** for both the **HCP programme as a whole** as well as a **priority for the Mental Health HCP Programme.**
- NHS England has identified that the **health and wellbeing of front line staff** members should be **part of a system's response to COVID-19** due to the expectation that our Level 4 incident response will be one that we will be managing for the **medium to longer term.**
- CWPT has been asked on behalf of the HCP to **review the existing support offers** put in place and consider **what other offers could be put in place** to support health and social care staff across Coventry and Warwickshire (acute, ambulance, social care, community, primary care and voluntary sectors).
- Overall aim/purpose to be confident that a member of staff seeking help will be able to access what they need; and confidence going forward, that we are seeking to ensure an appropriate model, with right capacity, to respond to our best assessment of what the level of need will be.

COVID-19 Psychological Support to Staff

- **Tiered Psychological Model of Support :**



Level 1 – Self-help / psych-education

Level 2 – Peer support - e.g. upskilling and enabling staff to support each other, implement peer support mechanisms

Level 3 - Supporting conversations and identifying risk e.g. enabling managers, leaders, supervisors to have psychologically savvy conversations; assessing and monitoring those who are struggling

Level 4 - Escalation for specialist psychological support

Emphasis on providing early support to ensure majority of staff can be supported within tiers 1-3

Summary/next steps

- Mental Health HCP to estimate demand for different levels of tiered support across the system (regional learning)
- West Midlands MH collaboration with focus on:
 - Mutual aid/regional approach proposal/demand modelling
 - BAME Equipped Leaders (fluency in race/ethnicity)
- Proactive and collaborative offer (levels 1,2,3 & 4)
 - Projection of demand is difficult but ongoing
 - Requirement for additional resources to drive national, regional and local offers

The system wide approach to implementing the COVID-19 National Discharge Requirements locally in Warwickshire

Context going into COVID-19 response

- Trusted relationships and existing shared working arrangements – eg. DTOC board, Better Care Fund arrangements and new Joint Commissioning Board
- Operational/delivery leads have worked together for a number of years on improving discharges
- Commissioned VCS services and a strong Discharge to Assess (D2A) model already in place
- Place based working embedded as part of Out of Hospital
- Integrated OOH and acute trust in South Warwickshire
- Culture shift to deliver more care at or close to home already started

National Covid-19 Discharge Requirements

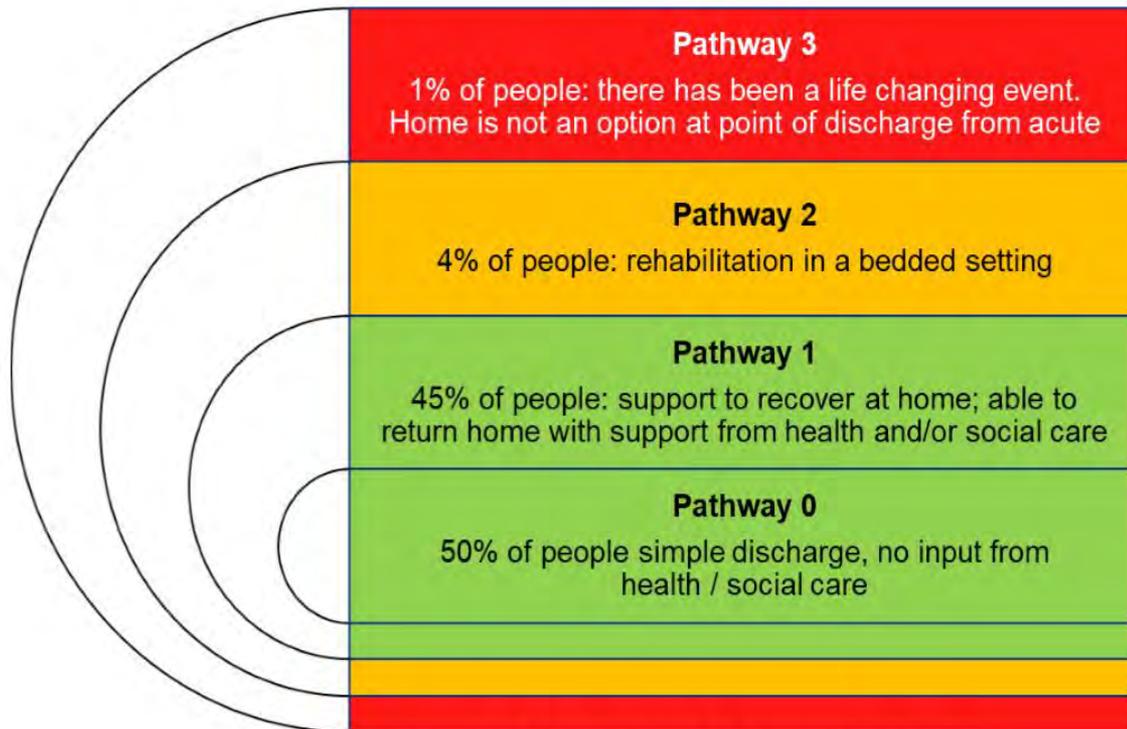
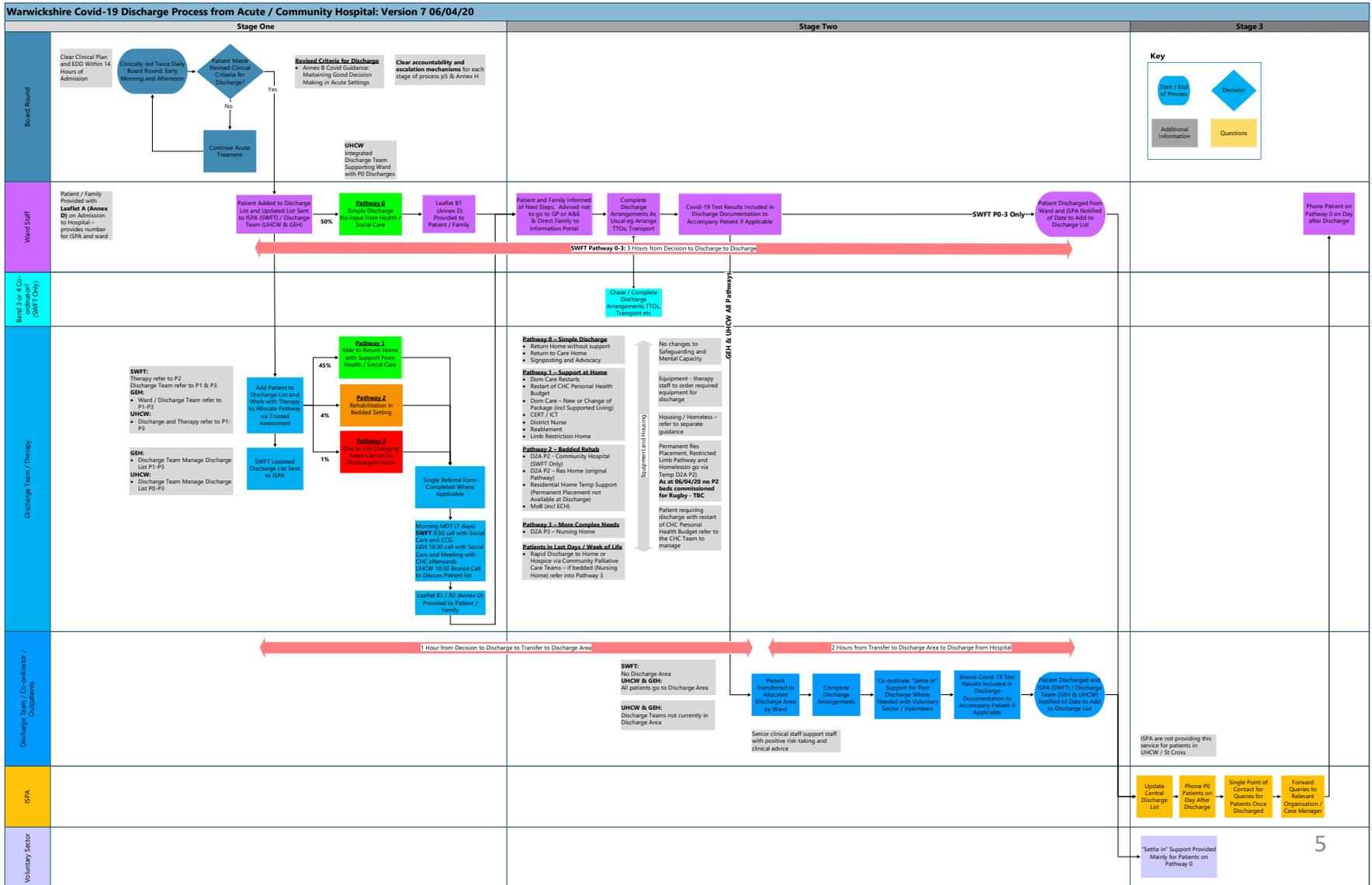


Figure 1: Discharge to Assess model

Hospital discharge development

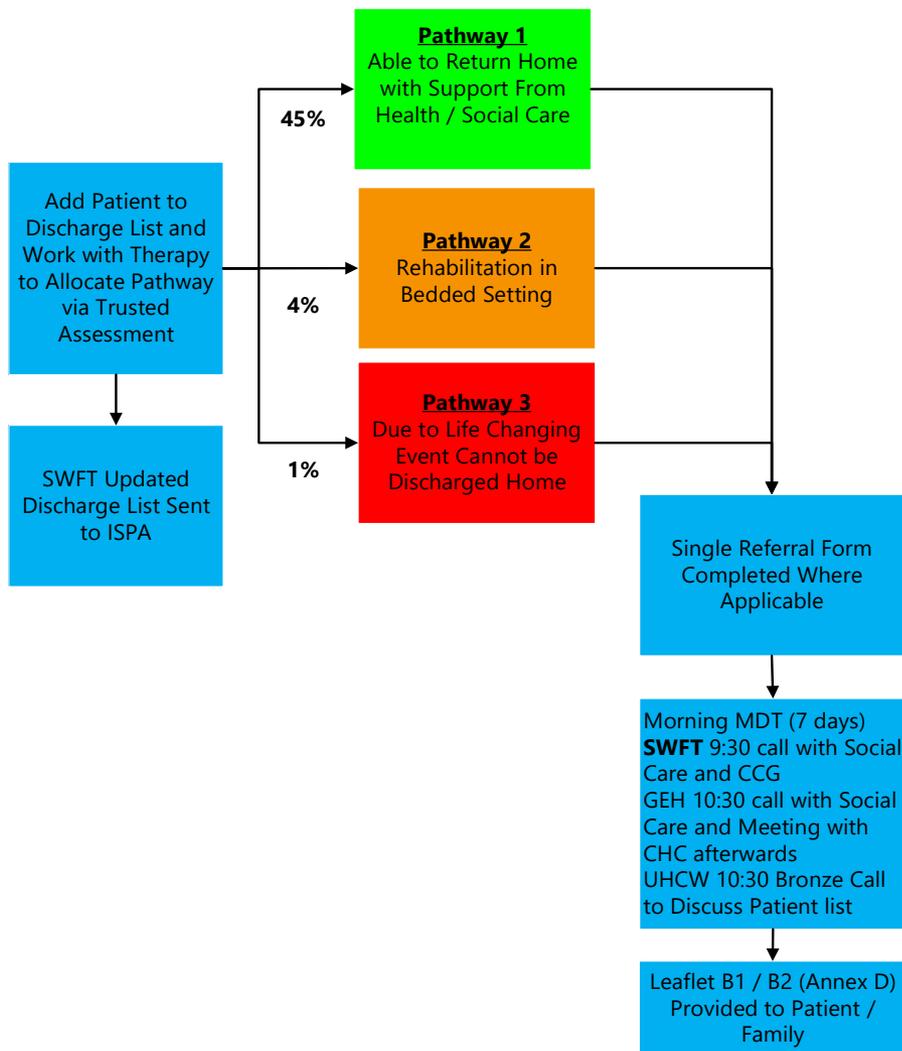
- System wide support for rapid hospital discharge for patients considered medically fit
- Twice a week virtual working groups established at Place including Clinical Commissioning Groups, acute trusts, out of hospital, social care and commissioners
- Once a week virtual commissioners meeting, focussed on increasing system capacity
- New processes developed collaboratively, including with both local authorities social care teams, aligned with interdependencies with key activities led by WCC eg. 'shielding hubs', VCS Support via Age Uk, Hospital to Home Service, additional PPE to support discharges, infection control and the wider support for care providers
- Daily discharge tracker implemented at detailed pathway level
- Daily discharge teleconference calls between partners

Discharge pathway



Discharge pathway detail

er to P2
eam refer to P1 & P3
ischarge Team refer to
e and Therapy refer to P1-
e Team Manage Discharge
3
e Team Manage Discharge
3



Pathway 0 – Simple Discharge

- Return Home without support
- Return to Care Home
- Signposting and Advocacy

Pathway 1 – Support at Home

- Dom Care Restarts
- Restart of CHC Personal Health Budget
- Dom Care – New or Change of Package (incl Supported Living)
- CERT / ICT
- District Nurse
- Reablement
- Limb Restriction Home

Pathway 2 – Bedded Rehab

- D2A P2 - Community Hospital (SWFT Only)
- D2A P2 – Res Home (original Pathway)
- Residential Home Temp Support (Permanent Placement not Available at Discharge)
- MoB (incl ECH)

Pathway 3 – More Complex Needs

- D2A P3 – Nursing Home

Patients in Last Days / Week of Life

- Rapid Discharge to Home or Hospice via Community Palliative Care Teams – if bedded (Nursing Home) refer into Pathway 3

Hospital discharge development

- Trusted assessment implemented countywide by Discharge Teams to care homes on behalf of WCC and CCG
- WCC's Hospital Social Care Team supporting all discharges to residential care (Pathway 2)
- CCG Continuing Health Care staff redeployed to support all discharges to D2A Pathway 3, nursing care and End of Life, releasing Discharge Team capacity
- Out of Hospital single point of access (iSPA) utilised as a central point of contact for patients post discharge
- Wrap around support from Advanced Care Practitioners for early discharged patients
- The Hospital Social Prescribing Service, commissioned by WCC and provided by Age UK, re-designed its service to prioritise supporting as many patients (18yrs+) being discharged from hospital home (pathway 0 and 1). Expanded to include UHCW and Warwickshire residents in out of area hospitals. All patients receive a welfare call within 24 hours of discharge, identifying where further information, advice or practical support is required

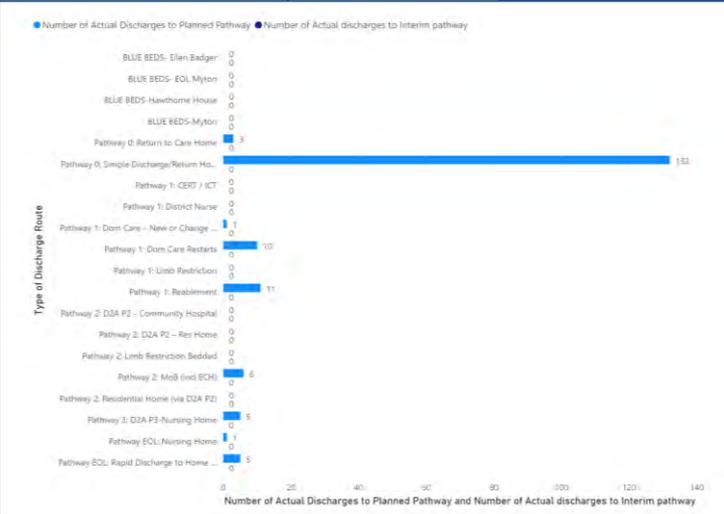
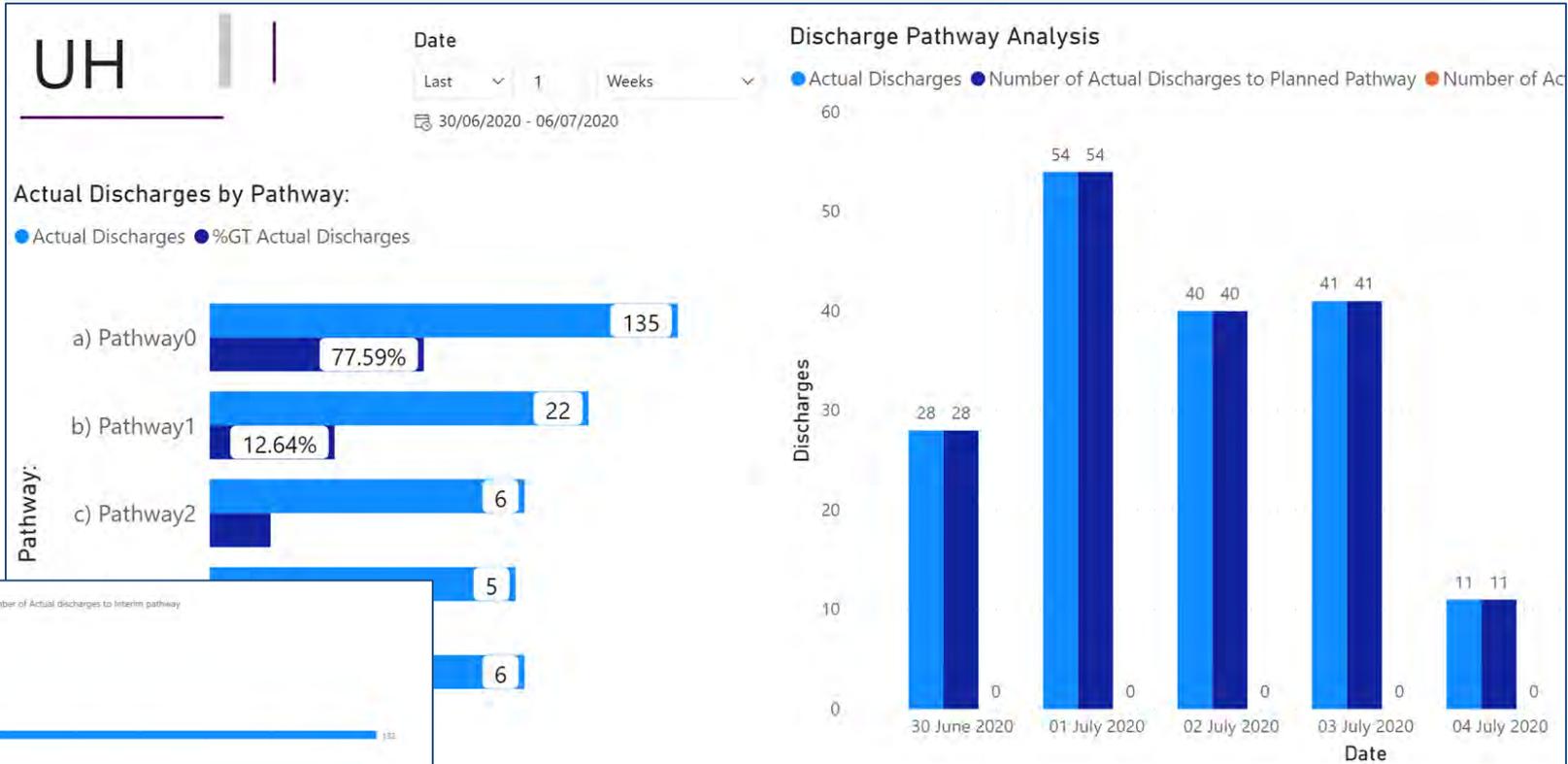
Building capacity

- Discharge Teams, social care, CCGs, equipment services, District and Borough housing teams, integrated care coordination and clinical practitioners supporting discharges 7 days p/week
- Increased social care capacity to support discharges eg. WCC's Reablement service took on providing the initial 1-3 days support for customers who will then transfer on to a domiciliary care provider
- Staff from across the system have been redeployed to support hospital discharge including Out of Hospital community staff by stepping down priority 2 patients and non-essential therapy
- Re purposed community hospital beds and commissioned extra health and End of Life beds to accommodate covid+ Coventry and Warwickshire patients to complete their isolation period out of an acute setting
- Joint working with community teams and hospices to support End of Life
- Extra step-down D2A beds commissioned to support the transfer of patients from an acute to an alternative community setting
- Introduction of consultant connect into the community teams and ICC

Contingency planning

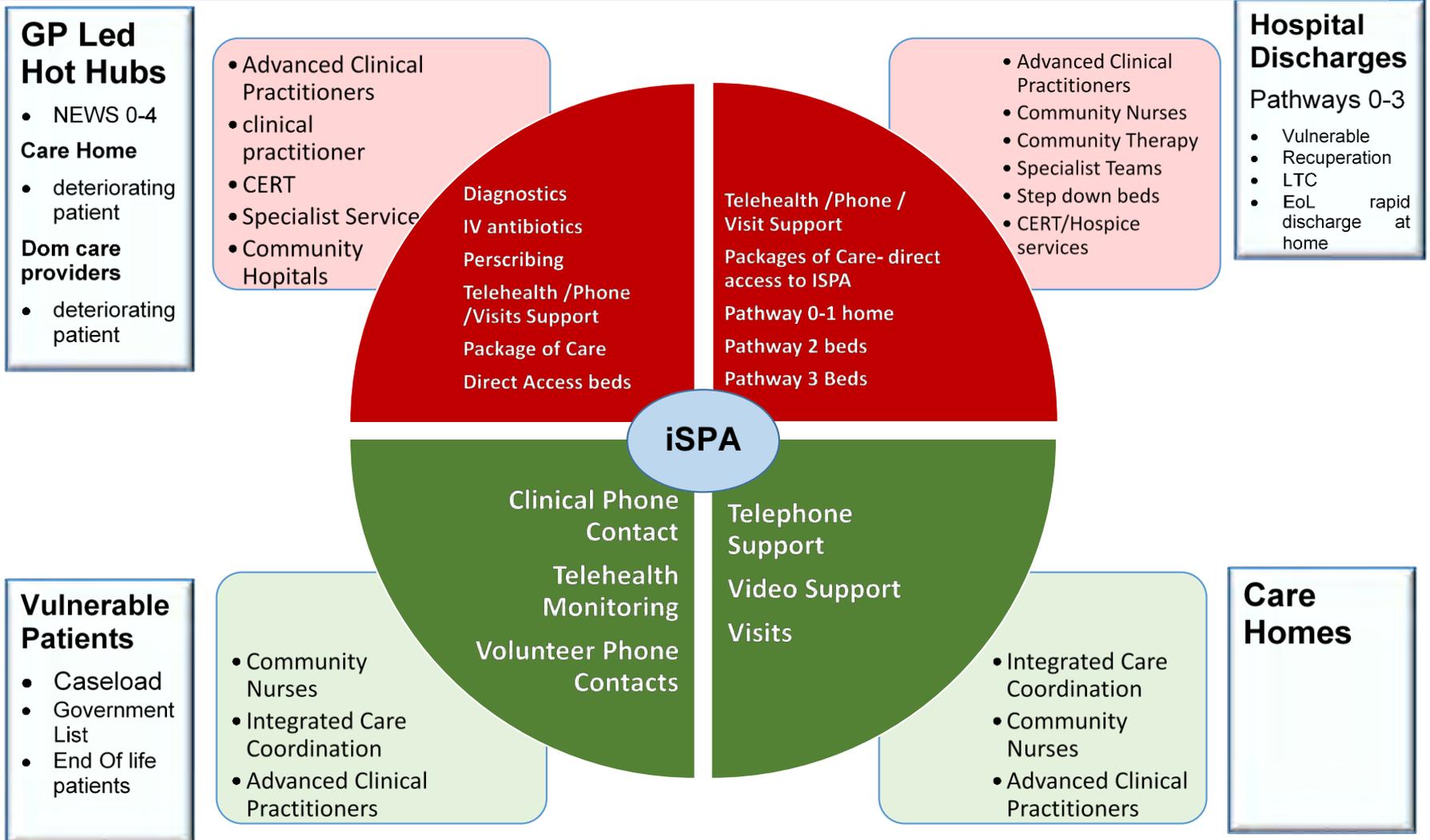
Pathway	Assessed Pathway	Covid Negative Pathway (No Further Isolation Required)	Covid Positive (Up to 14 Days Isolation Required)
	Warwickshire Pathways		Covid + Blue Capacity (including new system isolation blue beds)
	<p>Plan A</p> <ul style="list-style-type: none"> Return Home Without Support Return to Res Home: Covid-/ Refer to Plan B, Covid+/ Refer to Option 1 Return to Nursing Home: Covid-/Refer to Plan B, Covid+/ Refer to Option 1 Dom Care Restarts Dom Care – New or Change of Package Restart CHC PHB Homefirst Reablement District Nurse Limb Restriction Home <p>Plan B</p> <ul style="list-style-type: none"> D2A P2 Res Home at Place (See P2 Below) D2A P3 – Nursing Home (Rugby = Res) at Place (See P3 Below) Reablement Bridging CHC Dom Care Bridging Dom Care Package Step Down Priority 2 Patients to Accommodate Homefirst Bridging Or, Castlebrook / Arbury due to Non-weightbearing and Overnight Care Needs <p>Plan C</p> <ul style="list-style-type: none"> Any D2A P2 Bed in System Any D2A P3 Bed in System Homefirst Bridging D2A P2 Res Home at Place Spot Purchase Residential Placement (Non D2A Bed) 	<p>Option 1</p> <ul style="list-style-type: none"> Return Home Without Support in Isolation Ellen Badger 20 D2A P2 Blue Beds Myton (Warwick) 10 D2A P3 Blue Beds Homefirst Bridging Dom Care Package Homefirst Homefirst Bridging Ellen Badger 20 D2A P2 Blue Beds (Can move to EB Green when become Covid Negative) Myton (Warwick) 10 EOL Blue Beds Coventry EOL Blue Nursing EOL Shared Care <p>Option 2</p> <ul style="list-style-type: none"> Hawthorn House 28 D2A P3 Blue Beds (on Weekly Review) Dom Care Package Dom Care Package Hawthorn House D2A P3 Blue Beds (on Weekly Review) Myton (Warwick) 10 EOL Blue Beds Dom Care Package 	
<p>Pathway 0 Simple Discharge No Input from Health / Social Care</p>			
<p>Pathway 1 Able to Return Home with Support From Health / Social Care</p>			
<p>Pathway 2 Rehabilitation in Bedded Setting</p>	<p>Source at Place or access system blue beds</p> <ul style="list-style-type: none"> D2A P2 South Ellen Badger Green D2A P2 South Ellen Badger Blue Feldon Green Stroke Beds Nicol Unit Blue D2A P2 South Castlebrook Green D2A P2 North Arbury Green Res Home (via D2A P2) MoB (via D2A P2) 		
<p>Pathway 3 Due to Life Changing Event Cannot be Discharged Home</p>	<p>Source at Place or access system blue beds</p> <ul style="list-style-type: none"> D2A P3 South Kenilworth Grange and Sebright Green D2A P3 North Arbury Green D2A P3 Rugby St Marys block Green Myton (Warwick) D2A P3 Blue 		
<p>End of Life</p>	<ul style="list-style-type: none"> EOL – Rapid Discharge to Hospice Myton Coventry 4 Green Beds Warwickshire EOL – Rapid Discharge to Nursing Home EOL – Rapid Discharge to Home 	<ul style="list-style-type: none"> Determined by Care eg Dom Care / Nursing Placement Community Hospital Nursing Placement Shared Care 	

Discharge tracker



Out of Hospital

example of South Place offer during Covid-19 pandemic



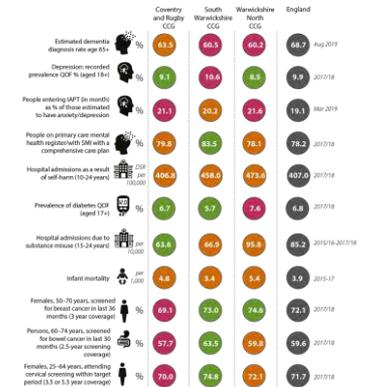
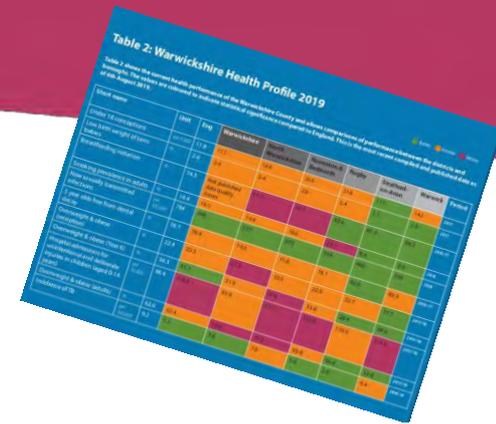
**Red = urgent response required 1-2 hours: Green = Vulnerable patients needing monitoring and safety netting

Positive developments

- Identified as a system that has worked well over the covid response
 - Eg. good performance on residential admissions, maintaining people at home and flow in hospitals
- Greater collaborative working across the system, with support from Public Health integral
 - System leadership – with clear roles and responsibilities
 - Links in with wider support from across the system for care home and domiciliary care providers
 - New ways of working – cultural changes
 - Moving into recovery and winter planning – taking learning forwards
- Standardised system ways of working across C&W led by the System Care Group
 - ‘System approach’ to use of step-down beds and contingency planning
 - Single system referral form
 - ‘System beds’ commissioned
 - Simplified out of area processes
 - System approach to assurance (RAG rating) against the Hospital Discharge requirements
- Close working with Out of Hospital
 - Re-admission avoidance eg. Risk stratification for therapy services to avoid longer term decompensation
 - Greater use of technology
 - Models of care principles accelerated supported by technology for high risk shielded patients

Warwickshire JSNA COVID-19 Impact Assessment: Key Findings

Duncan Vernon
Consultant in Public Health



Background & aim

Project Aim

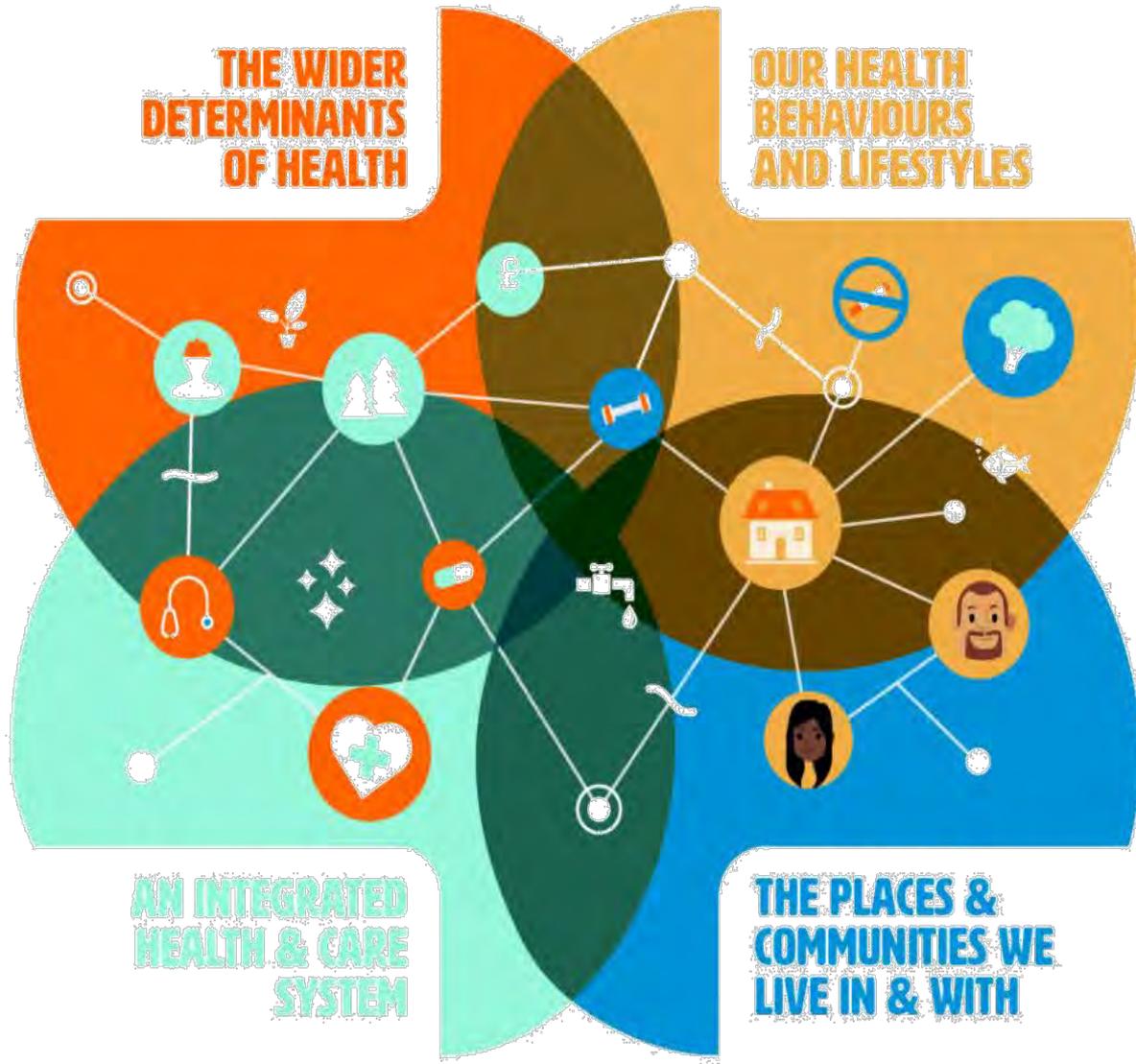
A health impact assessment will be carried out to identify key factors that may affect the population's health and wellbeing as a direct result of the COVID-19 outbreak. This assessment will be available to both internal and external stakeholders to support their planning for recovery.

There was strong cross system collaboration and the team in Warwickshire County Council have worked closely with colleagues in Coventry City Council and the CCGs. This meant a much more comprehensive piece of work has resulted.

Currently going through the final design stages.

Wider determinants of health, such as income, wealth, education, housing, transport and leisure are an important driver of health.

Integrated services to support the needs of patients, especially those with long-term conditions.



Our health behaviours and lifestyles are another important driver of health and include smoking, drinking alcohol, diet and exercise.

Our local environment is an important influence on our health behaviours, and social relationships and community networks impact on mental health.

Key findings

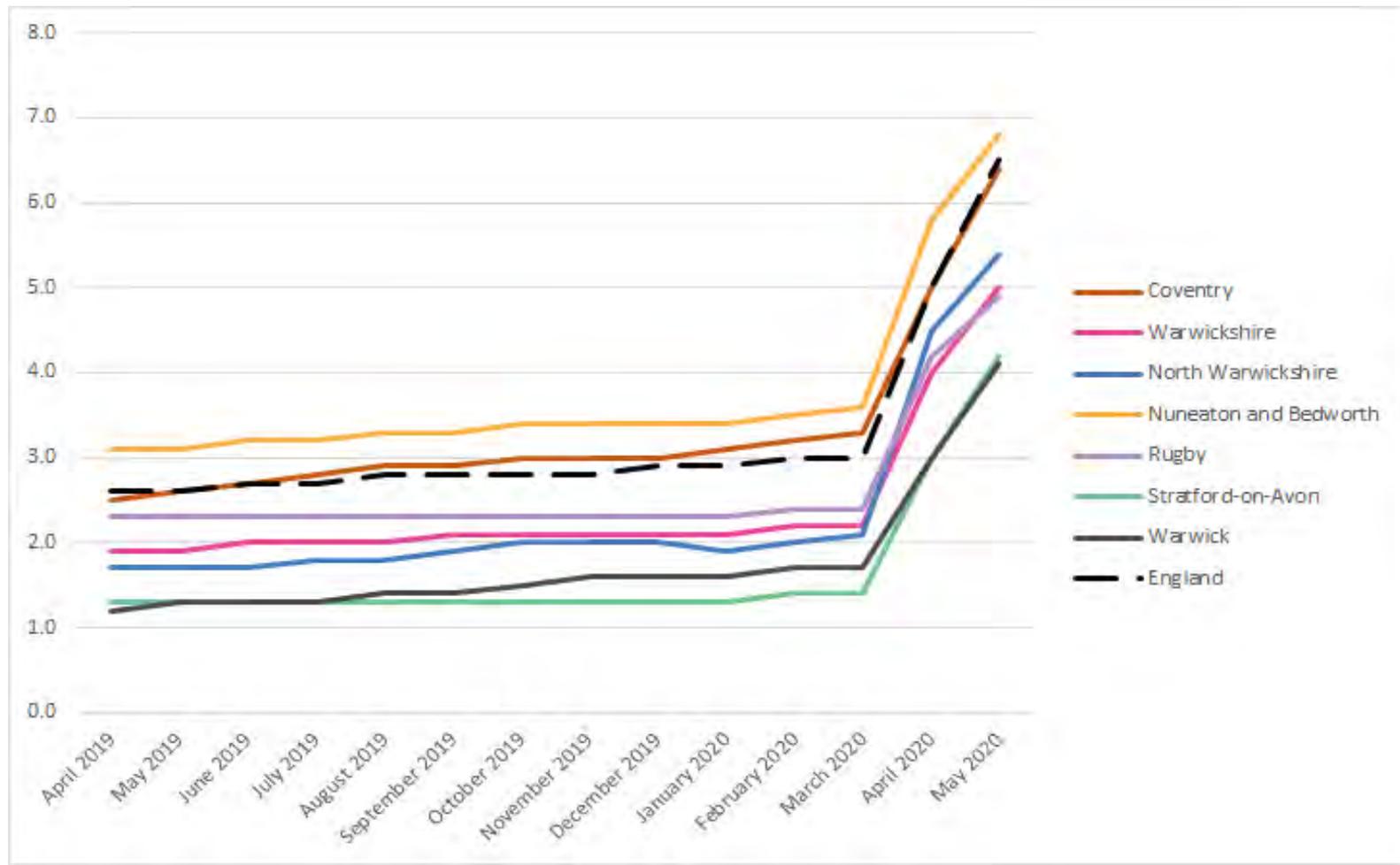
1) An integrated recovery: The analysis shows that health and wellbeing has been deeply impacted by changes across all four quadrants of the model. The implication is that recovery cannot just be contained to one sector and has to be connected across all four to have the biggest chance of success.

2) The double impact: The harm from COVID-19 itself has been unequally distributed across the population. The analysis shows that the wider impacts from the pandemic and lockdown will fall more heavily on those same communities most directly affected by the disease.

Wider Determinants of Health and Wellbeing

- Mass Unemployment Events have a significant direct and indirect impact on health and wellbeing.
- Across Coventry and Warwickshire there are 17,000 new claimants of Job Seekers Allowance or Universal Credit with a requirement to look for work. An additional 85,000 people are furloughed.
- Stratford-on-Avon, North Warwickshire, and Rugby identified as potentially large decreases in economic output, predominantly because of manufacturing trade.
- Household spending has dropped by 22% during the lockdown.

Claimants in Coventry and Warwickshire aged 16+ as a proportion of residents aged 16-64



Healthy behaviours

- Evidence that pandemics can increase alcohol use, particularly in healthcare staff. Supermarkets saw a 10.3% increase in Alcohol sales in March.
- One in 500 adults started gambling in the first four weeks of lockdown. Active gamblers more likely to use products with faster play cycles.
- Physical activity has increased for some and decreased for others in equal measures – but affluent groups more likely to increase.
- Drop in referrals to Stop Smoking in Pregnancy services.

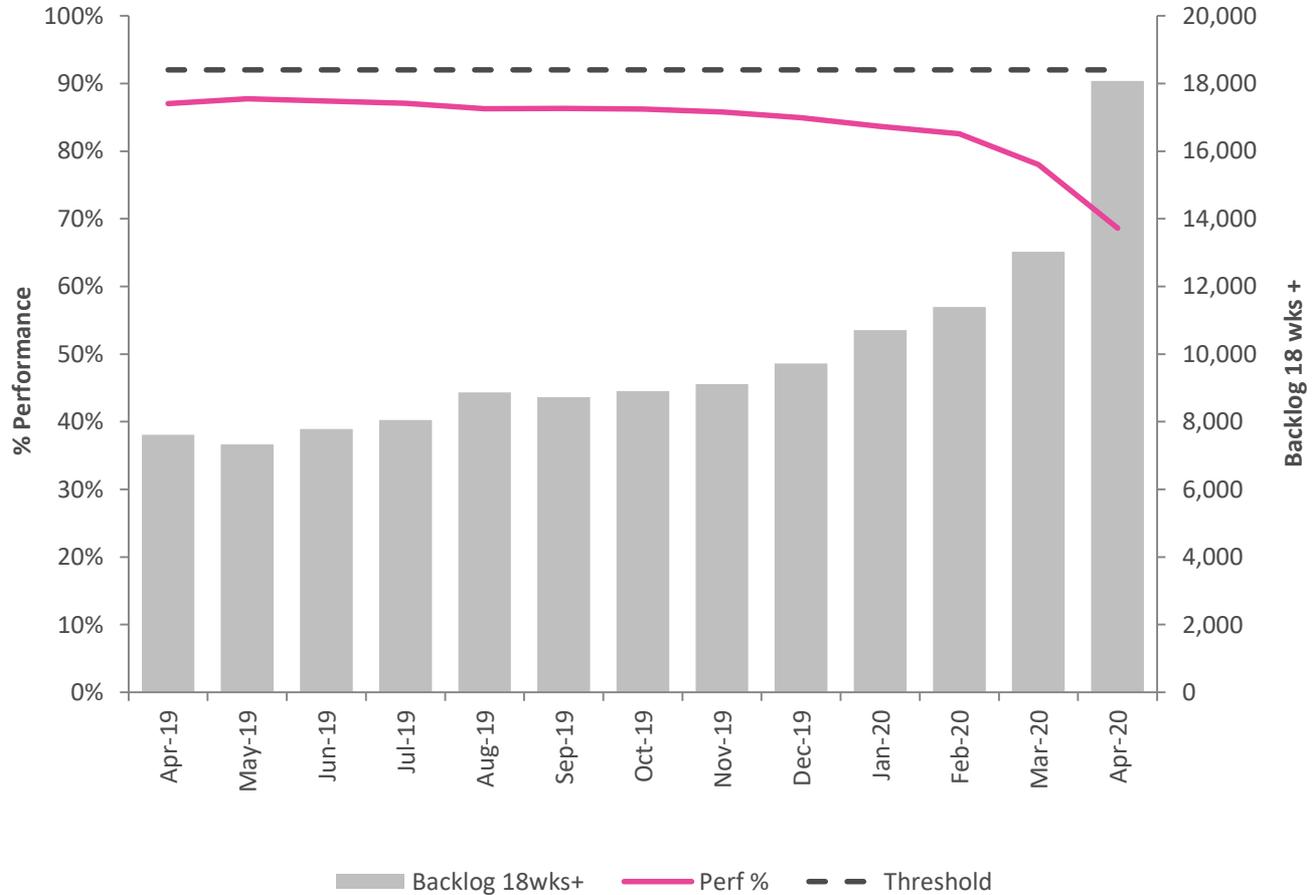
Integrated Health Care System

Compared to April 2019, April 2020 saw:

- A 62% reduction in A&E attendances. The biggest reduction was in Coventry and Rugby at 66.1%
- A 25.8% reduction in unplanned hospital admissions. The biggest reduction was 37.5% in South Warwickshire.
- An 81% reduction in planned admissions. The biggest reduction was 89.7% in North Warwickshire.
- A 74% reduction in outpatient activity.

There were drops in the number of GP referrals into acute care over the same time period, including a 59.1% reduction in two week waits.

Waiting lists: 18+ week waits



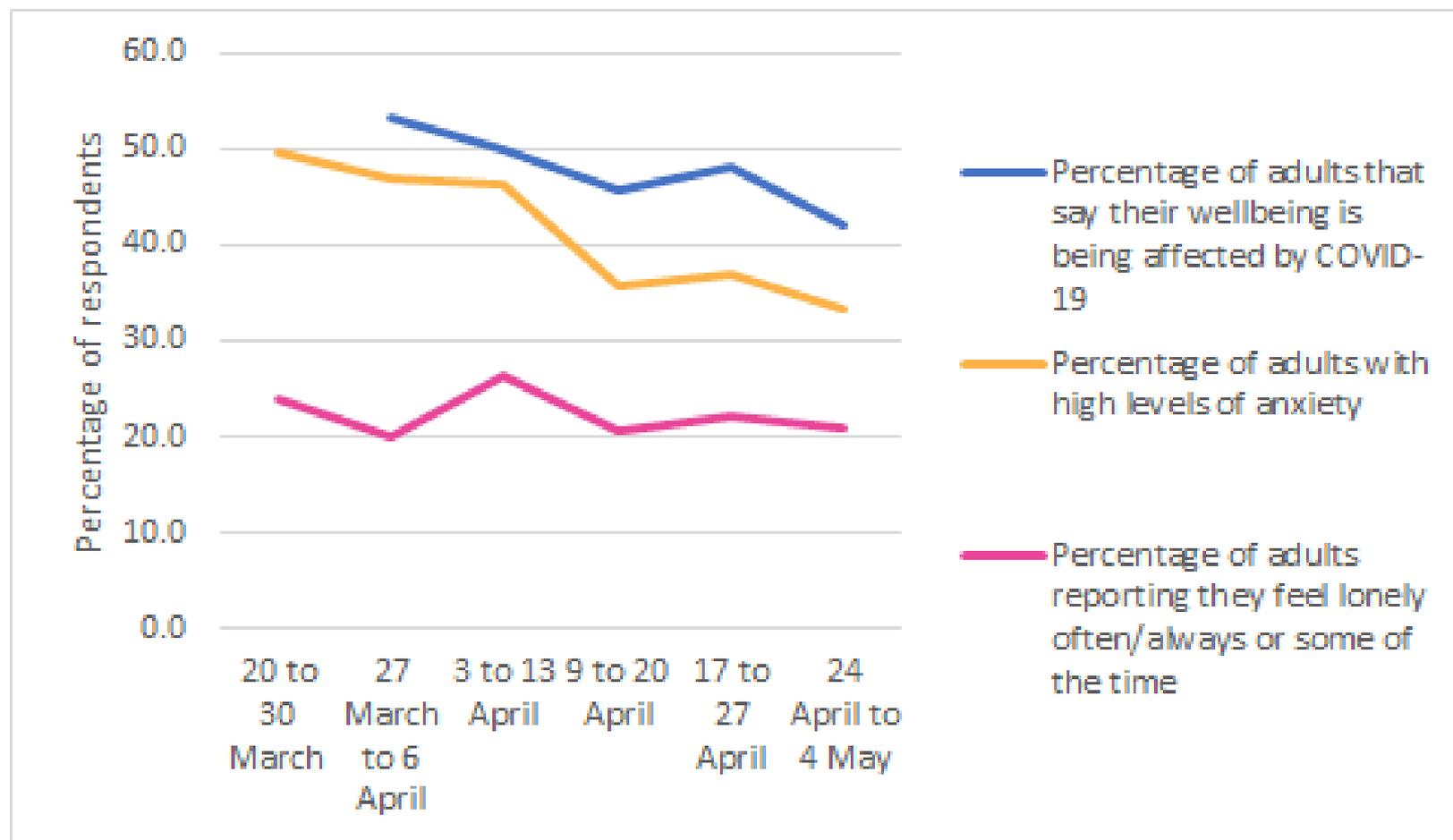
Integrated Health Care System

- Compared to previous months, in April and May there were 150 to 200 fewer child safeguarding referrals per month in Warwickshire, and 100 to 150 fewer in Coventry.
- Each week that screening programmes were paused there were 679 missed bowel cancer screenings, 811 missed cervical cancer screenings and 538 missed breast cancer screenings.
- Evidence of a drop in childhood immunisation coverage.

The Places and Communities We Live In, and With

- At the point of lockdown, half of adults reported a high level of anxiety and that COVID-19 had impacted on their health.
- Between three to four percent of the population were on shielding lists, including over ten percent of over 70 year olds. More calls for social support the longer lockdown went on.
- Increases in foodbank activity including packages to families with children.
- Reports of anti-social behaviour and domestic abuse increased. Theft and robbery reduced significantly.
- Over 200 homeless people provided temporary accommodation under the 'Everybody In' initiative.

ONS survey and feelings of wellbeing, anxiety and loneliness



Next steps

- Publication of the report including specific recommendations.
- Develop a dissemination plan is being developed so that the report can be presented at meetings to inform decision making about recovery.
- Work to understand the impact on people and communities – what's behind the data.
- Review trends and impacts in a further 6 months, including local trends and emerging academic literature.



Priority 1: Community engagement to build trust and participation



Priority 2: Preventing infection



Priority 3: High risk settings and communities



Priority 4: Vulnerable People



Priority 5: Testing capacity



Priority 6: Contact tracing



Priority 7: Data: dynamic surveillance and integration



Priority 8: Deployment of capabilities including enforcement



Coventry Solihull Warwickshire (CSW) COVID-19 Outbreak Control Plan



Resetting Health & Well-being in Coventry

Pete Fahy

Director of Adult Services



Our ambitions

- Reduce the long term harm and inequalities caused by COVID -19 and build on the momentum of the last few months to help re-shape how people are supported in the city
- Use the learning and experience from COVID -19 to inform how we do things in future - faster start and refine whilst operational
- Reset our relationship with citizens by creating greater resilience and not dependency
- Continue to work in partnership, across sectors, to harness the opportunities to improve the health and well-being of Coventry's citizens
- We will equip our workforces to operate in new ways so they can continue to meet the demands of Covid, whilst adjusting to take advantage of future opportunities



Our Approach to Resetting Health & Well-being

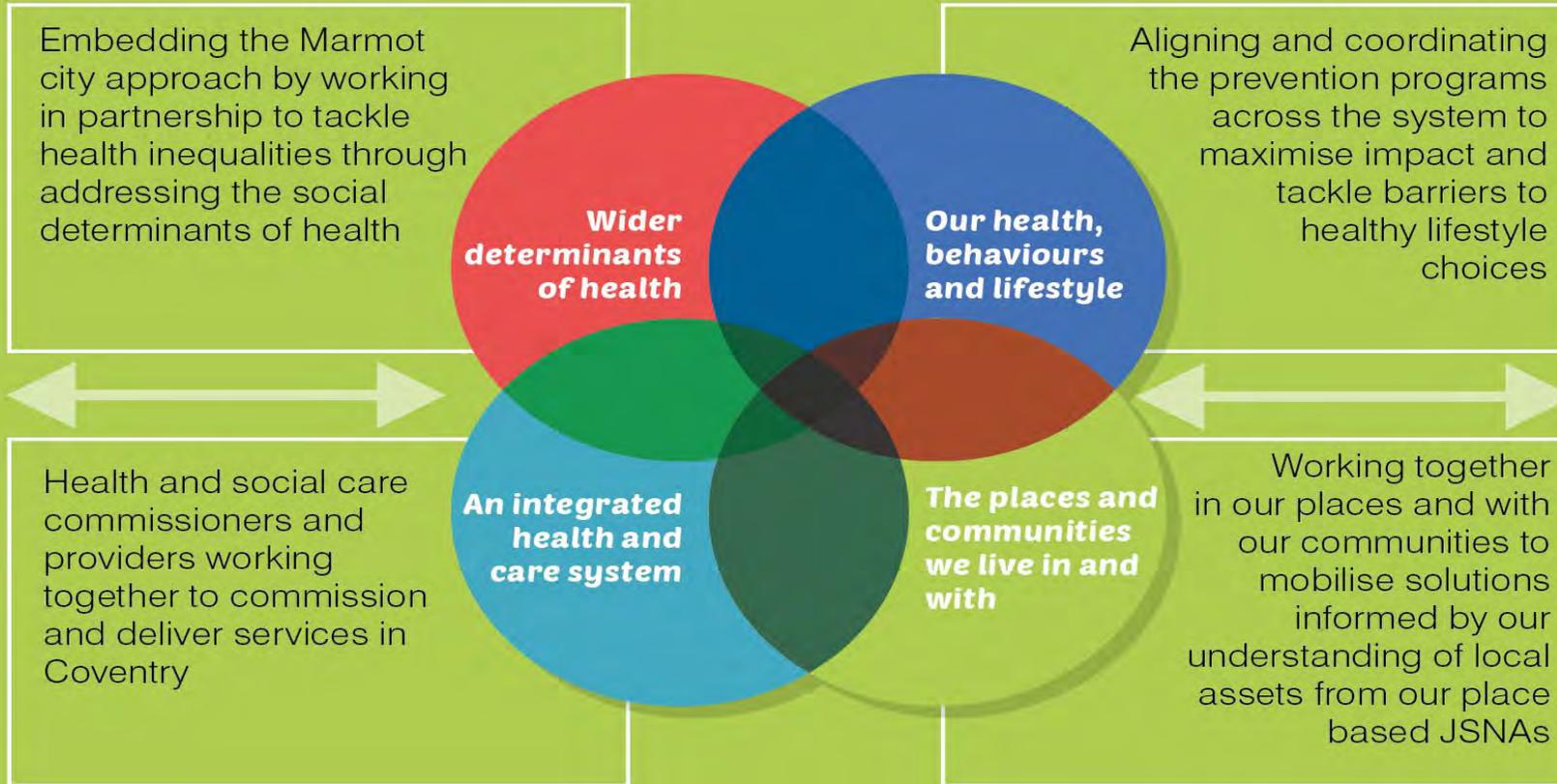
- Our **population health framework** is central to how we approach reset – need to ensure that we work as a whole system, in order to address longstanding issues and challenges in our city
- Need to **focus on addressing inequalities** by providing support where it has greatest impact, taking account of nuances across the city
- Use **population health management approach** to help focus our reset/recovery work, and to help us target key groups of the population for a potential future wave
- We are keen to **re-shape with, and not to, our residents and partners.**
- Build on our **learning and experience** and focus on the opportunity to reform, re-imagine and re-invent.



Our population health framework

Strategic ambitions

- People are healthier and independent for longer
- Children and young people fulfil their potential
- People live in connected, safe and sustainable communities



Short-term focus

- Loneliness and social isolation
- Young people's mental health
- Working differently with communities

Our shared values and behaviours

prioritising prevention • listening and strengthening communities • coordinating services • sharing responsibility

Resetting our focus – key priorities

Areas of focus:

- Reducing health inequalities:
 - Understanding and mitigating the impact on specific groups, eg BAME, vulnerable households
- Jobs and employment for vulnerable groups
- Supporting our most vulnerable groups, eg migrant communities, homeless
- Air quality

Areas of focus:

- Sustainable travel
- Physical activity
- Obesity
- Workplace well-being
- Smoking/alcohol/substance misuse
- Mental health
- Domestic abuse

Wider determinants

Our health behaviours and lifestyles

An integrated health and care system

The places & communities we live in and with

Areas of focus:

- Infection prevention and control for all care environments
- Long term conditions
- Test and Trace
- General health protection:
 - Imms and vacs
 - Screening programmes

Areas of focus:

- Operation Shield
- Social isolation and loneliness
- Working differently with the VCOs/ our communities
- Primary care information sharing

Enabling activities

- JSNA – understanding our communities and using emerging data relating to covid and inequalities
- Staff capacity
- Developing our PHM approach to support covid-19 response and recovery planning
- Re-thinking our commissioning strategy so that it is more flexible/responsive to emerging trends



Quick wins

Ethnicity and covid-19 impact assessment

JSNA with Warwickshire to understand the emerging impacts of covid-19 on different groups of the population and on health inequalities

Inequality grants scheme application in development – initial proposal to develop online and 1:1 coaching to support referrals from UHCW for covid rehab & input into SEND/LD local offer as well as YP receiving MH support. **Goal** to target groups who may not ordinarily engage in physical activity and having been adversely affected by Covid 19

Risk mitigation for BAME communities (listening, engaging & communicating & PHM approaches)

Scaling up Social Value to maximise benefit to communities with greater needs post COVID-19

Emergency active travel plans (Govt funding initiative £334,000 for Coventry) – project scoping meeting 5 June. **Goal** to increase pedestrian access, provide pop up cycle schemes along major routes and engage schools and residents to participate in active travel

Virtual Employment World – a comprehensive virtual tour of the employment world by creating a menu of online learning and support about the post-Covid labour market

Cascading funding opportunities around active travel. TfWM **Park That Bike** scheme offer to deliver free bike racks to up to 100 businesses, education centres, health establishments and community organisations. **Goal** to increase storage and security across Coventry to enable cycling to work

Expand current job-shop offer - virtual tutorial and webinars for jobseekers; employer virtual drop-in sessions with business recruitment specialists, work experience and apprenticeship experts ; Live taster sessions with Adult Education & the Job Shop



GoParks; a currently draft proposal aimed at increasing the use of parks, walking routes/markers and outdoor gym equipment. The user would interact/monitor their usage via QR codes linked to the GoCV app currently being developed.

Youthworks Across Sectors - It involves offering a wage-subsidy programme to young people with the City Council playing a pivotal role as employer for the first 3 months, then either recruiting or transferring the young person into a subsidised private sector role for a further 3 months.

Sport England Community Emergency Fund investment into Coventry; 30 successful applications to a value of £89,304 (as at 01/06/20). **Goal** to ensure sports clubs and organisations can survive and continue to provide a physical activity offer in Coventry

Develop & oversee the delivery of Coventry's Local Outbreak Control Plan and establish a Covid-19 Specific Health Protection Board

Exit from operational shield as a 'support provided' model to a 'self support' model

Harnessing the learning from infection prevention and control for all care environments

Effective and proactive communications and engagement with the public around key PH messages

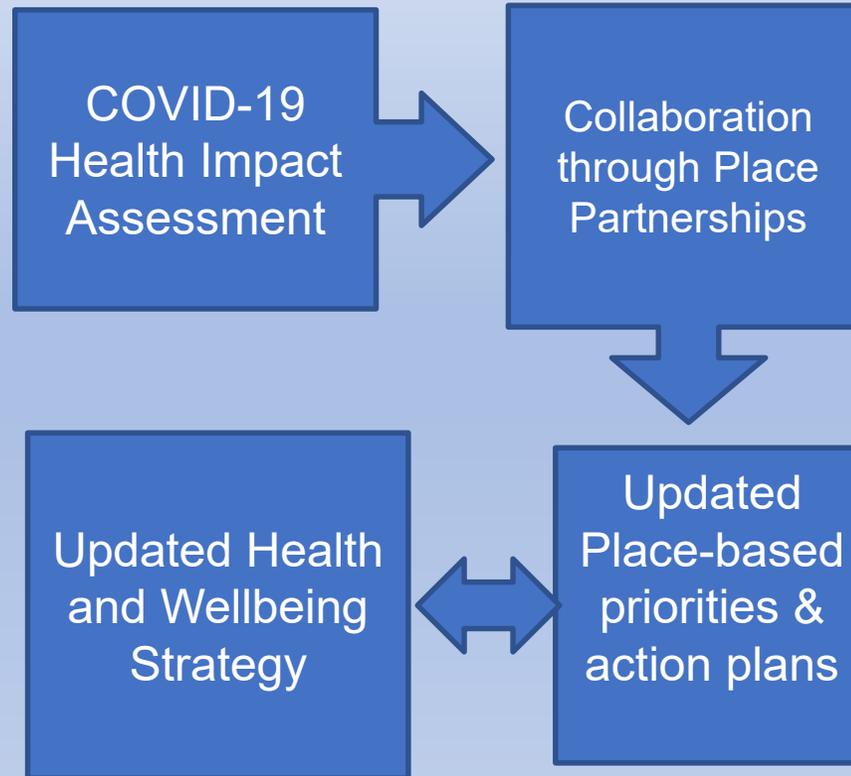
Use of data and knowledge gained over this period to identify those at most risk



Warwickshire Recovery Journey

Similar but different...

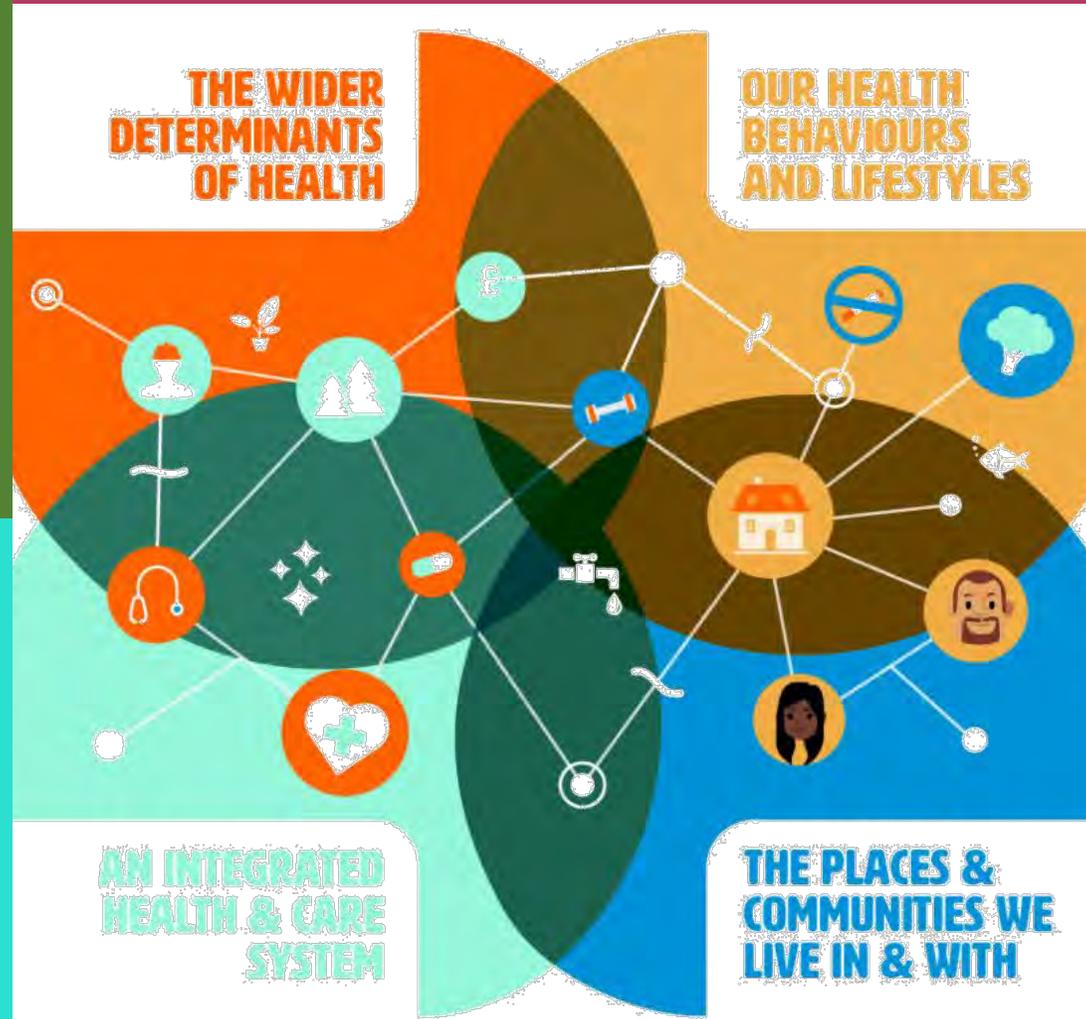
Internal & Partnership Approach



Population Health Approach to Recovery

- Addressing structural inequalities
- Financial inclusion & Child Poverty
- Employment and skills
- COVID Secure workplaces & support Test & Trace
- Homelessness
- Air quality and green travel infrastructure

- Restoration & delayed demand
- Screening & Imms
- Stability of Care Market
- Digitisation of services
- Mental health (residents & workforce)
- Test & Trace
- Infection Prevention & Control
- Local supply chains
- Commissioning for Social Value



- Physical activity and active travel
- Alcohol, smoking & substance misuse
- Hand and respiratory hygiene
- Uptake of vaccination & screening programmes
- Adherence to Test & Trace / Self-isolation instructions
- Domestic abuse
- Workplace wellbeing

- Inclusive communities & grass roots initiatives
- Compassionate Communities (bereavement support)
- Experiencing trauma or abuse
- Bereavement
- Mental Health and Suicide Prevention
- Arts & culture
- Information sharing (NHS & T&T campaigns)

Community-centred approaches for health and wellbeing



Developing community-centred approaches is a common existing action identified from Place-based JSNAs

During the pandemic response communities have developed their own community-centred responses

Integration of Health & Wellbeing and Community workstreams at Place

Key Message

- Partnership and community approaches key to recovery given health & economic impacts
- Need to focus on those populations hit hardest by direct & in-direct impacts of the pandemic
- Health and care system has key role not only in addressing health needs but also in identifying and signposting to support for wider social needs
- Councils need to provide the infrastructure for communities to come together and enable grass-roots initiatives to flourish
- Significant opportunities to enable green recovery for both environmental and health benefits



Coventry and Warwickshire
Health and Care Partnership

Covid-19:

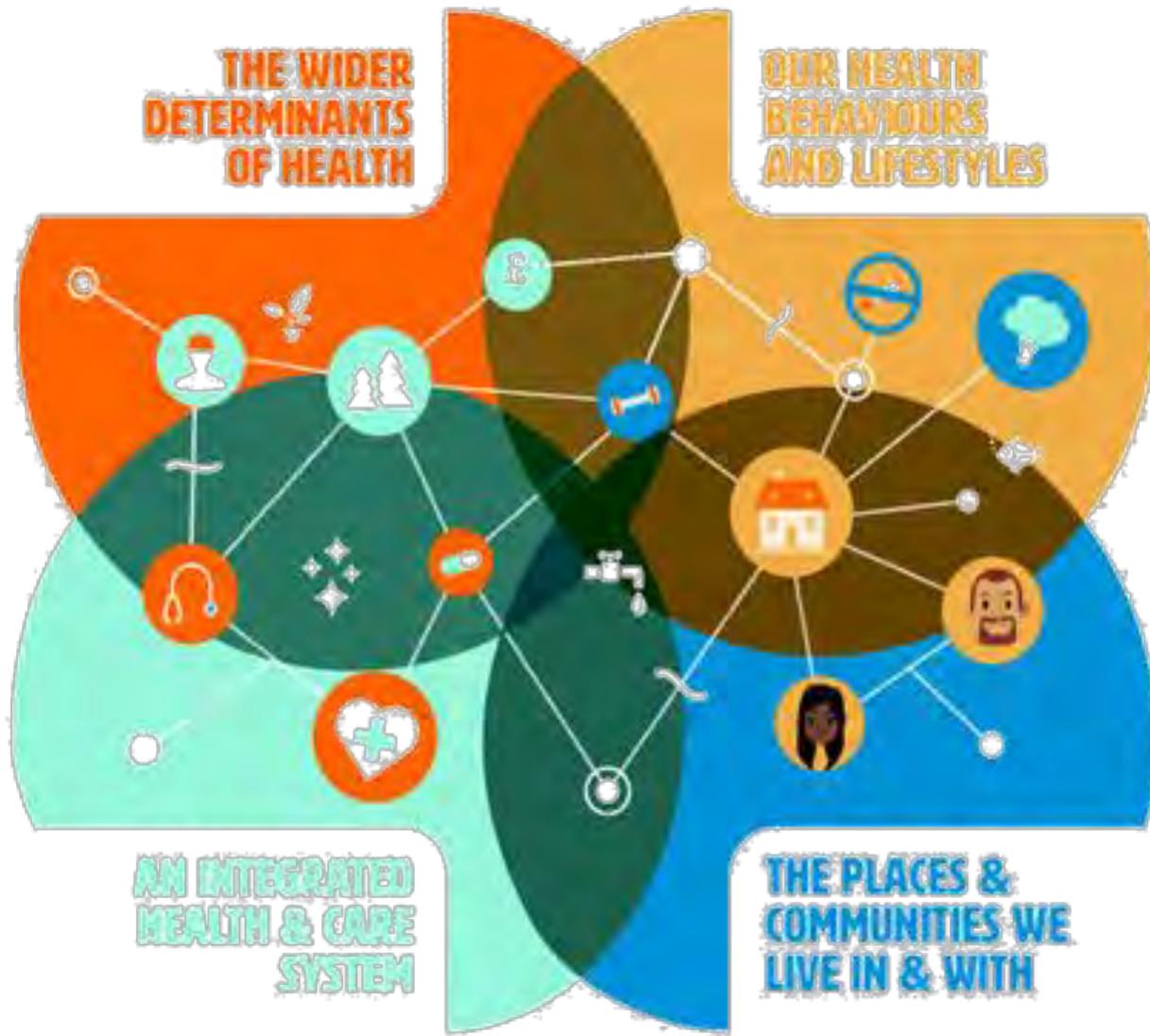
**Restoration
Recovery
Reset**



CONTEXT

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





PHASE 1
COVID-19 Level 4 incident response (March - April 2020)

PHASE 2 – RESTORATION
COVID-19 Level 4 incident response AND Critical Service switch on (May - July20)

PHASE 3 – RECOVERY
Ongoing COVID -19 management (Aug 20-March 21)

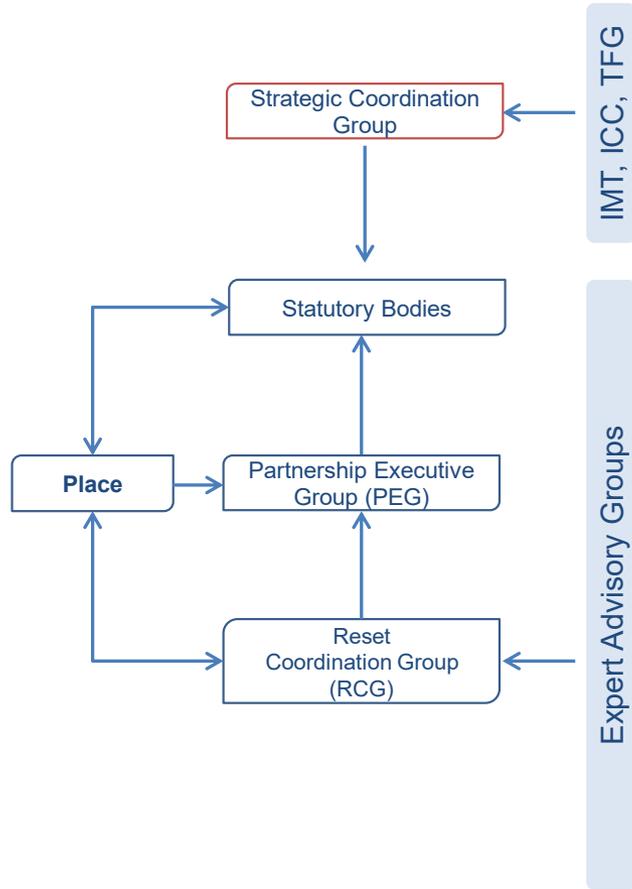
PHASE 4 –RESET
The New NHS (April 2021 onwards)

Oversight and Assurance

Workstreams

Incident Response

Restoration, Recovery and Reset



IMT, ICC, TFG

Expert Advisory Groups

Covid-19 Management and Treatment Capacity	<ul style="list-style-type: none"> Continued Management of COVID-19 in the care Sector Managing PPE, IPC, Testing, IS capacity Test, track and trace Maintaining Critical care capacity (workforce, estates and medicines)
Non Covid-19 Demand Assessment (Modelling)	Cancer, Screening, High risk patients, CVD Stroke, MH and LD, Maternity, LTCs, elective backlogs
Primary Care	Non Covid-19 demand, innovation and transformation
Clinical Strategy	Managing COVID/Non COVID separation, configuration and consolidation of services, MH, Acute, Primary Care, Care Homes, Digital, Estates, LA Services, Non Hospital diagnostics
Stronger Communities <i>Prevention and Population Health Group</i>	Population health, community resilience, VCS contribution, Impacts on education, regeneration and socio economic factors
Workforce <i>People Board</i>	Physical and psychological impact, Workforce Modelling, Agile working
New Health Care partnership Landscape	ICS Roadmap, Operating Model to support CCG Merger, LTFM

Impacts, risks and mitigations: Public Involvement/Consultation, Quality and Equality, Finance, Digital, BI



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





Future of health commissioning in Coventry and Warwickshire

**Coventry and Rugby
Clinical Commissioning Group**

**South Warwickshire
Clinical Commissioning Group**

**Warwickshire North
Clinical Commissioning Group**

Our current position



- GP Members from all three Clinical Commissioning Groups have now voted decisively for merger.
- Paused our work on the application process to respond to COVID-19
- Now restarted and a key priority for the CCGs

Is this the right time?



Merging three statutory organisations is time consuming and person intensive.

BUT

- COVID-19 has shown us how important it is to work as a system, with four strong Places making local decisions
- Restoration of services will be more difficult without a single commissioner

Why merge?



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

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

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

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

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

Next Steps



- Continuing the conversation about how we commission and how we involve our stakeholders
- Application will be submitted to NHS England in September
- If we are successful we will become a merged organisation in April 2021