



South Warwickshire
Clinical Commissioning Group

Commissioning Intentions 2020/21

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 statement of intent for all partner organisations – setting out, in summary, the overall ambition that we have set for our system.

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 south Warwickshire Place.

Section 4 – this section sets out the CCG's detailed commissioning intentions under each cornerstone of our strategy 'Translating our 2020 vision into reality'. 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 for Warwickshire.

Contents

1.	Message from the Coventry and Warwickshire Health and Care Partnership	page 4
2.	Coventry and Warwickshire Clinical Commissioning Groups' High Level Intentions for 2020/21	page 6
3.	South Warwickshire Place – Progress to Date and Next Steps	page 13
4.	Detailed Intentions by Strategic Cornerstone	page 16
5.	Glossary	page 28

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 of 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;
 - 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

¹ <https://www.england.nhs.uk/integrated-care-provider-contract/about/>

- 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.

At every stage, the development of the ICS will, and must, take into account the fact that Commissioners will continue to be responsible and accountable for the delivery of their statutory duties and powers.

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 CCGs 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 Care 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 settings;
- 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 provider arrangement (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 are strongly committed to supporting our staff through this period of change. We will also 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 ICS. **Section 4** of this document summarises the progress that south Warwickshire has already made as a 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 ICS, 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 be in a collaborative model of out of hospital care, which will be characteristic of the future ICS. 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.

SECTION 3

South Warwickshire Place – Progress to Date and Next Steps

Providers and Commissioners within south Warwickshire have been collaborating at Place for some time and foresaw 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 Collaborative ('OOHCC'). 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 across south Warwickshire to develop an approach that will be our next step on this journey.

The first stage was engagement and discussion with all stakeholders and groups within south Warwickshire to establish how we would work together to ensure we achieve the best outcomes for our population. We are not establishing a new organisational structure but a number of groups that will enable us to create a collaborative approach to delivering care to our population. The model will facilitate all partners supporting moving resources to where they will have the biggest impact.

The proposed approach has been refined and developed with input from all key partners and there has been positive support and ownership.

Key Areas of Development

The key changes currently identified, that are planned over the next year include:

Clinical Leadership of Innovation and Transformation – The formation of Primary Care Networks (PCNs) has created a structure that will facilitate stronger engagement between the South Warwickshire NHS Foundation Trust ('SWFT') and general practice. We have created a Strategy Innovation Board (SIB) that brings together the Clinical Directors from each of the seven PCNs and the seven Associate Medical Directors from the Trust – over time the membership of the SIB will expand to encompass wider clinical membership. Alongside other clinical leaders, including the CCG's Chief Nurse, the SIB will identify and agree the major transformational changes required to improve the health of patients within south Warwickshire. The SIB will be supported by a Delivery Board that will mobilise resource to support the delivery of the projects and programmes agreed. This Delivery Board will include analytical skills that will identify and monitor the outcomes and impact of the changes. This approach will build on the model of Quality and Service Improvement that has been developed within the SWFT Foundation Group.

It is proposed to develop the Strategy Innovation Board and to include the citizen's voice within this forum. This will be part of a wider review of creating the citizens voice within Place.

Creating a Citizen's Voice – There is an opportunity as we develop the joint working within Place to review our current approach to engagement. Currently every organisation has its own separate approach to patient engagement. SWFT, the CCG, Coventry and Warwickshire Partnership NHS Trust, general practice and the Local Authority all have their own approach and we have representation from Healthwatch at all levels within the Coventry and Warwickshire System. However, despite all this we often are asking the same people for their views and at times not getting the breadth of representation that provides a balance and considered view. We are proposing to work with partners to create a Citizen's Assembly.

This will involve the recruitment of public representation that will inform the development of our plans. It may also include the development of specific Citizen Panels that will work with the Trust to develop options and ideas to create new models of care for specific services such as Maternity and Paediatrics.

Establishing the Place Executive – The Place Executive has been established as the Place Coordination Group (PCG). This Group will develop over the next year and membership may change as the scope and remit change. The PCG members will facilitate and ensure delivery of any lead provider contracts and will be responsible for committing their organisation to the delivery of the agreed plans. General practice representation on this Group is currently the Chair of the PCNs – this will expand to involve a greater number of representatives from general practice in the forthcoming months.

Developing services around Primary Care Networks – We are planning our Out of Hospital Services around the new PCN structures. We will use the neighbourhood JSNAs to develop plans that are specific for each PCN. We will identify gaps and plans to address these gaps. The delivery of services and the improvement of services will require resources. We plan to work with partners to ensure that we develop joint posts to maximise the resources available and facilitate integrated approach at PCN level.

Changes to contracting – The commissioning landscape over the next few years will change with the implementation of Integrated Care Provider contracts. There have been a number of point prevalence audits by SWFT that suggest around 35% of patients are being treated in an incorrect healthcare setting and the establishment of a new contracting model will facilitate patients being treated in the right place at the right time.

This new approach will mean that the CCG and the Trust will share financial risk, manage clinical quality and reduce inefficiencies and waste, with the CCG focusing on strategic commissioning with a commitment to improve health outcomes for its population. The Trust will need to develop the team to support the local commissioning role and this may include redeploying the skills in other organisations such as CCGs and Local Authority. An element of this has started with the appointment of a number of joint posts and the establishment of the Joint Delivery Board.

Developing the Health and Wellbeing Partnership – This group is currently led by the Local Authority and is being reviewed to ensure it has a clear role and the right membership. We are using the King's Fund approach to developing Population Health Management, to develop our approach to this wider Partnership that will focus on the wider determinants of health, our population's behaviours and lifestyles and the places and communities that we live in. Health and Care's engagement in this wider partnership will be essential to improving the wellbeing of our population, with overlap between Health and every part of the wider community we serve. It is proposed that we develop the current partnership into a Healthy Citizens forum that will lead development of wider partnership working.

Anchor Organisations – SWFT will open up its infrastructure to develop and support all partners to improve the way we provide services. This will include using capital to invest in new digital applications that will improve productivity and patient care. We also plan to create and support the development of an Estates Plan that will be integrated with other providers and create Health hubs in the heart of each PCN that accommodate services from a range of different providers supporting their local communities. The plan currently identifies the opportunities within each network to rationalise the estate and share accommodation and

the Trust will lead on these developments working alongside primary care, CWPT and local authority colleagues. Key projects currently identified within the plan include the Lillington Hub and the development of the Ellen Badger site in Shipston.

Progress

The following lists the key areas of progress and current work:

- Major focus over past four months on engagement and discussion with all key Partners on the establishment of Place engagement;
- Next stage of the development of Place Structure is supported and agreed;
- Place Executive established and has signed off Estates principles for all organisations, the Communication and Engagement approach, the Place planning process and timetable and the approach to developing citizen engagement;
- Clinical leadership of Innovation and transformation has been commenced through the initial meetings of the Strategic Innovation Board;
- Joint Delivery Board established between the CCG and SWFT. This Board is currently focussed on delivering the efficiency plans and the development of new forms of contract. The remit of the Board will develop into a wider Programme Delivery Board;
- Projects underway with SWFT as an anchor organisation supporting the delivery of new estate solutions that facilitate integrated working between Primary care and SWFT;
- Out of Hospital services and workforce being developed around each Primary Care Network;
- Place Planning process agreed and initial Place Plan to be drafted by the end of October 2019 with the operating plan agreed by the end of March 2020;
- Launch Event for Place being arranged for Autumn;
- Progressing the development of the Healthy Citizen Forum.

SECTION 4

Detailed Intentions by Strategic Cornerstone

Out of Hospital Cornerstone – Intentions for 2020/21

Our strategy commitments:

- To **prevent** negative lifestyle choices.
- To **respond** 24/7 in a co-ordinated way.
- To **innovate** the Provider market.

INTENTION	ACTION
In 2020/21, we will...	To deliver this intention, we will...
Continue working with our Member Practices to focus on the sustainability of general practice here and now, and how general practice in south Warwickshire will transform over time to remain sustainable for the future.	<ul style="list-style-type: none"> • Lead and/or support the implementation of a broad range of work programmes as set out in the Coventry and Warwickshire Primary Care Strategy and other associated strategies (Primary Care Estates, General Practice ICT, Primary Care Workforce).
Continue to focus on the development of the Primary Care Networks ('PCNs') established formally in the summer of 2019 as the foundation for future out of hospital service delivery models and ensure that the Networks and Out of Hospital Place Based Teams respond to priority health and care needs identified in the new place based Joint Strategic Needs Assessments for Warwickshire.	<ul style="list-style-type: none"> • Deliver the appropriate support and governance for the PCNs. • Support the PCNs to meet all mandated requirements as set out in the national contract specification. • Ensure the alignment of the PCNs and the Out of Hospital Place Based Teams. • Support the development of the newly appointed PCN Clinical Directors through local, regional and national programmes.
Continue to implement our General Practice Estates Strategy.	<ul style="list-style-type: none"> • Provide input and support to progress relevant schemes (new development or improvement) identified with the Estates Strategy. • Continue to engage with Warwick and Stratford-on-Avon District Councils to secure developer funding contributions as appropriate (either via Section 106 planning obligations or the Community Infrastructure Levy).

<p>Work in partnership with our Member Practices, the other Coventry and Warwickshire CCGs, South Warwickshire NHS Foundation Trust and the wider training and education system (including the Local Workforce Action Board, Health Education England and the local Training Hub) to deliver the Coventry and Warwickshire Primary Care Workforce Strategy.</p>	<ul style="list-style-type: none"> • Continue to Chair and participate in the South Warwickshire Local Workforce Group. • Co-ordinate activities at a Coventry and Warwickshire level where applicable – for example, the deployment of relevant national funding e.g. Practice Manager Development funding. • Seek to take maximum advantage of relevant funding opportunities as they become available. • Support the PCNs in the introduction of new roles including Social Prescribing Link Workers and Clinical Pharmacists • Work with the local Training Hub to deliver quality training for staff working in general practice in south Warwickshire based on the Learning Needs Analysis completed in 2018/19 • Focus on general practice workforce recruitment and retention, including through implementing both national and bespoke local approaches.
<p>Make progress to deliver a robust, resilient, accessible, secure and high performing GP ICT infrastructure that provides the platform to enable and deliver the transformation of general practice locally; to deliver integrated person centred care; to support new ways of working and to put us in the best position to seize on future opportunities.</p>	<ul style="list-style-type: none"> • Deliver the key trajectories and milestones identified in the GP ICT Strategy. • Deploy funding secured through the national Estates and Technology Transformation Fund to support general practice with new software, hardware and enhanced support offers.
<p>Continue to improve access to general practice services during the evening on weekdays and at weekends.</p>	<ul style="list-style-type: none"> • Continue to manage the extended access contract awarded in 2018/19 against the agreed service specification, and review and progress all opportunities for continued service development and improvement.
<p>Working closely with South Warwickshire NHS Foundation Trust, continue to support the implementation of the Coventry and Warwickshire Out of Hospital Transformation Programme in south Warwickshire, driving service redesign and the improvement of patient outcomes, especially at the level of the 6 'neighbourhoods' identified by the Programme within south Warwickshire.</p>	<ul style="list-style-type: none"> • Continue to fully embed the new Out of Hospital clinical delivery model and consolidate system wide integrated working. • Undertake an evaluation of the transformation programme, and assess the impact on system wide demand and activity, which will in turn inform commissioning decisions with regards to contract extension.

<p>Continue to focus on diabetes and ensure activity is targeted at areas of higher need, as identified in the new place based Joint Strategic Needs Assessments for Warwickshire.</p>	<ul style="list-style-type: none"> • Continue to participate in the Coventry and Warwickshire Health and Care Partnership Diabetes Strategy Group and contribute to the delivery of action plans relating to 5 focus areas identified by the Group. • Continue to facilitate and participate in the South Warwickshire Diabetes Clinical Network. • Continue to support Member GP Practices to promote and refer all eligible patients to the NHS Diabetes Prevention Programme. • Implement an integrated diabetes care model, enabling general practice to manage more complex diabetic patients with the support of acute hospital consultants and the specialist nursing team. • Focus on gaining a 100% participation rate in relation to the National Diabetes Audit.
<p>Continue to focus on dementia and ensure activity is targeted at areas of higher need, as identified in the new place based Joint Strategic Needs Assessments for Warwickshire.</p>	<ul style="list-style-type: none"> • Implement the Coventry and Warwickshire Health and Care Partnership Dementia Action Plan and contribute to work programmes across the identified focus areas. • Continue to develop shared approach to diagnosis between general practice and specialist services. • Work with system partners including the Third Sector to provide a more co-ordinated offer of support for people living with dementia and their carers.

Personalisation Cornerstone – Intentions for 2020/21

Our strategy commitments:

- To **support** a personalised approach.
- To **align** resources to deliver better care.
- To **transform** commissioning arrangements for vulnerable groups.

INTENTION	ACTION
In 2020/21, we will...	To deliver this intention, we will...
Continue to evolve our approach to person centred assessment and review, including by expanding our Personal Health Budget (PHB) offer beyond the nationally defined priority groups.	<ul style="list-style-type: none"> • Expand focus to individuals using the wheelchair service and continue to explore other areas for expansion in line with national requirements and locally identified opportunities. • Continue to deliver PHB as the default option for individuals who became eligible to receive NHS Continuing Healthcare (CHC) funding through the standard process who have a domiciliary (home) care package. • Continue to develop the offer of PHBs to individuals in receipt of S117 funding and learning disability joint packages during the year. • Expand focus to individuals who become eligible to receive NHS Continuing Healthcare (CHC) funding through the Fast Track process who have a domiciliary (home) care package.
Continue to improve access to Children and Young People’s Emotional Wellbeing and Mental Health services.	<ul style="list-style-type: none"> • Continue to manage the Rise contract through the governance approach established in 2017/18. • Continue to monitor and support progress against the mobilisation plan. • Continue to monitor and support progress against the outcomes framework and associated indicators. • Continue to monitor and support progress against service Key Performance Indicators, including national performance indicators.
Improve the response that our system is able to offer to children presenting in mental health crisis.	<ul style="list-style-type: none"> • Deliver actions within the Coventry and Warwickshire Children in Crisis Multi-Agency Action Plan.
Implement and develop Mental Health Support Teams for schools in the Trailblazer programme.	<ul style="list-style-type: none"> • Support implementation in collaboration with the RISE service and ensure learning is

Improve access to community-based support to promote wellbeing and resilience of young people, particularly in areas of higher rates of self-harm as identified through the new place based Joint Strategic Needs Assessments for Warwickshire.	<p>shared across the Coventry and Warwickshire system to inform future roll-out.</p> <ul style="list-style-type: none"> • Collaborate with the RISE service to strengthen community partnership and increase provision in local areas.
Reduce out of area placements for people requiring specialist mental health services	<ul style="list-style-type: none"> • Work with Coventry and Warwickshire Partnership NHS Trust to ensure the implementation of the Out of Area action plan.
Improve uptake of psychological therapies (IAPT), particularly among people with long term conditions ('LTCs').	<ul style="list-style-type: none"> • Maintain and develop high quality services. • Further expand IAPT therapies through group based therapies, digital therapies, expansion of LTCs and a strong interface with the Rise service.
Improve access to Early Intervention in Psychosis services and expand the availability of support available through the team, including employment related support, cognitive behaviour therapy and support to families.	<ul style="list-style-type: none"> • Work with CWPT to ensure additional investment leads to expected improvements in access rates and comprehensive support packages.
Pilot outreach support for children, young people and families waiting for an autism spectrum disorder (ASD) diagnosis and those who have recently been diagnosed with ASD.	<ul style="list-style-type: none"> • Monitor impact of pilot service.
Require local Providers of mental health and emotional wellbeing services to improve transparency on service costs, performance and activity.	<ul style="list-style-type: none"> • Review the outputs of the simulation modelling completed in 2019/20. • Identify and address any information gaps.
Continue to increase access to specialist perinatal mental health services and community-based support.	<ul style="list-style-type: none"> • Expand the capacity and capability of the Perinatal Mental Health Team to provide an evidence-based multidisciplinary service for women with moderate–severe/ complex perinatal mental ill health. • Ensure links with the Warwickshire County Council peer-support initiative are embedded within the Perinatal Mental Health Team.
Improve access to and quality of comprehensive annual health checks for people with severe and enduring mental illness and provision of appropriate follow-up support.	<ul style="list-style-type: none"> • Implement and improve pathways for delivery of health checks and health promotion initiatives which are tailored to individuals and make use of community assets. • Improve collaboration and data sharing between general practice, specialist mental health teams and community sector support to improve the physical health of people living with psychosis and bipolar disorder.

<p>Continue transforming care for people with learning disabilities and/or autism who display behaviour that challenges (including mental health) by implementing 'Transforming Care for People with Learning Disabilities', the joint plan developed through the Arden and Solihull Transforming Care Partnership.</p>	<ul style="list-style-type: none"> • Continue to deliver the Arden Transforming Care programme with a focus on admission avoidance, accelerating discharge and ensuring commissioned services are meeting need. • Work with regional commissioners to jointly commission services and redesign care pathways and services for people with autism. • Continue to focus on eliminating out of area placements – both through repatriating patients who are placed in other areas or in NHS England commissioned inpatient beds back to south Warwickshire, in line with their wishes and treatment pathways and through working with Providers to ensure that there is clarity of expectation in relation to making new out of area placements.
<p>Continue to develop joint commissioning arrangements for people with learning disabilities across Coventry and Warwickshire.</p>	<ul style="list-style-type: none"> • Further develop integrated commissioning intentions across the Coventry and Warwickshire footprint and West Midlands as appropriate; coordinated through the integrated commissioning function (hosted by Warwickshire County Council). • Implement the recommendations of the collaborative review of learning disability services provided by Coventry and Warwickshire Partnership NHS Trust. • Develop an integrated plan for the re-commissioning of short break services and day services.
<p>Continue to focus on improving health outcomes for people with learning disabilities.</p>	<ul style="list-style-type: none"> • Deliver actions identified in the sub-regional health improvement action plan. • Continue to focus on increasing the uptake of annual health checks in general practice. • Implement the STOMP (Stop Over Medication of People with a learning disability, autism or both with psychotropic medicines) agenda. • Continue to support the review of deaths of people with learning disabilities. • Continue to identify actions following the review of deaths of people with learning disabilities alongside the health inequalities action plan and present to the LeDer Steering Group.

<p>Continue to ensure that robust arrangements are in place to understand the needs of and deliver high quality services for Children Looked After (CLA).</p>	<ul style="list-style-type: none"> • Ensure that the CCG (through a designated nurse) is systematically involved in the selection of placements prior to a child being transferred and is able to confirm that the proposed placement meets the needs of the child. • Monitor relevant Providers on an on-going basis to ensure that CLA, once placed, receive well co-ordinated care that meets their needs.
<p>Work with Warwickshire County Council and other system partners to progress the implementation of the 2016-2020 Warwickshire Suicide Prevention Strategy.</p>	<ul style="list-style-type: none"> • Monitor the Safe Haven pilot service commenced in July 2019 to understand the impact on suicide prevention. • Provide suicide prevention training to general practice staff and develop suicide prevention champions within Primary Care Networks.
<p>Work with Warwickshire County Council and other system partners to progress the implementation of the 2017-2020 Joint Adult Carers Strategy.</p>	<ul style="list-style-type: none"> • Continue to support the Warwickshire Carers Strategy Delivery Board.
<p>Work with system partners to improve access to routine health services for people experiencing homelessness, particularly in priority areas identified through the new place based Joint Strategic Needs Assessments for Warwickshire (Leamington Spa and Stratford-on-Avon).</p>	<ul style="list-style-type: none"> • Support the implementation of outreach mental health provision.
<p>Support system wide activities to promote mental health and wellbeing in support of the 'Prevention Concordat for Better Mental Health'.</p>	<ul style="list-style-type: none"> • Improve the knowledge, skills and confidence of the local workforce to identify and respond to the mental health and wellbeing needs of patients. • Develop the social prescribing workforce and the availability of appropriate community-based provision to promote wellbeing across all age groups, in collaboration with the Coventry and Warwickshire Creative Health Alliance and Think Active County Sports Partnership.

Specialist Provision Cornerstone – Intentions for 2020/21

Our strategy commitments:

- To increase **confidence** of service users.
- To **accelerate** integrated working.
- To **centralise** expertise to improve outcomes.

INTENTION	ACTION
In 2020/21, we will...	To deliver this intention, we will...
Continue to work with Commissioner and Provider partners from across the system to deliver the recommendations in the National Maternity Review 'Better Births' and the West Midlands Neonatal Review through the implementation of the Coventry and Warwickshire Local Maternity System ('LMS') Transformation Plan.	<ul style="list-style-type: none"> • Deliver the key trajectories and milestones identified in the LMS Plan and ensure alignment with the Maternity, Children and Young People Programme.
Continue to work with Commissioner partners from across the system through the Maternity and Children's Strategic Commissioning Programme Board to progress the Coventry and Warwickshire Maternity, Children and Young People Transformation Programme.	<ul style="list-style-type: none"> • Work with system partners to develop care models which will most effectively deliver the identified outcomes.
In line with the Place based Acute Joint Work Programme and to address the requirements in the NHS Long Term Plan relating to outpatient care redesign, continue to work with South Warwickshire NHS Foundation Trust and our Member Practices to systematically redesign key planned care pathways of care where we have the opportunity to reduce variation, reduce cost and provide a more co-ordinated, integrated experience for patients by bringing clinicians together across the pathway.	<ul style="list-style-type: none"> • Continue to apply the systematic approach established in 2018/19 to additional prioritised pathways – with review incorporating all elements of the pathway from pre-referral through assessment and diagnosis to specific operation and procedure interventions, and subsequent follow-up. • Monitor progress via the South Warwickshire Delivery Committee.
Continue to progress the transformation programme commenced in 2018/19 in relation to planned care services, including cancer services.	<ul style="list-style-type: none"> • Implement a new outcomes based planned care contract and agree a phased implementation with providers.
Working with Commissioner and Provider partners from across the system, continue to focus on transforming planned care services.	<ul style="list-style-type: none"> • Implement the Planned Care Transformation Programme Plan and support the implementation of work programmes across the 7 focus areas identified in the plan; demand management, pathway redesign, outpatient transformation, follow up transformation, digital solutions and resource utilisation.

<p>Working with Commissioner and Provider partners from across the system, continue to focus on transforming the Urgent and Emergency Care System to enable people to get to the right care at the lowest appropriate level starting with self-care, whenever they need it.</p>	<ul style="list-style-type: none"> • Continue to be an active member of the Coventry and Warwickshire Accident and Emergency Delivery Board, the West Midlands Integrated Urgent Care Board and other joint programmes within the Coventry and Warwickshire system. • Continue to support the implementation of the Coventry and Warwickshire Out of Hospital Programme to reduce the reliance of identified high risk patient groups on urgent and emergency care over time, including through access to rapid response community services via an integrated single point of access (iSPA). • Continue to focus on integration across the health and care system, including through the delivery of key trajectories and milestones identified in Warwickshire Cares Better Together (the local Better Care Fund plan). • Continue to achieve 100% population coverage of the extended access service. • Progress the redesignation of non-A&E services so that the current Stratford Minor Injuries Unit becomes an Urgent Treatment Centre offering consistent services to reduce pressures on main A&E sites. • Continue to focus on delivery of relevant NHS Constitution standards (Accident and Emergency waiting times, etc.). • Work with West Midlands Ambulance Service to review and streamline appropriate care pathways.
<p>Continue to work with Commissioner partners from across the system through the Coventry and Warwickshire Stroke Programme Board to redesign and improve stroke services in Coventry and Warwickshire.</p>	<ul style="list-style-type: none"> • Support the progression of consultation and implementation.
<p>Work in partnership with the Coventry and Warwickshire Cancer Group to drive delivery of the National Cancer Strategy and recommendations from the cancer task force.</p>	<ul style="list-style-type: none"> • Continue to be an active member of the Coventry and Warwickshire Health and Care Partnership Cancer Board. • Contribute to the development and implementation of the Cancer Board's identified work programmes which span: Prevention, screening and early diagnosis; Demand and capacity; and Living with and beyond cancer.

<p>Continue to provide our population with increased choice and control over their care by ensuring that national requirements relating to the NHS e-Referral Service (e-RS) are delivered locally.</p>	<ul style="list-style-type: none">• Maintain choice at the point of referral through continued 100% utilisation of e-RS.• Work with South Warwickshire NHS Foundation Trust to implement a managed choice process for any patients who reach a 26 week waiting time.
---	---

Delivering Today – Intentions for 2020/21

Our strategy commitments:

- To **listen** to patients and the public.
- To **drive** the best outcomes for our population.
- To **assure** quality and performance.

INTENTION	ACTION
In 2020/21, we will...	To deliver this intention, we will...
Continue to use a range of communication and engagement channels and opportunities through the year – working closely with partners across Coventry and Warwickshire to maximise opportunities to engage with our population and the meaningfulness of that engagement.	<ul style="list-style-type: none"> • Work with partners to shape public and patient involvement at all levels of the emerging Integrated Care System including System, Place and Primary Care Networks. • Review and refine our digital approach. • Continue to develop our relationships with the Third and Public Sector including through the Warwickshire Third and Public Sector Partnership Group. • Continue to develop our relationships with local business and industry partners
Continue to focus on the robust management of Provider contracts in order to drive the delivery of local and national performance and quality standards across all contracts.	<ul style="list-style-type: none"> • Continue to performance manage all Provider contracts in line with well-established approaches. • Seek to ensure that patient rights under the NHS Constitution are upheld through continued focus on the delivery of NHS Constitution standards. • Produce regular reporting which captures the outcomes of on-going contract management. • Continue to monitor patient and GP feedback on services. • Continue to monitor of the use of staffing resources in order to ensure commissioned services are safe, sustainable and productive. • Continue to monitor any Care Quality Commission (CQC) action plans.
Continue to deliver financial balance in line with our financial strategy in order to allow sustainable transformational change to happen.	<ul style="list-style-type: none"> • Maintain positive relationships with our system partners and seize on opportunities to work in partnership to deliver effective and efficient change to the healthcare system and improve health outcomes for the population of south Warwickshire.

<p>Deliver projects identified within the CCG's Quality, Innovation, Productivity and Prevention (QIPP) programme, achieving identified milestones in line with individual project plans.</p>	<ul style="list-style-type: none"> • On-going management of the QIPP programme via robust QIPP management methodologies and processes. • In relation to the acute component of the QIPP programme, continue to work with South Warwickshire NHS Foundation Trust via the South Warwickshire Delivery Committee. • Maintain regular reporting in line with agreed governance processes.
<p>Continue to manage the Out of Hospital contract through the governance approach established in 2018/19.</p>	<ul style="list-style-type: none"> • Ensure that outcome based reporting is fully mobilised and robust monitoring processes are established. Link reporting and delivery to the Performance Incentive Payment (PIP) levers to ensure patient experience and clinical quality safety remains a key priority. • Ensure that Out of Hospital contract aligns with the 5 new service specifications contained within the national Primary Care Networks contract specification. • Where appropriate continue to evolve CCG contracts to meet the principles and aims of the out of hospital system wide approach.
<p>Support the legacy from Coventry and Warwickshire 'Year of Wellbeing', maintaining a focus on workplace health and wellbeing, promoting healthy lifestyles and reducing loneliness and isolation.</p>	<ul style="list-style-type: none"> • Continue to develop the CCG's approach to supporting workplace wellbeing through the implementation of the Thrive At Work workplace wellbeing initiative • Progress the development of any new human resources policies required to support Thrive At Work. • Continue to develop our relationships with local business and industry partners , identifying opportunities to provide support or input to the development of their wellbeing strategies.
<p>Continue to demonstrate that we make decisions based on evidence and best practice.</p>	<ul style="list-style-type: none"> • Make effective use of the 'Disinvestment and Decommissioning Policy'. • Continue to review our portfolio of commissioning policies through the Coventry and Warwickshire Policy Development Group.

SECTION 5

Glossary

Coventry and Warwickshire Health and Care Partnership	CWHCP	CWHCP brings together commissioners and providers of health and care services, Warwickshire County Council, Coventry City Council, District and Borough councils, voluntary and community sector organisations and other partners. The Partnership's aim is to deliver life-long health and wellbeing benefits for the people of Coventry and Warwickshire.
Coventry and Warwickshire Health and Care Partnership Five Year Plan		The CWHCP Five Year Plan sets out the CWHCP's response to the NHS Long Term Plan, and its key ambitions for the coming five year period.
Care Quality Commission	CQC	The independent regulator of health and adult social care in England, responsible for ensuring that health and social care services provide people with safe, effective, compassionate, high-quality care.
Child and Adolescent Mental Health Services	CAMHS	Specialist NHS services who offer support, assessment and treatment to children and young people experiencing emotional wellbeing difficulties, or mental health problems, disorders and illnesses.
Children Looked After	CLA	Children who are being looked after by the local authority.
Clinical Commissioning Group	CCG	Clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. CCGs were created following the Health and Social Care Act in 2012 and replaced Primary Care Trusts on 1 April 2013.
NHS Continuing Healthcare	CHC	A package of care for adults aged 18 or over which is arranged and funded solely by the NHS. In order to receive CHC funding individuals have to be assessed by CCGs according to a legally prescribed decision making process to determine whether the individual has a 'primary health need'.
Commissioning		The process by which health and care services are planned, purchased and monitored.
Commissioning for Quality and Innovation	CQUIN	Payment framework that enables commissioners to reward excellence, by linking a proportion of a healthcare providers' income to the achievement of local quality improvement goals.
Consultant Connect		An advice and guidance initiative which provides local GPs with immediate access to telephone-based advice from hospital consultants.
Coventry and Warwickshire Place Forum		Since December 2017, Coventry and Warwickshire Health and Wellbeing Boards have been meeting as the Coventry and Warwickshire Place Forum to set the vision and principles for how the Coventry and Warwickshire health, care and wellbeing system will

		work together.
Delayed Transfers of Care	DTOC	A DTOC occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed.
NHS Diabetes Prevention Programme	NHS DPP	The NHS DPP is a joint commitment from NHS England, Public Health England and Diabetes UK to deliver at scale, evidence based behavioral interventions for individuals identified as being at high risk of developing Type 2 diabetes.
General Medical Services	GMS	The range of healthcare that is provided by GP practices as part of the NHS.
General Practice Forward View	GPFV	Published in April 2016, the GPFV set out NHS England's approach to strengthening general practice in England.
Governing Body		Every CCG has a Governing Body, the membership of which is made up Lay Members, representatives from local partner organisations, GPs and CCG Officers. The Governing Body's responsibilities are set out on in the CCG's Constitution.
General Practice Information Communication and Technology Strategy	GP ICT Strategy	The CCG's GP ICT Strategy sets out how the CCG will deliver its vision for GP ICT, namely: <i>'To have a robust, resilient, accessible, secure and high performing GP ICT infrastructure that provides the platform to enable and deliver the transformation of general practice; to deliver integrated person centred care; to support new ways of working and put general practice in the best possible position to seize upon future opportunities.'</i>
Health and Wellbeing Board	HWB	A Health and Wellbeing Board is a formal committee of a local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. The boards have limited formal powers and are constituted as partnership forums rather than executive decision-making bodies.
Health Education England	HEE	An executive non-departmental public body of the Department of Health tasked with supporting the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.
Integrated Care Provider Contract	ICP Contract	New form of contract that has been developed nationally and was subject to a 12 week period of consultation from 3 August-26 October 2018. The contract was designed specifically to promote an integrated service model.
Integrated Care System	ICS	ICs have been proposed as the future model for the health and care system in England. They bring together local organisations, including CCGs and local authorities, to redesign care and improve

		population health. ICSs have no basis in legislation, and rest on the willingness and commitment of organisations and leaders to work collaboratively. The NHS Long Term Plan, published in January 2019, sets an ambition that ICS will cover the whole of England by April 2021.
Joint Strategic Needs Assessments	JSNA	Every Health and Wellbeing Board produces and publishes JSNAs, which analyse and identify the current and future health and wellbeing needs of local populations, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce health inequalities.
Local Maternity System Transformation Plan	LMS Plan	A plan to set out how the Coventry and Warwickshire LMS will deliver the National Maternity Review 'Better Births' by the end of 2020/21. The plan was co-produced with service users and staff.
Local Workforce Action Board	LWAB	The LWAB has two main areas of responsibility; supporting the CWHCP across a broad range workforce and HR activity, and the local delivery of the HEE Mandate from the Department of Health and other key workforce priorities in line with national policies.
Members' Council		Every CCG has a Members' Council, the membership of which is made up of one representative of each of the CCG's Member GP Practices. The Members' Council's responsibilities are set out on in the CCG's Constitution.
Member GP Practices		NHS South Warwickshire CCG is made up of 32 Member GP Practices.
NHS England	NHSE	NHSE leads the National Health Service (NHS) in England. On 1 April 2019, NHS England and NHS Improvement came together to act as a single organisation to better support the NHS to deliver improved care for patients.
NHS Improvement	NHSI	NHSI supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NHS e-Referral Service	e-RS	e-RS (previously known as 'Choose and Book') is a national digital platform which enables patients to choose and book their first hospital or clinic appointment with a specialist. Bookings can be made online, using the telephone, or directly in the GP surgery.
NHS Long Term Plan	LTP	The LTP was published in January 2019 and sets out the key ambitions for the NHS for the next 10 years.
Outcomes Based Commissioning	OBC	Describes a relatively new approach to commissioning health and care services, which rewards the delivery of better outcomes that are important to patients. 'Outcomes' refer to the

		impacts or end results of services on a person's life. As such, outcome-focused services aim to achieve the aspirations, goals and priorities defined by people through engagement.
Place Based Teams	PBTs	PBTs were created as part of the wider Coventry and Warwickshire Out of Hospital Transformation Programme. The PBTs are aligned to the PCNs and bring together health and social care professionals and others to work together to co-ordinate and lead local service delivery. The principle of multidisciplinary team working is at the heart of the PBT function.
Personal Health Budget	PHB	A PHB is an amount of money given to an eligible individual to support his/her health and wellbeing needs, which is planned and agreed between the individual (or someone who represents them) and the CCG.
Place		A sub-geography within an ICS footprint. The Coventry and Warwickshire Place Forum has agreed that the Coventry and Warwickshire ICS will be made up of 4 Places; south Warwickshire, north Warwickshire, Rugby and Coventry.
Place Commissioning		Refers to commissioning functions that have historically been undertaken by CCGs, which, in a fully formed ICS, will instead be undertaken by a Provider or group of Providers at Place level.
Patient Participation Groups/ Patient Reference Groups	PPGs/ PRGs	Since 1 April 2015 it has been a contractual requirement for every GP practice in England to have a PPG/PRG. The role of the PPG/PRG includes being a critical friend to the practice and advising the practice on the patient perspective regarding the responsiveness and quality of services.
Primary Care		Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental and optometry (eye health) services.
Primary Care Networks	PCNs	PCNs represent a significant reform to general practice in England. From 1 July 2019, all patients in England will be covered by a PCN. PCNs are made up of groups of (usually) neighbouring GP practices. Their formation requires GP practices to work together and share funding on a scale not previously seen. The NHS Long Term Plan sets an ambition that PCNs will improve the range and effectiveness of general practice services and boost the status of general practice.
Provider		An organisation which provides health and/or care services to patients, like hospitals, Councils, private businesses and voluntary organisations.
Public and Patient	PPPG or	CCG group, the membership of which includes a

Participation Group	3PG	representative of each PPG/PRG. The function of the PPPG/3PG is to ensure that the patient and public voice is present in the decisions that the CCG makes and in the development of service changes.
Quality, Innovation, Productivity and Prevention	QIPP	CCGs establish a QIPP plan or programme as part of the annual planning and budget setting process. QIPP was developed by the Department of Health as a tool or approach to drive quality improvement throughout the NHS, whilst also making efficiency savings for reinvestment in frontline care.
Secondary Care		Secondary Care, as distinct from Primary Care, includes hospital services and mental health services.
Social Prescribing		Sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.
South Warwickshire NHS Foundation Trust	SWFT	Provides hospital services to the population of south Warwickshire from four hospitals. The Trust also delivers out-of-hospital community services to the whole of Warwickshire.
Strategic Commissioner		The NHS Long Term Plan sets an ambition for CCGs to become ' <i>leaner, more strategic organisations</i> ' and envisages that there will ' <i>typically</i> ' be a single CCG per ICS area. Locally, the three Coventry and Warwickshire CCGs have confirmed our intention to evolve to become a 'Strategic Commissioner', with the first step being to come together to form a single commissioning function.
Strategic Commissioning		The commissioning functions that will be undertaken by the Strategic Commissioner in a fully formed ICS, as distinct from Place Commissioning functions.
Transforming Care Partnership	TCP	TCPs are made up of CCGs, NHS England's specialised commissioners and local authorities. They work with people with a learning disability, autism or both and their families and carers to agree and deliver local plans for the national Transforming Care Programme.
Transforming Care Programme		The Transforming Care Programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition.
Warwickshire County Council	WCC	WCC provides a wide range of services to the population of Warwickshire, including social care services for young and older people.
Coventry and Warwickshire Partnership NHS Trust	CWPT	Provides a wide range of mental health and learning disability services for people of all ages in Coventry and Warwickshire.