

Health and Wellbeing Board

Date: Wednesday 6 September 2023
Time: 1.30 pm
Venue: Committee Room 2, Shire Hall

Membership

Councillor Margaret Bell (Chair)
Councillor Sue Markham
Councillor Jerry Roodhouse
Councillor Penny-Anne O'Donnell

Councillor Julian Gutteridge - Nuneaton & Bedworth Borough Council
Councillor Sandra Smith - North Warwickshire Borough Council
Councillor Liz Coles - Stratford District Council
Councillor Adam Daly – Rugby Borough Council
Councillor Jim Sinnott – Warwick District Council

Warwickshire County Council Officers: Shade Agboola and Nigel Minns

Coventry and Warwickshire Integrated Care Board: Danielle Oum (Vice-Chair)

Provider Representatives: Russell Hardy (South Warwickshire NHS Foundation Trust and George Eliot Hospital NHS Trust), Dame Stella Manzie (University Hospitals Coventry & Warwickshire), Dianne Whitfield (Coventry and Warwickshire Partnership Trust)

Healthwatch Warwickshire: Elizabeth Hancock / Chris Bain

Police and Crime Commissioner: Emma Daniells (Deputy PCC)

Items on the agenda: -

1. General

(1) Apologies

(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests

(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board and Matters Arising

To approve the minutes of the previous meeting held on 24 May 2023.

(4) Chair's Announcements & Updates from Providers

Discussion items

- | | | |
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| 2. | Better Care Fund plan 2023-2025: progress update
To receive an update on progress against key areas of focus in the Better Care Fund Plan for 2023-25. | 17 - 24 |
| 3. | Health and Wellbeing Strategy Delivery Plan Proposal
To consider a report outlining a proposal for monitoring of the HWBB Delivery Plan for 2023/2024 and 2024/2025. | 25 - 34 |
| 4. | Health and Wellbeing Place Partnerships
To receive an update from each of the Place Partnerships on delivering the HWBB Strategy. | 35 - 40 |
| 5. | Children and Young People Partnership
To consider a report describing the arrangements for the Children and Young People Partnership and noting the progress made by the group so far. | 41 - 44 |
| 6. | Healthwatch Warwickshire Annual Report
To receive a presentation outlining the progress made by Healthwatch Warwickshire during 2022/23. | 45 - 70 |
| 7. | Coventry and Warwickshire Integrated Care Strategy: Publication and Measuring Impact
To receive a report outlining the final Integrated Care Strategy for Coventry and Warwickshire and associated documents. | 71 - 136 |

Updates to the Board

- | | | |
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| 8. | Health and Wellbeing Board Sub-Committee
To note the minutes of the Health and Wellbeing Board Sub-Committee meeting held on 19 July 2023. | 137 - 140 |
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Board Management

- | | | |
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| 9. | Forward Plan
An update on the Forward Plan for the Health and Wellbeing Board. | 141 - 142 |
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Monica Fogarty
Chief Executive
Warwickshire County Council
Shire Hall, Warwick

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Health and Wellbeing Board

Wednesday 24 May 2023

Minutes

Attendance

Board Members

Warwickshire County Council (WCC)

Councillor Margaret Bell (Chair)

Councillor Sue Markham

Councillor Jerry Roodhouse

Shade Agboola (Director Public Health)

Nigel Minns (Strategic Director for People)

Provider Trusts

Dame Stella Manzie (University Hospitals Coventry & Warwickshire (UHCW))

Dianne Whitfield (Vice Chair of CWPT)

Danielle Oum (Coventry and Warwickshire Integrated Care System)

Healthwatch Warwickshire (HWW)

Chris Bain

Borough / District Councillors

None present

Others Present

Councillor John Holland (WCC)

Councillor Marian Humphreys (WCC)

Councillor Penny-Anne O'Donnell (WCC)

Officers

Amy Bridgewater-Carnall (Senior Democratic Services Officer)

Alison Cartright (Coventry & Warwickshire ICB)

Angela Coates, North Warwickshire Borough Council

Nicola da Costa (Coventry & Warwickshire ICB)

Rachel Danter (Coventry & Warwickshire ICB)

Becky Hale (WCC Assistant Director Strategy & Commissioning)

Kelly Hayward (Technical Specialist - Public Health)

Rachel Jackson (Lead Commissioner - Vulnerable People)

Jackie Kerby (Coventry & Warwickshire ICB)

Gemma Mckinnon, Health and Wellbeing Delivery Manager

Dr Riya Patel (Researcher ICB)

Kate Rushall (WCC Senior Public Health Manager)

Steven Snead (Coventry & Warwickshire ICB)

Laura Waplington, Public Health Officer

1. General

The Chair welcomed everyone to the meeting and, due to the recent changes in Membership of Committees, asked everyone present to introduce themselves. She acknowledged the amount of business on the agenda and how important it was that all contributors were given the opportunity to speak.

(1) Apologies

Apologies for absence were received from Russell Hardy (RJC) Chairman.

(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 11 January 2023 and Matters Arising

The minutes of the meeting held on 11 January 2023 were agreed and signed as a correct record.

(4) Chair's Announcements

Having completed the introductions, the Chair invited representatives of local Healthcare providers to give a brief update on the current situation and work load facing each service.

Diane Whitfield, Vice Chair of Coventry and Warwickshire Partnership Trust (CWPT) addressed the meeting and updated on the waiting time for urgent autism assessments referrals, access targets or eating disorder referrals, the overachievement on annual health checks and information on learning disabilities and autism waiting lists. She highlighted some current challenges and assured that learning disability, autism and mental health collaborations were doing well with discussions ongoing.

Nigel Minns, WCC Strategic Director for People, advised that demand within Adult Social Care continued to be high, with focus on community and hospital discharge services across all areas. He advised that the market was healthy and had good capacity with a huge improvement in domiciliary care, with residential capacity remaining standard.

Danielle Oum, Coventry & Warwickshire Integrated Care System), reminded the meeting that they had received the ICS Strategy at the last meeting and the ICB was now looking at how to deliver and bring forward the forward plan, focusing on implementation.

Rachel Danter, Coventry & Warwickshire ICB, added that the restoration of services post Covid continued with elective surgery on target and cancer service waiting times reducing. She explained that overall demand was dropping as the country moved out of the winter season but noted the recent disruption caused by industrial action, with junior doctors planning further strikes which would impact on services.

Dame Stella Manzie, echoed the points made relating to high demand and advised that in

general, there was a good level of ambulance turnaround. She acknowledged that this was not always the case but works were in progress to expand the footprint of the emergency department. The facilities were also being modernised to include brand new isolation services and the Trust had received a good rating for their maternity services in March, with outstanding leadership services. In addition, the report had complemented the good outreach work taking place.

Shade Agboola, Director of Public Health, advised that work continued to increase the role on the Health and Wellbeing Agenda, Levelling Up work at WCC as well as working with NHS partners to help deliver the ICS strategy.

The Chair thanked everyone for their updates.

2. Annual Report of Health and Wellbeing Board Strategy

The Board received the annual report which highlighted the progress that had been made on the three Health and Wellbeing Strategies detailed at paragraph 1.1.

The report was introduced by Nigel Minns, Strategic Director for People, who provided some background as well as an overview of the strategy. He explained that some elements were delivered in different ways and by different actions.

The presentation described the journey to date including the changes encountered since the move from CCG's to ICB's. The HWBB Strategy priorities were revisited, with the three priorities remaining a key focus and headline progress. Nigel went on to provide information on:

- Children & Young People – the brand of Child Friendly continued to grow and the creation of the Children and Young People Partnership group;
- Mental Health and Wellbeing – the continued offer from Wellbeing Warwickshire, website information, new Suicide Prevention Strategy, Serious Violence Prevention Strategy, Workplace Wellbeing Forum and the support offered to businesses to support the mental health of their staff;
- Reducing Inequalities – the introduction of the Health Equity Assessment Tool (HEAT) and work being undertaken to tackle family poverty;
- Progress on the Joint Strategic Needs Assessment – six undertaken so far and future work planned;
- Looking forward into 2023/24 – developments around HWBB, the relationship with Place Partnerships and action plans, the Better Care Fund priorities;
- Community Recovery Service – development plan for managing hospital discharge with an approach to transition from acute hospital care to becoming more independent at home.

Nigel Minns explained the drive to try to harmonise services across the piece and gave an overview of the 'Wellbeing for Life' initiative. He advised that events were planned across Coventry and Warwickshire and he listed the different partners involved.

Dame Manzie welcomed the update on the community discharge process which she felt was a good initiative and would have benefits for Warwickshire. With regard to 'Wellbeing for Life', she

highlighted the importance of promoting health and fitness for girls and women, continuing sport and activity and the national commitment to promote parity of equality in sport.

The Chair reiterated the three priorities and asked Members to support. It was therefore

Resolved

That the Health and Wellbeing Board (HWBB):

- 1) Notes the progress outlined in the 2022/23 Health and Wellbeing Strategy Annual Review; and
- 2) Approves the suggestion that HWBB maintains focus on the three short term priorities of the Health and Wellbeing Strategy.

3. Accessibility of Health and Care Services

The Chair introduced the report which linked a number of subsequent agenda items including the Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/24 - 2027/28 and Community Diagnostics Centres: access to diagnostic services.

The Board was advised that the first report would be presented by Rachel Danter and then further detail would be provided by ICB colleagues.

The Chair highlighted that this item was linked to another report on the agenda, 'GP Services Task and Finish Review' which supported this work and had already been considered at the Adult Social Care & Health Overview and Scrutiny Committee in February.

Shade Agboola addressed the meeting and provided an overview of the information contained in the following agenda items. She explained the various pieces of work it drew together and outlined future workstreams. Some of the areas covered included transport and travel costs, the high cost of living as well as accessibility of services.

Members were asked to hear the presentations from officers on the following agenda items before the floor was opened up for questions. Details of the full discussion can be found in Minute Number 3 (2) below.

Resolved

That the Health and Wellbeing Board:

- 1) Notes the current picture of health and care service challenges and opportunities related to access; and
- 2) Considers how the Health and Wellbeing Board, and its constituent organisations, can engage with improving the accessibility of health and care services for residents.

(1) Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/24 - 2027/28

Rachel Danter outlined the report and presentation which provided an overview of the context, progress to date and work underway to develop the five-year Coventry and Warwickshire

Integrated Health and Care Delivery Plan.

She advised that the plan was due to be signed off by the Integrated Care Board on 21 June and discussions could continue until then. She explained the strategic context and the wide-ranging engagement mapping undertaken.

The national mandate and its role in influencing work within Coventry and Warwickshire and how this plan would integrate with other strategies was also covered. The five year plan was built on five priorities and officers were key that the information was accessible. They planned to produce an easy guide for the public and the plan overall would be updated on an annual basis, coming back to the HWBB for overview.

Alison Cartright, Coventry & Warwickshire ICB, explained some of the key areas of focus which included tackling the 8am telephone rush to GP surgeries, utilising digital solutions such as the capacity to submit online requests. Building capacity was also key as demand had outstripped resources by building larger, multidisciplinary teams. Other suggestions included the recruitment and retention of GP's, cutting bureaucracy and improving the primary and secondary care interface.

Rachel Danter outlined a timeline of the next steps and advised that comments from HWBB members would be collated and included in the draft prior to its presentation at the Integrated Care Board in June 2023.

Resolved

- 1) To note the context, progress to date and work underway to develop the five-year Coventry and Warwickshire Integrated Health and Care Delivery Plan;
- 2) To note that the Coventry and Warwickshire Integrated Health and Care Delivery Plan is being developed as the health and care system shared delivery plan for the Coventry and Warwickshire Integrated Care Strategy, with the three strategic priorities and nine aligned areas of focus identified in the Integrated Care Strategy providing a 'golden thread' across the two documents;
- 3) To note the draft Coventry and Warwickshire Integrated Health and Care Delivery Plan along with the opportunity to provide feedback on the Plan both via the current meeting and outside of the meeting to the Portfolio Holder for Health (Councillor Bell);
- 4) To recognise the connectivity between the Warwickshire Health and Wellbeing Strategy, the Coventry and Warwickshire Integrated Care Strategy and the Coventry and Warwickshire Integrated Health and Care Delivery Plan (see **Section 4**); and
- 5) Acknowledging that work to develop the Coventry and Warwickshire Integrated Health and Care Delivery Plan is on-going at the current time to meet the deadline to publish the plan by 30th June 2023, to agree that the ICB Chief Transformation Officer liaises with the Chair outside of the meeting to agree an approach to obtaining the Board's opinion as to whether the Coventry and Warwickshire Integrated Health and Care Delivery Plan **"takes proper account of"** the Warwickshire Health and Wellbeing Strategy.

(2) Community Diagnostics Centres: access to diagnostic services

The Board received a presentation on Community Diagnostic Centres (CDC's), explaining what they were and how they worked, as well as how the programme would be developed

moving forwards.

The Board then heard from ICB colleagues Nicola da Costa, Jackie Kerby and Alison Cartright on the Integrated Health and Care Delivery Plan and the Community Diagnostics Centres research. Also in attendance was Steve Snead, System Lead for Diagnostics and Dr Riya Patel, Researcher.

The presentation advised that each ICB had been asked to deliver three CDC's starting in October 2021 and ending in March 25. Each area would be hosting a CDC from Autumn 2023. The initial focus was on increasing diagnostic capacity and developing the programme considered the patient journey from the point of referral for a diagnostic test. This comprised three active workstreams: Data review, Available Tools and Research.

Officers gave a thorough explanation of each of the workstreams, the aim of each process, how this would be achieved and future steps. The officers concluded by advising that the work would give an increased understanding of inequalities in diagnostics and would highlight opportunities for improvement. It was hoped that these improvements could be shared across the system as well as seeking to learn from others working in this area.

The Chair thanked the officers for attending, delivering the presentation and answering questions. Councillor Bell then opened up the floor to questions from those present which covered the two agenda items preceding this one.

Councillor Marian Humphreys referred to the GP Services Task & Finish Review and queried if empty or part shared buildings were being looked at for GP's to use in communities for those who struggled to get to the main surgery. In response, Ali Cartright advised that some of this work was already being undertaken within the Estates Strategy but highlighted that there was still a work force issue and staffing the sites may be difficult.

Councillor Jerry Roodhouse queried if there was an opportunity to work with the District & Boroughs to look at properties and land within their ownership and asked for a joint property strategy to maximise those opportunities. He referred to Warwickshire having the second largest population growth and the demographic suffering with anxiety and depression. He also felt that social prescribing would be playing a greater role in the future.

Councillor Roodhouse also provided a direct example of a resident within his division who had been experiencing problems accessing their GP, was subsequently sent to UHCW, then Warwick Hospital and then back to UHCW. He also highlighted the issues being encountered at Rugby St Cross Hospital and felt that the Rugby Place Partnership needed to understand the spokes model.

Dame Manzie responded to Councillor Roodhouse's comments and assured him of the work being undertaken by the Rugby Strategy Board to look at the development of Rugby St Cross. She advised that there were plans for considerable investment and reassured him that Rugby was on the front page of UHCW's work with more services being planned, not less. She did highlight that not all of the funds were available at the present time but the strategy would be in place for when the money became available.

On the issue of CDC's, Dame Manzie added her support to her colleagues and felt that the

work had the potential to be a game changer with regard to tackling health and inequality. In relation to the delivery plan for the ICB, she reminded those present that all services were facing massive health and care issues and were working hard to find better health outcomes whilst providing system wide value for money.

The Chair asked for clarification on the CDC process, and officers advised that the programme was looking at giving clinicians direct access to avoid them having to through a secondary care setting but this would not be a self-referral system.

Alison Cartright expanded on the point explaining the reasons that direct referrals may not be appropriate but advised that work was ongoing to explore those services that patients may be able to self-refer to, such as physiotherapy and audiology.

Councillor Penny-Anne O'Donnell raised a query relating to the increase of population as a result of new housing. She was concerned that the infrastructure was not in place to cope with demand and asked how confident officers could be of the numbers. Officers advised that figures were obtained from the developer outlining the estimated build out rate and this was refreshed on a quarterly basis. These figures could fluctuate depending on the economic climate.

Diane Whitfield complemented the community engagement work being reported and gave assurance that the challenges were not being underestimated. She advised that all providers were focusing on the healthcare workforce and the Board would be kept updated on progress.

Chris Bain of Healthwatch recognised that access was a complex issue with varying requirements from different areas such as GP's, primary care and dentistry. He queried if there was capacity to deal with this if access to services was improved. He reiterated the importance of communication and strong administration being essential for the outcomes of patients.

The Chair asked a number of questions relating to GP's understanding the national action plan, how better Members could understand the framework, how this would be measured and an accurate picture of the current situation. She queried the influence that the Board or others could have on GP surgeries and recognised that individuals wanted different types of appointments.

In response, Ali Cartright explained the work that was being undertaken with individual GP practices and were developing plans to address all of the actions. With regard to Coventry and Warwickshire, she explained that teams were working hard to employ and attract people into jobs and noted the gaps evidenced in North Warwickshire. The percentage of patients seen by their GP face to face was the highest in the Midlands but it was recognised that some practices needed greater support.

The Chair raised an issue relating to the ability of patients to access advice through other services such as pharmacies. She noted that a number of pharmacies were closing and yet NHS advice was still directing people to them for advice. She requested that a report be brought back to the Committee on the changing picture and the contrast between supply and demand.

Councillor Bell went on to request an easy to read document which would link to the Board's priorities and encouraged Board Members to consider the three priorities and make comment by 2 June 2023 if necessary. She also noted the request for a property strategy for primary and secondary care services and how this could link to future property development.

She echoed the comments made regarding the fundamental need for good administration and communication to ensure that time and resource were not wasted and so that individuals did not get lost in the system.

She referred Members back to the overarching recommendations detailed in Agenda Item 3 and these were agreed.

4. Mental Health and Wellbeing of Infants, Children and Young People Joint Strategic Needs Assessment

The Board received a report from officers which was the final Needs Assessment in the work programme approved by the HWBB in July 2021.

Kate Rushall, Senior Public Health Manager, and Kelly Hayward, Technical Specialist – Public Health, presented the report which outlined the findings and recommendations arising from the Mental Health and Wellbeing of Infants, Children, and Young People Joint Strategic Needs Assessment (JSNA).

Kelly Hayward highlighted an overview of the context, expanded on the 'Thrive' framework along with the four quadrants which linked in. The overarching recommendations were explained in greater detail and Members noted the thread running through all of the recommendations relating to data being in one place, good promotion, easy to access services and clearer pathways. She advised that this work had been co-created with the voice of children and young people.

Kate Rushall continued the presentation taking Members through the need highlighted by age range. With regard to the data, she highlighted the importance of place in the work using the example of students moving to University and the increased demand this could have on services. Further information included data on the number of people accessing mental health services and self harm rates, taken from the Mental Health Services data set.

The officers outlined the next steps before publication of the document and the groups this would be presented to including the Children & Young People's Partnership. Future items on the JSNA work programme included Health Aging in January 2024 and Physical Health in May 2024.

Councillor O'Donnell thanked the officers for their presentation which she felt was much needed. She queried if self harm was an increased risk factor of suicide and whether individuals were receiving help elsewhere. Officers explained that the Self Harm Working Group across Coventry and Warwickshire linked to the Suicide Strategy and they would look at that type of correlation.

The Chair highlighted the figures relating to people who self-harm but were unknown to services and the desire from schools who wanted to refer students to support. Rachel explained that work was looked at across both clinical and social care, with teams looking to work together to bridge this need. It was noted that mental health support was holistic with a whole host of teams who may be in contact with service users.

In response to a comment from Councillor Humphreys, Diane Whitfield recognised that the system was not yet a seamless journey from birth, through school to secondary education but reiterated that work was ongoing to improve this.

Nigel Minns addressed the meeting and stated that there was a cohort of young people for whom the system did not work but if there was a clear diagnostic, there was usually help available. He noted that CWPT had gone some way to identifying a solution by developing a model of mental health support for adults, which met the needs of people. It was now important to look and see how this could be adapted for the needs of children.

The Chair referred to the data which showed that mental health conditions were increasing with age and felt that early intervention could help. Officers confirmed that drug or alcohol abuse or issues of domestic violence often related back to early childhood experiences and trauma not being supported or addressed.

Councillor Roodhouse recognised the complexity of the issues being discussed along with noticeable upwards shift due to social media. He referred to a recent meeting where social media had been discussed and the ability to do more than refer an issue to the relevant panel. He did not feel that recommendation 3 was strong enough and felt it could be improved.

In response, Councillor Bell clarified the process that the JSNA would follow and highlighted that the Children and Young People's Partnership had a new Chair in Councillor O'Donnell, also present. She stated that the JSNA would be considered by the Children and Young People Partnership and their response could help to inform future progress.

The recommendations were outlined and it was

Resolved

That the Health and Wellbeing Board:

- 1) Notes and endorses the findings and recommendations arising from the Mental Health and Wellbeing of Infants, Children, and Young People Joint Strategic Needs Assessment (JSNA);
- 2) Approves the publication of the Mental Health and Wellbeing of Infants, Children, and Young People JSNA and the development of an associated action plan that will be owned and delivered by the Children and Young People's Partnership; and
- 3) Notes the role of the Children and Young People's Partnership, as an informal sub-group of the Health & Wellbeing Board, in overseeing the delivery of the recommendations from this JSNA and promote the group accordingly to ensure the right stakeholders are involved to deliver action based on the JSNA recommendations.

5. GP Services Task and Finish Review

The Chair introduced the GP Services Task & Finish Group report which asked the Board to consider the recommendations made for actions by the Coventry and Warwickshire health system.

It was noted that this agenda item had been discussed earlier in the meeting (see Minute Number 3(2)).

Resolved that the Health and Wellbeing Board approves the report of the GP Services Task and Finish Group (TFG) and supports the recommendations made for actions by the Coventry and Warwickshire health system.

6. Better Care Fund - End of Year Report 2022/2023

The Board received a report which sought approval for the Better Care Fund 2021/22 end of year report, submitted to the national Better Care Fund Team at NHS England.

The meeting was reminded that the aim was to move people from the hospital environment and provide them with support to enable them to remain in their homes. It was noted that a HWBB Sub-Committee was due to be convened in July 2023 to approve the Better Care Fund Plan for 2023/25 and Members would be kept updated.

Having received no questions or queries on the report, it was

Resolved that the Better Care Fund 2021/22 end of year report, submitted to the national Better Care Fund Team at NHS England, is approved.

7. Local Area SEND Inspection Update

The Chair introduced the report which asked the Board to endorse the progress made to date to deliver the Written Statement of Action.

Having received no questions or queries on the report, it was

Resolved that the progress made to date to deliver the Written Statement of Action is endorsed.

8. Forward Plan

The Board considered the Health and Wellbeing Board Forward Plan for 2023/24 and noted the future items to be considered.

The Chair requested that the following items be added to the work programme:

- Following a recent meeting between Healthwatch and Adult Social Care Users, an item be added summarising the feedback from the meeting along with WCC's Strategic Director for People's response;
- A report on pharmacy services in the County following the recent withdrawal of Lloyds Pharmacy from some areas. The Chair highlighted her concern that the current level of demand for the service could not be met and residents were receiving contradictory advice from professionals;
- A briefing note to be submitted relating to the fact that the Coventry & Warwickshire ICB has the largest increase in GP registered population growth over the past two years. This is in main caused by the level of housing development. The briefing note can be followed up with a more detailed report in the future.

- An account from the ICB of the administration and communication developments across the system to make them more robust and reliable.

The meeting ended at 15:47

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Chair

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Health and Wellbeing Board

6 September 2023

Better Care Fund plan 2023-2025: progress update

Recommendations

That the Health and Wellbeing Board:

1. Notes the progress of the Better Together Programme in 2022/23 and the updates provided on the key areas of joint focus in the Better Care Fund plan for 2023-25; and
2. Notes performance against the national Better Care Fund metrics.

1. Executive Summary

- 1.1 This report provides the Health and Wellbeing Board with an update on progress against the key areas of focus in the Better Care Fund Plan for 2023-25, and progress against the metrics approved by a Sub-Committee of this Board on the 19 July 2023.

Key areas of joint focus for NHS partners and the local authority

- 1.2 Discharge to Assess and Community Recovery

As the Health and Wellbeing Board is aware, Warwickshire is one of six national discharge integration frontrunners with a focus on intermediate care, which involves developing pathway 1 (person returns home with support) discharge to assess services in Warwickshire. These services enable people in an acute hospital to access timely domiciliary care and where required, therapeutic intermediate care services on discharge.

Since the pilot went live on the 22 April 2023 to the 31 July 2023, 879 people have been referred to the new Community Recovery Service. 634 of these referrals were for both domiciliary care support and a therapeutic intervention. A dashboard is under development to monitor the effectiveness of reducing length of stay in hospital and the outcomes of the service. Parallel work is underway to obtain qualitative feedback from customers and providers.

Month	Number of referrals to CRS
April 2023	55

May 2023	195
June 2023	221
July 2023	225
Total	879

Partners continue to review and refine the service as we build by doing through the pilot.

1.3 Review and Redesign of Continuing Healthcare

Through joint working between the ICB and the two geographic Care Collaboratives, the commissioning arrangements for NHS Continuing Healthcare ('CHC') services are being reviewed and re-designed to support a transition to more integrated delivery at Place. This work is progressing with system wide engagement. So far partner organisations have, through a number of workshops, expressed their in-principle position, in relation to receiving delegated services from the ICB. These are split between clinical and non-clinical functions and 2 subgroups have been established to develop option appraisals for each. At the end of month four an established governance structure is embedding. A workshop has also been held to provide a detailed overview of the services and functions that are being delegated. Further organisation specific briefing sessions have also been offered to partner organisations.

1.4 Ageing Well Programme

Working in collaboration with this NHS lead programme of 3 joint areas impacting health and social care the following progress has been made:

Urgent Community Response - continues to exceed targets for patients seen in under 2 hours, responding to around 1,200 patients every month, with at least 85% in under 2 hours. Ongoing work with West Midlands Ambulance Service is increasing referral rates for patients who could be better treated in the community. New pathways are also being developed, including removing long lie exclusion criteria for falls patients. Point of care blood testing is being progressed to support more timely diagnostics in a patient's home and is hoped to be implemented in the near future.

Enhanced Health in Care Homes - now has a well-established development group, with members from across health and care services including care home representatives. A re-launch of the red bag scheme across Warwickshire is helping promote good communication between care homes and hospital. A new care home information pack has recently been completed to support work on managing deterioration and has been well received by care home providers. The development plan for the next 12 months is now being finalised.

Proactive (anticipatory) care - Proactive (anticipatory) care is focused on frail patients with multiple long-term conditions, living in their own homes. Work is underway to develop the use of data to identify patients who would most benefit from a proactive care approach. A pilot project led by primary care in Warwickshire North is exploring a new approach to support for this group of patients with more complex needs.

1.5 Integrated Care Record for under 18s

Warwickshire County Council's Children's and Families service commenced sharing relevant information relating to children and young people under the age of 18 with the NHS in the Integrated Care Record (ICR) and using the ICR to access relevant NHS information to assist them in their roles, on 27 July 2023. Appropriate information governance processes and data protection principles have been followed.

Information being shared includes:

- Key demographics including name, date of birth, gender, ethnicity, first language, fluency in English, NHS number
- Contact information – phone and email addresses
- Any specific communication needs
- Key contacts of the allocated worker
- Title and date of any assessments or reviews completed, including any safeguarding information

Performance Update

- 1.6 Locally our Better Care Fund plan for 2023/25 focusses our activities to improve our performance in the five key areas which are measured against the National Performance Metrics. These being:
- a. Reducing Avoidable Admissions (General and Acute)
 - b. Improving the proportion of people discharged home to their usual place of residence
 - c. Reducing permanent admissions to residential and care homes
 - d. Increasing effectiveness of reablement
 - e. New - Reducing emergency admissions due to falls

- 1.7 A summary of performance against the national areas of focus using the most recent data available:

Metric	23/24 performance where available	Target	Status
Reducing Avoidable Admissions (General and Acute)	Quarter 1 Actual: 1,103	1,213	Under (better than target)
Improving the proportion of people discharged home to their usual place of residence	Quarter 1 Actual: 95.0%	95.8%	On target

Reducing permanent admissions to residential and care homes; and	Quarter 1 Actual: 232	176.5	Over (worse than) target
Increasing effectiveness of reablement	2022/23 Actual: 94.4% 23/24: Data for 23/24 not available until May 24	94.2%	Target achieved
Reducing emergency admissions due to a fall	Quarter 1 Actual: 548	466.25	Over (worse than) target

2. Financial Implications

- 2.1 The Improved Better Care Fund (iBCF) allocation for 2023/24 is £15.133m.- The Discharge Fund allocation for Warwickshire for 2023/24 is £5.639m, comprising of:
- £2.121m from the local authority Discharge Fund allocation; and
 - £3.518m from the Integrated Care Board Discharge Fund allocation.
- 2.2 The iBCF is temporary. In order to counter the risk inherent in temporary funding, all new initiatives are either temporary or commissioned with exit clauses. There are, however, a number of areas where the funding is being used to maintain statutory social care spending and this would require replacement funding if the Better Care Fund was removed without replacement. This risk continues to be noted in Warwickshire County Council's annual and medium-term financial planning.

3. Environmental Implications

- 3.1 None.

4. Supporting Information

Performance against the national areas of focus using the latest confirmed data available.

4.1 Reducing Avoidable Admissions (General and Acute)

Year to date (April 2023 to June 2023), unplanned hospitalisations for chronic ambulatory care sensitive conditions in Warwickshire were 109 admissions or 9% lower than the same period last year and 9% better than target. This follows a similar trend to the same period last year where performance was better than target in quarters 1 and 2, before increasing during the second half of the year.

Quarter	Actual (lower is better)	Target	% under target
Q1 2023/24	1,103	1,213	-9%

4.2 Improving the proportion of people discharged home to their usual place of residence

Year to date (April 2023 to June 2023), the proportion of people discharged home to their usual place of residence in Warwickshire was 0.8% lower than the same period last year and is tracking just below target.

Quarter	Actual (higher is better)	Target	% under target
Q1 2023/24	95.0%	95.8%	-0.8%

4.3 Reducing long term admissions to residential and nursing care 65+

Year to date (April 2023 to June 2023), permanent admissions were 20% higher than the same period last year and 31.5% above target. There appears to be a greater demand for care home placements, both nursing and residential and at relative equal measure. The majority of these placements are being made post a hospital admission, but with a backdrop of an enhanced offer being available in relation to supporting people to return home after a hospital admission. This above expected increase is directly related to the older people's population requiring this level of support and not due to a lack of other options in relation to being supported at home or in extra care housing. In June 2023 the number of permanent admissions to care home post a hospital stay was 55, the highest it has been since April 2019 when 66 people were placed. Looking at the most recent performance information, the number of admissions in July 2023 post a hospital admission appears significantly lower than expected. Work is also taking place to review Discharge to Assess arrangements.

The target for 2023/24 is 706 admissions per 100k population, which equates to a quarterly target of 176.5.

Quarter	Actual (lower is better)	Target	% over target
Q1 23/24	232	176.5	31.5%

4.4 Increasing the effectiveness of reablement 65+

This target measures the percentage of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement or rehabilitative services. This target is an annual measure and performance for

2022/23 was, similar to previous years, above target and continues to improve.

Year	Actual (higher is better)	Target	% over (better than) target
2022/23	94.4%	94.2%	0.2%
2021/22	93.7%	91.7%	2%

4.5 Reducing emergency hospital admissions due to falls in people aged 65+

This is a new metric for 2023/4 to measure the impact of frailty and falls prevention initiatives delivered through for example the Ageing Well and Better Care Fund programmes.

The target for 2023/24 is 1,865 admissions per 100k population, which equates to a quarterly target of 466.25.

The impact of falls prevention initiatives such as timed up and go assessments, strength and balance exercise videos and falls urgent response can start to be seen as year to date (April 2023 to June 2023), emergency admissions due to falls were 15.4% lower than the same period last year, although still 17.5% above target.

Quarter	Actual (lower is better)	Target	% over target
Q1 23/24	548	466.25	+17.5%

5. Timescales associated with the decision and next steps

Better Care Fund Plan 2023-2523

- 5.1 At the time of writing this report, confirmation is awaited from NHS England that our Better Care Plan for 2023-25 has been approved. This is expected around the 8th September 2023.
- 5.2 As in previous years, a Section 75 Legal Agreement will underpin the financial pooling arrangements, including for the Adult Social Care Discharge Fund outlined in section 2.1. This cannot be signed until our Plan has been nationally approved. The intention is that the Section 75 agreement will be finalised and signed by 31st October 2023.

Better Care Fund Policy Framework 2023/24

- 5.3 As the Health and Wellbeing Board is already aware the Improved Better Care Fund (iBCF) settlement for 2024/25 has not been published, and so the draft

iBCF plan for 2024/25 will commence being prepared based on the current allocation.

Appendices

1. None

Background Papers

None

	Name	Contact Information
Report Author	Rachel Briden, Integrated Partnership Manager Ali Cole, Strategy and Commissioning Manager, Health Wellbeing and Self Care	rachelbriden@warwickshire.gov.uk, alisoncole@warwickshire.gov.uk
Director	Becky Hale, Chief Commissioning Officer (Health and Care)	beckyhale@warwickshire.gov.uk
Executive Director	Nigel Minns, Executive Director for People	nigelminns@warwickshire.gov.uk
Portfolio Holder	Councillor Margaret Bell, Portfolio Holder for Adult Social Care & Health	margaretbell@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s): County wide report

Other members: To be circulated to the Chair & spokes of ASC&H OSC

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Health and Wellbeing Board

6 September 2023

Health and Wellbeing Board Delivery Plan 2023-25

Recommendations

That the Health and Wellbeing Board

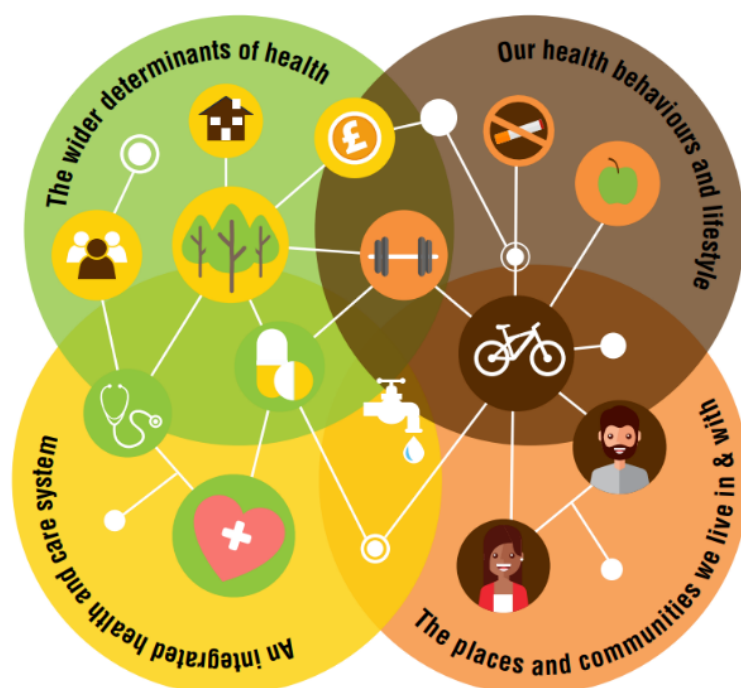
- 1) Endorses the Health and Wellbeing Board two-year Delivery Plan for 2023-25;
- 2) Approves the proposed route for review and monitoring via an annual Health and Wellbeing Board Executive Group meeting; and
- 3) Endorses the proposal to amend the Forward Plan to align to the activity of the Delivery Plan 2023-25.

1. Executive Summary

- 1.1 The Health Wellbeing Board (HWBB) interim Delivery Plan 2023-25 describes the statutory functions of HWBB, and the activity planned to deliver on these functions over the two-year period.
- 1.2 The statutory functions of HWBB are to:
 - Assess the health and wellbeing needs of the population and publish a joint strategic needs assessment (JSNA);
 - Prepare and publish a joint Health and Wellbeing Strategy (HWS) that sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA; and
 - Ensure the HWS directly informs the development of joint commissioning arrangements (Section 75 of the NHS Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.
- 1.3 In May, HWBB members agreed to keep focus on the three priorities outlined in the HWS for a further two years. The priorities of the HWS are to:
 - Help our children and young people to have the best start in life;
 - Help people to improve their mental health and wellbeing with a focus on prevention and early intervention; and
 - Reduce inequalities in health and the wider determinants of health.

- 1.4 The interim Delivery Plan 2023-25 outlines the key activity planned to deliver on these priorities, the geography at which it is being delivered and what success will look like. The HWS is a high-level umbrella strategy, which the interim Delivery Plan 2023-25 reflects. Individual programmes of work will have more detailed delivery plans – for example, under Priority 2 *helping people to improve their mental health and wellbeing with a focus on prevention and early intervention* the Suicide Prevention Strategy is listed as a key programme of work and will have an associated delivery plan. To enable the HWBB to have oversight of the delivery of key programmes of work, it is proposed that the HWBB Forward Plan is modified to reflect the interim Delivery Plan 2023-25.
- 1.5 The draft Delivery Plan 2023-25 has been developed in alignment with the HWS and is therefore built upon the King’s Fund population health framework. The framework emphasises that to improve health outcomes and create the conditions for a healthy, sustainable society, action needs to take place across four quadrants, with value being found in the overlaps (Figure 1).

Figure 1: King’s Fund Population Health Framework (King’s Fund, 2018)



- 1.6 The HWBB Executive Group previously developed and reviewed HWS delivery plans. Since the inception of the Integrated Care System and establishment of the Integrated Care Board which replaced the Clinical Commissioning Groups and the Integrated Care Partnership, the HWBB Executive Group has been stood down to allow for focus on establishing the Care Collaborative Consultative Forum and there has been a gap in the monitoring of delivery plans. To address this gap it is proposed that the HWBB Executive Group is reinstated on an annual basis to set the direction of travel for the delivery of the HWBB priorities. It is proposed that the interim Delivery Plan 2023-25 remains in place until HWBB Executive Group meets in January

2024, at which the interim Delivery Plan 2023-25 may be amended and revised for the upcoming year.

2. Financial Implications

2.1 The activity listed within the Delivery Plan has allocated funding and will be funded within existing budgets.

3. Environmental Implications

3.1 None.

4. Supporting Information

4.1 None.

5. Timescales associated with the decision and next steps

5.1 The Forward Plan will be amended to align to HWS Delivery Plan 2023-26 for January 2024 HWBB, pending endorsement by HWBB.

5.2 The meeting of the HWBB Executive Group will be reinstated pending endorsement by HWBB and will meet each January, starting January 2024.

Appendices

1. Health and Wellbeing Board Delivery Plan 2023-25

Background Papers

1. Health and Wellbeing Strategy 2021-2026

	Name	Contact Information
Report Author	Gemma McKinnon	gemmamckinnon@warwickshire.gov.uk
Director	Shade Agboola	shadeagboola@warwickshire.gov.uk
Executive Director	Nigel Minns	nigelminns@warwickshire.gov.uk
Portfolio Holder	Councillor Margaret Bell	margaretbell@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s): County wide report

Other members:

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Health and Wellbeing Board interim Delivery Plan 2023-2025

Health and Social Care Act 2012 introduced HWBBs in 2013. The Health and Care Act 2022 did not change the statutory duties of the board. The role of HWBBs is to:

- Provide a strong focus on establishing a sense of place
- Instil a mechanism for joint working and improving the wellbeing of their local population
- Set strategic direction to improve health and wellbeing.

Statutory functions of the HWBB:

- Assessing the health and wellbeing needs of the population and **publishing a joint strategic needs assessment (JSNA)**
- **Publishing a joint Health and Wellbeing Strategy (HWS)** that sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA
- Ensuring the HWS directly informs the **development of joint commissioning arrangements** (Section 75 of the NHS Act 2006) in the place and the co-ordination of NHS and local authority commissioning, **including Better Care Fund plans.**

Framework for delivery of Warwickshire's Health and Wellbeing Strategy (HWS)

- The HWS adopted the King's Fund population health framework (*figure 1*), which takes a holistic view of health and wellbeing. This has also been adopted by the Coventry and Warwickshire Integrated Care System.
- The HWBB Delivery Plan outlines what action will be taken across all four quadrants the population health framework. The ICB Integrated Health and Care Delivery Plan will inform and feed into this, enabling HWBB to pay greater attention to the latter three quadrants, which combined determine an estimated 80% of our population's health. The overlaps between the four quadrants are where the true value of the framework lies.

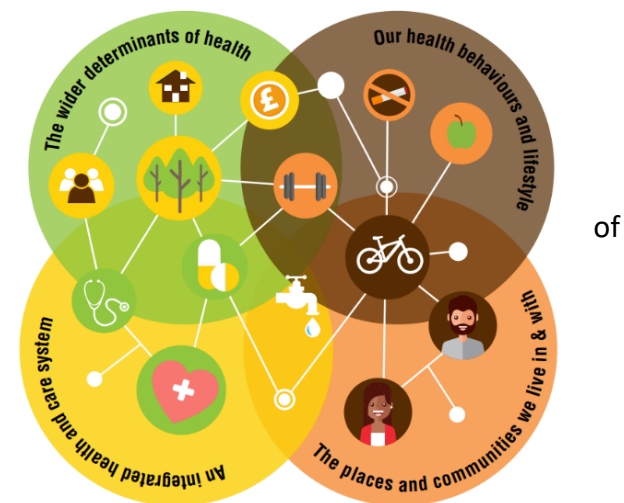


Figure 1: King's Fund Population Health Framework

of

Delivering the statutory functions of HWBB in 2023-2025

Statutory function	Activity to meet delivery of statutory function	Geography	Reporting Group	Senior Lead	What will success look like
We will oversee the delivery of a core set of needs assessment via the JSNA work programme for 2023-2025	Approval of Mental Health and Wellbeing of Infants, Children and Young People JSNA (May 2023)	County, with place breakdowns where possible	JSNA Strategic Group	Duncan Vernon (WCC/SWFT)	Deadlines met for each JSNA and regular and timely reporting to HWBB. All HWBB partners are clear on their role to support the delivery of the JSNA and act upon this.
	Approval of Empowering Futures: Growing Up Well in Warwickshire (January 2024 HWBB)				
	Approval of Physical Health of Children and Young People JSNA (May 2024 HWBB)				
We will oversee the development of the JSNA in Warwickshire	Oversee the improvement on the JSNA process and programme including: <ul style="list-style-type: none"> - a review of future JSNA topics, - more relevant and usable JSNA outputs and - developing a way to capture and monitor the impact of thematic JSNAs 	County, with place breakdowns where possible	JSNA Strategic Group	Duncan Vernon (WCC/SWFT)	More JSNA outputs are used in decision making related to population health including defining shared priorities.
We will oversee the delivery of recommendations from completed JSNAs	JSNAs are shared with key stakeholders and relevant partnership groups are identified to take forward recommendations, reporting progress back to HWBB.	County Place	Children and Young People Partnership HWBB Place-based Partnerships	Nigel Minns (WCC) Chris Elliott (WDC) Mannie Ketley (RBC) Steve Maxey (NWBC)	Evidence from JSNA has informed collaboration and action across HWBB partners. Recommendations have been considered by relevant stakeholders and activity related to these has been planned by relevant programmes.

We will inform the allocation of local resources, endorsing and overseeing the delivery of the Better Together Programme 2023-25	Development and delivery of Better Care Fund Plan for 2023-25	County	Joint Commissioning Board (transitioning to Warwickshire Care Collaborative)	Becky Hale (WCC/SWFT)	Joint activity through the Better Together Programme is delivered and supports more people to <ul style="list-style-type: none"> live independently at home for longer; and receive the right care in the right place at the right time.
	Delivery of Joint Housing Action Plan	County	Housing Partnership Board	Lisa Barker (WDC) (chair)	Outcomes include: <ol style="list-style-type: none"> Ensuring there is an integrated approach to Housing, Social Care and Health where housing is embedded into health and social care pathways Early intervention activities to enable people to make more suitable housing choices before the point of crisis Supporting people smoothly transition into more appropriate housing Improving choice and access to appropriate housing support, advice and information Increasing Housing Adaptations through effective use and monitoring of the Disabled Facilities Grant (DFG) Co-ordinating homelessness prevention activities
		Place	Heads of Housing	Angela Coates (NWBC) (chair)	
Deliver the Warwickshire intermediate care frontrunner pilot	County	Warwickshire Care Collaborative	Becky Hale (WCC/SWFT)	Deliver the pilot and demonstrate the following outcomes: <ul style="list-style-type: none"> Increase the number of people receiving rehabilitation and recovery services after an acute hospital admission Decrease the need for long term care by decreasing demand and acuity Reduce the length of stay for people in an acute hospital who should be at home (or in a more appropriate community bed-based care) 	
We will inform the development of joint commissioning arrangements	Development of section 75 agreements to support joint commissioning activity	County	Joint Commissioning Board	Becky Hale (WCC/SWFT)	Continue operating within current Section 75 arrangements including the Better Together programme, integrated community equipment, RISE, Discharge to Assess and residential care. Progress the establishment of a Section 75 for Health Visiting Services subject to public consultation and partnership decision making processes. Progress work to consider the development of an overarching Section 75 arrangements for joint commissioning activity.

<p>We will oversee delivery of the Health and Wellbeing Strategy 2021-26 and its three priorities:</p> <p>Priority 1: Children and young people having the best start in life.</p> <p>Priority 2: Improve mental health and wellbeing with a focus on prevention and early intervention.</p> <p>Priority 3: Reduce inequalities in health and the wider determinants of health.</p>	Warwickshire North Place Plan	Place	Warwickshire North Health and Wellbeing Partnership and Executive Group	Steve Maxey (NWBC) Catherine Free (GEH)	<ul style="list-style-type: none"> Achieving the North Place Vision of ‘helping you to help yourself; there for you when you need us’. To deliver the vision the Place-based Partnership will aim to deliver health and social care that is more integrated, proactive and responsive to health and social care needs of the local community. Success measurements will be identified and agreed upon at Place. Allocation of funding aligned to the Tackling Social Inequalities Strategy Alignment of Place Plans with Levelling Up district and borough Place Plans
	Rugby Place Plan	Place	Rugby Health and Wellbeing Partnership	Mannie Ketley (RBC) Justine Richards (UHCW)	<ul style="list-style-type: none"> Allocation of funding aligned to the Tackling Social Inequalities Strategy Alignment of Place Plans with Levelling Up district and borough Place Plans Task and Finish Group led by Warwickshire Community and Voluntary Action (WCAVA) looking at children’s mental health support provision
	South Warwickshire Place Plan	Place	South Warwickshire Place Partnership	Chris Elliott (WDC) Adam Carson (SWFT)	<ul style="list-style-type: none"> Implementation of Tribe digital platform Delivery of enhanced social prescribing for children and young people Development of a Diabetes Public Health Management tool to identify patients with co-existing health conditions and line up support through a virtual Multi-Disciplinary Team Developing of a population health approach to care coordination related to respiratory health in Lillington Allocation of funding aligned to the Tackling Social Inequalities Strategy Alignment of Place Plans with Levelling Up district and borough Place Plans
	Children and Young People Partnership’s key deliverables are developed and agreed, based on recommendations from: <ul style="list-style-type: none"> Warwickshire Children and Young Peoples Strategy 2021-2030 Children’s 0-5 JSNA 	County	Children and Young People Partnership	Nigel Minns (WCC)	<ul style="list-style-type: none"> Strengthened social, emotional and mental health and wellbeing for Children and Young People Promotion of healthy weight in Children and Young People and reducing Childhood Obesity Targeted support at the most deprived populations, suffering the most health inequalities. Closer alignment of services (joined up working) and collaborative models of support including health,

<p>We will oversee delivery of the Health and Wellbeing Strategy 2021-26 and its three priorities:</p> <p>Priority 1: Children and young people having the best start in life.</p> <p>Priority 2: Improve mental health and wellbeing with a focus on prevention and early intervention.</p> <p>Priority 3: Reduce inequalities in health and the wider determinants of health.</p>	<ul style="list-style-type: none"> Children and Young People's Mental Health and Wellbeing JSNA Physical Health of Children and Young Peoples JSNA 				<p>education, and voluntary/third sector. With an emphasis on social support and addressing stigma.</p> <ul style="list-style-type: none"> Health promotion/very brief advice is utilised as a key tool for early intervention and prevention.
	<p>Development of Warwickshire Special Educational Needs and Disability (SEND) and Inclusion Strategic Partnership Group</p>	County	Warwickshire SEND and Inclusion Strategic Partnership Group	Johnny Kyriacou (WCC)	<ul style="list-style-type: none"> Co-production and feedback from children, young people and parent carers is evidenced at individual and strategic levels. Co-ordination of the Self-Evaluation Framework Delivery of the SEND & Inclusion Local Area Strategy, building on the SEND needs assessment and self-evaluation. Develop a Local Area Inclusion Plan to deliver the vision and aims of the strategy; to strategically plan and deliver services and assess the quality and sufficiency of all elements of the SEND Local Offer. Provision of strategic leadership to prepare for the Ofsted/CQC Area SEND Inspection.
	<p>Development of the Mental Health Collaborative with a view to enabling organisations to work collaboratively, with a shared purpose around mental health and wellbeing.</p>	System	Mental Health Provider Collaborative	Claire Hollingworth (CWPT)	<ul style="list-style-type: none"> Concordat approved by national team System sign up to Concordat for better mental health Launch of Mental health inequalities fund Review of adult mental health and wellbeing offer in WCC Launch of Mental Health and Emotional Wellbeing Board Improving outcomes for people with SMI Wellbeing 4 Warwickshire service Launch place-based approach to suicide prevention and MH&WB
	<p>Refresh of the Integrated Care System (ICS) Health Inequalities Strategic Plan and delivery of the Health Inequalities Transformation Fund</p>	System	Health Inequalities Delivery Group	Paula Jackson (WCC/ICB)	<p>Refreshed strategy outlines how transformation programmes will seek to reduce healthcare inequalities in line with the NHS CORE20PLUS5 framework. All partners within the ICS have adopted a Health in All Policies approach, using key tools such as health equity assessment tool (HEAT) to understand inequalities related to key programmes of work and/or services and how to mitigate against them.</p>
	<p>County</p>	Care Collaboratives	Shade Agboola (WCC)	<p>The bidding prioritisation process is agreed through the Care Collaborative. Activity is funded at Place and aligned to place-based partnership priorities and the CORE20PLUS5 framework.</p>	
	<p>System</p>	Prevention Board	Duncan Vernon (WCC/SWFT)	<p>Development of a practical strategic framework for prevention, built on and supporting work within NHS providers, and successful delivery of the prevention elements of the NHS LTP including Tobacco Dependency services in all four of Warwickshire's provider trusts.</p>	

Acronyms

Acronym	Name in full
CWPT	Coventry and Warwickshire Partnership Trust
GEH	George Eliot Hospital Trust
ICS	Integrated Care System
NWBC	North Warwickshire Borough Council
RBC	Rugby Borough Council
SWFT	South Warwickshire University Foundation Trust
UHCW	University Hospital Coventry and Warwickshire
WCC	Warwickshire County Council
WDC	Warwick District Council

Health and Wellbeing Board

6 September 2023

Health and Wellbeing Place Partnerships

Recommendation

That the Health and Wellbeing Board notes and comments on the progress of the Health and Wellbeing Board Place-based Partnerships.

1. Executive Summary

- 1.1 The purpose of this paper is to outline the current landscape of collaboratives across the Coventry and Warwickshire Integrated Care System (ICS), and the emerging relationship between these and the Health and Wellbeing Board (HWBB) Place-based Partnerships for Warwickshire North, Rugby and South Warwickshire.
- 1.2 The Integrated Care Partnership (ICP) Integrated Care Strategy sets out an ambition under priority 2 *improving access to health and care services and increasing trust and confidence* to make services more effective and efficient through collaboration and integration. It states that care and provider collaboratives are key to this as they will enable the ICS to transition to an infrastructure where decisions can be taken closer to communities.
- 1.3 The Integrated Care Strategy outlines that within the Coventry and Warwickshire ICS, there are four provider collaboratives and two geographical care collaboratives:

Table 1: Collaboratives and their purpose within the ICS

Collaborative	Purpose
Acute Provider Collaborative	To focus on at scale acute pathway redesign and to bring together all key stakeholders including acute and other appropriate stakeholders, for example primary care.
Mental Health Provider Collaborative	To enable organisations to work collaboratively, with a shared purpose, and at scale across multiple Places in Coventry and Warwickshire, to reduce inequalities in health outcomes, improve access and experience; improve resilience and ensure specialisation/consolidation can occur where this will provide better outcomes and value for all.
Primary Care Collaborative	To bring together all core primary care providers at a Coventry and Warwickshire level, starting with General Practice and incorporating wider core primary care providers over time.

	The immediate focus of this collaborative will be to provide strategic direction and support to local Primary Care Network (PCN) programmes.
Learning Disability and Autism Collaborative	To provide a space to have joint and collective oversight and responsibility of achieving the shared system objectives for autistic people and people with a learning disability.
Warwickshire Care Collaborative	The Geographic Care Collaboratives bring together providers and commissioners of health and care at a geographical footprint to shape commissioning decisions and initially oversee transformation for urgent care, NHS Continuing Healthcare, Better Care Fund (BCF) and out of hospital services. They will focus on the integrated health and care quadrant of the King's Fund population health and care framework adopted by the Coventry and Warwickshire Integrated Care System (ICS) and take a population health approach to health and care commissioning.
Coventry Care Collaborative	

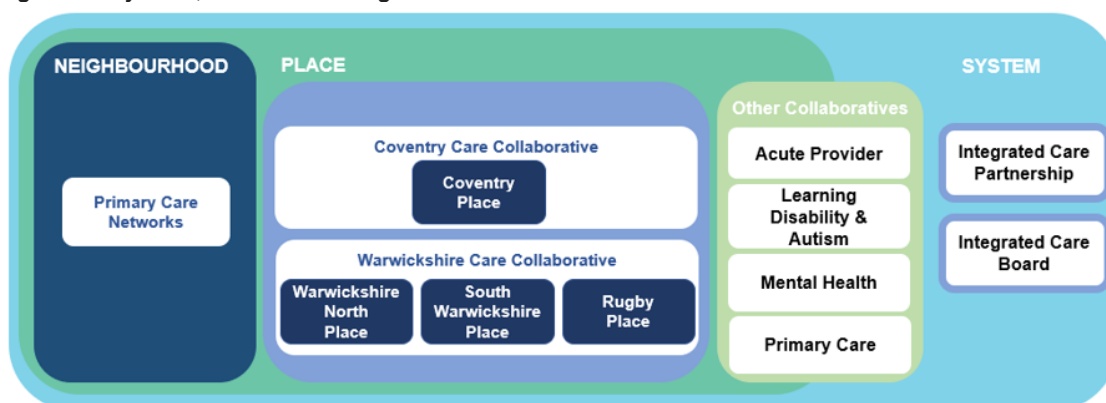
- 1.4 There is nominated place representatives on each of the collaboratives listed in Table 1. Within Warwickshire, this means that Warwickshire North, Rugby and South Warwickshire are all represented, as highlighted in Table 2. Each of the three Places has developed a mechanism for feeding to and from the Collaboratives. For example, Care Collaborative is a standing item on Warwickshire North's Place Executive, and on South Warwickshire's Place Partnership Board.

Table 2: Warwickshire Place representation within Collaboratives

Collaborative	Warwickshire North	Rugby	South Warwickshire
Acute Provider Collaborative	TBC	TBC	TBC
Mental Health Provider Collaborative	Dr Mehwish Qureshi	Simon Betteridge	Claire Hollingsworth
Primary Care Collaborative	Dr Mehwish Qureshi (PCN Lead)	Dr Norman Byrd (PCN Lead)	Dr Christina Ramos (PCN Lead)
Learning Disability and Autism Collaborative	TBC	TBC	TBC
Warwickshire Care Collaborative	Catherine Free (Chair of Warwickshire North Place Executive)	Jerry Roodhouse (Member of Rugby Health and Wellbeing Partnership)	Chris Elliot (Chair of South Warwickshire Health and Wellbeing Partnership (Place Partnership Board))

- 1.5 We recognise that within our 'Coventry and Warwickshire Place', ICS partners have different definitions and understandings of what 'Place' encompasses. Most notably, The NHS definition considers Warwickshire as a Place (Figure 1), whereas Warwickshire-based partners identify as 3 separate Places. It is understandable that clarity of understanding of roles, boundaries, and partnership working in Warwickshire can be confusing to those working with the concepts of 'Coventry' and 'Warwickshire' Places (instead of Coventry; Warwickshire North; Rugby; and South Warwickshire Places). It is therefore important that roles and expectations of Place representatives are clearly defined.

Figure 1: System, Place and Neighbourhood ICS infrastructure



- 1.6 A Matrix Working Group has been established to help define the role and expectations of the Place-based Partnerships within the Care Collaboratives for Coventry and Warwickshire. This is being supported by NHS England as part of the Foundation Group being a national innovator for provider collaboration. It is proposed that the Place-based Partnerships are expected to bring to decision shaping conversations, in-depth knowledge about communities and the wider influences that shape health and wellbeing and drive inequalities. The Warwickshire Care Collaborative will be looking to Place-based Partnerships to shape thinking around its current and future priority areas and whether these are aligned to individual place partnership priorities with identification of synergies and gaps.
- 1.7 The Care Collaboratives are the only collaboratives where future delegated commissioning responsibility has been agreed to date. The agreed initial priorities for the Warwickshire Care Collaborative will support the delivery of the Warwickshire HWBB Strategy and the Coventry and Warwickshire Integrated Care Structure and are as follows:
- Play an increasing role in shaping commissioning decisions and developing recommendations to improve outcomes and efficiency and to reduce inequalities for Coventry and Warwickshire people for NHS Continuing Healthcare, urgent and emergency care and out of hospital services.
 - To lead in the planning and oversight of the local Health Inequalities Innovation Fund to ensure that initiatives are targeted at the most deprived populations.

- Take an active role in driving the transformation of local services through integration to deliver improved system resilience and outcomes for patients. Flagship transformation programmes for 2023/24 includes the delivery of the Hospital Discharge Community Recovery Programme.
- In partnership with the ICB undertake a joint review of out of hospital services to determine the future commissioning requirements, whilst supporting Places to develop delivery models, which enable the development of Integrated Neighbourhood Teams to allow services to be tailored to local population needs, and fully integrated with acute, primary care and social care services to improve care, recovery and patient independence.
- Linked to the above, review pre-hospital services and develop a Place based integrated urgent care service offer.
- To lead in the planning and oversight of the Winter Planning funding to maximise resilience of local services during periods of pressure.
- Review and re-design commissioning arrangements for NHS Continuing Healthcare services to support a transition to more integrated delivery at Place.
- Take an active role in the planning and oversight of Better Care Fund Programmes in a way that supports person-centred care, sustainability and improved outcomes for patients and carers.
- Develop the Care Collaborative role and function within the wider ICS infrastructure to transition from shaping decisions as a Consultative Forum, to becoming a formal sub-committee of the Integrated Care Board (ICB), with decision making responsibilities by January 2024, and develop robust arrangements for the function and resource to transfer to the collaborative during 24/25.

- 1.8 The Warwickshire Care Collaborative in its Consultative Forum stage has agreed to adopt the Joint Strategic Needs Assessment (JSNA) and wider associated population health intelligence as part of the Care Collaborative decision making process, given its value as a joint evidence base. Warwickshire Care Collaborative partners and members of the consultative forum will continue to have an opportunity to shape future JSNA outputs to support the aims and direction of the Care Collaborative via the JSNA Strategic Group. The Terms of Reference for the JSNA Strategic Group will also be reviewed to ensure a closer relationship between this group and the Care Collaborative.

2. Financial Implications

- 2.1 None.

3. Environmental Implications

- 3.1 None.

4. Supporting Information

4.1 None.

Appendices

None.

Background Papers

None.

	Name	Contact Information
Report Author	Gemma McKinnon	gemmamckinnon@warwickshire.gov.uk
Director	Shade Agboola	shadeagboola@warwickshire.gov.uk
Executive Director	Nigel Minns	nigelminns@warwickshire.gov.uk
Portfolio Holder	Councillor Margaret Bell	margaretbell@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s):

Other members:

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Health and Wellbeing Board

6 September 2023

Children and Young People Partnership

Recommendations

That the Health and Wellbeing Board:

- 1) Notes the progress made by the Children and Young People Partnership; and
- 2) Approves the reporting arrangements of the Children and Young People Partnership to the Health and Wellbeing Board; and the proposed escalation route related to Special Educational Needs and Disabilities (SEND).

1. Executive Summary

- 1.1 The Children and Young People Partnership (CYPP) was established in October 2022 as an informal sub-group of the Health and Wellbeing Board (HWBB) to support the ambitions of Warwickshire's Health and Wellbeing Strategy. The purpose of the CYPP is three-fold: provide strategic oversight of the children and young people agenda; facilitate integration and collaboration across Warwickshire; and take a population health approach in doing this.
- 1.2 The terms of reference (ToR) for the CYPP are attached in Appendix 1 and set out arrangements for reporting. It was agreed during the CYPP's inception that as it was an informal sub-group rather than a formal sub-committee of the HWBB (and therefore not subject to the usual requirements to be held in public) it would be a closed meeting, with anonymised minutes not shared outside of the CYPP membership list. This is to create an environment that facilitates open and challenging discussion between partners. Having said this, a summary of progress will be reported back to the HWBB on a regular basis. It was also agreed that a member of Health and Wellbeing Board (HWBB) would chair the meeting and in July 2023 Councillor Penny-Anne O'Donnell was appointed and chaired her first CYPP.
- 1.3 The ToR sets out the CYPPs priorities:
 - Priority 1: Early years, including the first 1001 days (conception to age 2) and pre-school age (up to age 5 years)
 - Priority 2 – children and young people's mental health and wellbeing, with a focus on social, emotional, and behavioural needs.

The focus on these priorities aligned with the publication of the Children's 0-5 Joint Strategic Needs Assessment (JSNA) and the Mental Health and Wellbeing of Infants, Children and Young People JSNA (published January 2023 and May 2023 respectively).

- 1.4 The CYPP also identified the need for a mechanism to discuss current issues related to the children and young people's agenda. As such, the meetings have been formatted to include a 'Problem Solving Stream' which has been focussing on Special Educational Needs and Disabilities (SEND).
- 1.5 Since the HWBB's last update from the CYPP in January 2023, the Partnership has met three times and focussed on:

Date	Focus	Outcome
Jan 2023	Problem Solving Stream: Pilot SEND Inspection	CYPP made aware of the findings within the pilot SEND inspection and the upcoming requirements to support the development of a SEND Strategy.
	Priority 1: Taking forward the 0-5 JSNA recommendations	CYPP made aware of recommendations and support sought for CYP Making Every Contact Count (MECC) initiative and CYP Health in All Policies approach.
March 2023	Priority 1: Health Visiting service discussion	CYPP received an update on the improvements to service delivery and discussed commissioning arrangements.
	Priority 2: Children's social and emotional mental health	CYPP received an overview of the then draft Mental Health and Wellbeing of Infants, Children and Young People JSNA. It was agreed that: <ul style="list-style-type: none"> • strategies related to children and young people needed to be synthesised; • the gap in provision of services for those aged 16-24 would be picked up; and • A biopsychosocial approach is needed to support children and young people's mental health.
July 2023	Problem Solving Stream: SEND strategy and self-evaluation	CYPP were given a progress update on the SEND Strategy refresh, requesting a joined up approach to develop the strategy and synthesise work across the system. ToR for the new SEND and Inclusion Strategic Partnership circulated for comments back by October CYPP.
Oct 2023	Refocus on Priority 1 and Priority 2:	TBC

To support the Partnership’s ambition to facilitate integration and collaboration, members have also been working on the production of a structure map, showing the various groups supporting the children and young people agenda across Warwickshire (Appendix 2).

2. Financial Implications

2.1 None arising directly from this report.

3. Environmental Implications

3.1 None arising directly from this report.

4. Timescales associated with the decision and next steps

4.1 Update for January HWBB will include process from October meeting, as well as the Area SEND Strategy for endorsement.

4.2 A Children and Young People Physical Health JSNA is due to be published May 2024. The CYPP ToR will then be amended to account for the additional priority to address the recommendations within this new JSNA.

Appendices

Appendix 1 – Terms of Reference (ToR) for Children and Young People Partnership
 Appendix 2 – CYPP structure map

	Name	Contact Information
Report Author	Gemma Mckinnon, Kelly Hayward	gemmamckinnon@warwickshire.gov.uk kellyhayward@warwickshire.gov.uk
Director	Shade Agboola	shadeagboola@warwickshire.gov.uk
Executive Director	Executive Director for People	Nigelminns@warwickshire.gov.uk
Portfolio Holder	Portfolio Holder for Adult Social Care & Health	margaretbell@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s): County wide report

Other members:

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Together we're making health and social care better

Annual Report 2022–23



Contents

Message from our Chair	3
About us	4
Highlights from our year	5-8
Listening to your experiences	9-13
Hearing from all communities	14-15
Advice and information	16-17
Volunteering	18-19
Finance and future priorities	20
Statutory statements	21-22
Glossary of abbreviations	23
Our stakeholders and colleagues	24-25



"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Message from our Chair

I am pleased to share with you the 2022-23 Annual Report for Healthwatch Warwickshire.

This year, with the lifting of most COVID-19 restrictions, we have relished the opportunity to engage face to face, once again, with the people of Warwickshire. In a time of financial difficulties, challenges in accessing health and social care services and general uncertainty Healthwatch Warwickshire has strived to listen, act and report on issues impacting on the health and wellbeing of local people.



Liz Hancock, Chair

We have sought new ways of engaging with people and, alongside our face-to-face work, we have continued to offer people the opportunity to respond to on-line surveys. These have included engagement with LGBT+ people regarding accessing healthcare, a survey on Dentistry, and the opportunity to take part in a Pharmaceutical Needs Assessment.

At Healthwatch Warwickshire it is important that we do not work in isolation. Working closely with other local Healthwatch organisations and Healthwatch England enables us to share learning and influence decisions both nationally and locally. We are pleased to have a voice at the three local Place Boards, Health & Wellbeing Board, Care Collaboratives, Integrated Partnership Board as well as other local meetings.

We work closely with a team of volunteers, and I am pleased to report that they, alongside members of staff, have been able to restart our programme of Enter & View visits to care homes. Volunteers who visit the homes provide helpful feedback to managers to help them improve the experience of residents, carers and families. Our volunteers also carried out a "mystery shop" of GP Surgery and Medical Centre websites across Warwickshire North and Rugby. The team identified good practice and made suggestions to the GPs and Medical Centres that they could adopt to help improve the experience of those using their websites.

2023 marks the 10th anniversary of Healthwatch and I am proud of the difference we have made to the lives of local people. This has been due to the hard work of the small team of staff and volunteers but also, and most importantly, the people of Warwickshire for speaking up and sharing their views and experiences.

Liz Hancock, Chair

"We have relished the opportunity to engage face to face, once again, with the people of Warwickshire."



About us

Healthwatch Warwickshire is your local health and social care champion.

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision*

A world where we can all get the health and care we need.



Our mission*

To make sure people's experiences help make health and social care better for everyone in Warwickshire.



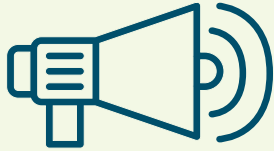
Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

*Our vision and mission are due to be updated for 2023.

Year in review

Reaching out



2,063 people

shared their experiences of health and social care services with us (up 46% since last year), helping to raise awareness of issues and improve care.

26,235 people

came to us for clear advice and information about topics such as mental health and the cost-of-living crisis, including through our website.

Making a difference to care

We published

7 reports

about the improvements people would like to see to health and social care services.

Our most popular report was

'Carer's Experience of Hospital Discharge'

which highlighted the struggles carers face when the person they care for is discharged from hospital.



Health and care that works for you



We're lucky to have

12 outstanding volunteers and 9 board directors

who are dedicated to making care better for our community.

We're funded by Warwickshire County Council. In 2022-23 we received

£227,980









which is 3% more than the previous year.

We currently employ

8 staff (5.4 FTE)

who work alongside our volunteers and board directors.

How we've made a difference

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Spring</p>	 <p>Deaf and Hearing-Impaired people shared their experiences of healthcare with us through in-person events and a survey. Written briefing shared with Warwickshire County Council.</p>	 <p>Adult Social Care Funding Reform online event, leading to a national report identifying several important recommendations.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Summer</p>	 <p>Local leaders of the Voluntary and Community Sector were brought together in our online forum with opportunity to hear from and speak to Chair of the Integrated Care System for Coventry and Warwickshire.</p>	 <p>LGBTQ+ people told us about their experiences through a Warwickshire Pride online feedback event and county wide survey. Written briefing shared with Warwickshire County Council.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Autumn</p>	 <p>Dentistry patients told us about their care concerns through our survey leading to NHS England interest in further focussed engagement.</p>	 <p>Advanced Care Planning Listening and Learning Event, to improve knowledge and confidence of professionals when offering support to individuals.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Winter</p>	 <p>'Winter Outreach: 3 Quick Questions.' We asked about prescriptions, costs and delays. We gathered evidence to share with our partners in the three Places in Warwickshire.</p>	 <p>Our Enter & View service successfully returned, with training for new staff and volunteers.</p>

10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change. Here are a few of our highlights:

How have we made care better, together?

Visit our [website](#) for more detail

GP Patient Experience Review



Our Authorised Representatives conducted Enter and View visits to the 82 GPs in Warwickshire, and surveyed more than 2000 patients, obtaining valuable independent intelligence about their specific experiences and concerns.

Wellbeing Survey



We heard from over 400 people during the Coventry and Warwickshire Year of Wellbeing. An initiative to encourage individuals and communities to focus on improving their own wellbeing.

Local Carers



We heard from 239 people about their experiences of being a Carer, 23 of them spoke to us in depth about hospital discharge. We shared our findings with Warwickshire County Council and NHS England.

Mental Health Service Review



We visited inpatient and outpatient facilities and presented our findings and recommendations to CWPT, who agreed to produce an action plan.

RAP: Homeless Rights to Access Primary Care



We delivered workshops and produced a very popular plastic Rights to Access card for people to keep with them, including help for when trying to access care.





Healthwatch Hero



Celebrating a hero in our local community.

Julia is a Healthwatch Hero for bravely raising her experiences with us and aiming to create change so that no one else has to struggle as she did.

Julia has a long and painful history with endometriosis, including misdiagnosis, unsuccessful treatment and successful surgery.

We helped Julia tell her story to Coventry and Warwickshire Integrated Care Board, leading to a video of Julia recounting her experiences being available to commissioners of local services.

We hope that by Julia sharing her personal journey other people in Warwickshire will not have to struggle to get timely, local treatment.



Listening to your experiences

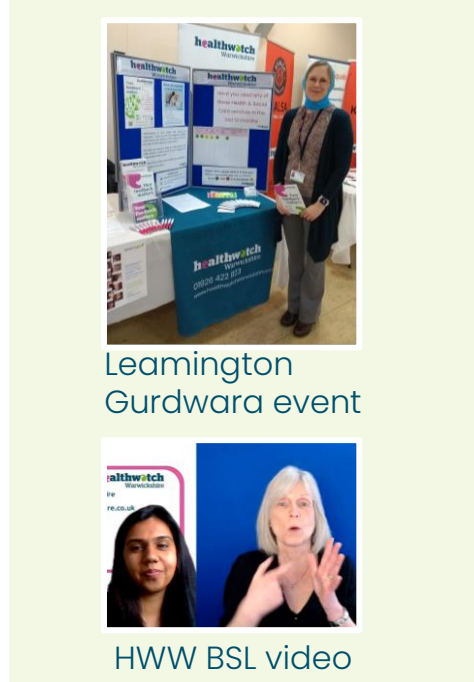
Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services to help them improve.

Meaningful engagement

We aim for well thought out engagement to be at the heart of every interaction. Within a matter of seconds, we need to create a rapport with the group or individual we are speaking to and strike the balance of explaining what HWW is, getting informed consent and encouraging feedback – no mean feat!

Overcoming barriers to engagement

This year, as always, we were culturally sensitive and ensured respectful interaction within places of worship. We did not make assumptions about groups or individuals' ability to communicate. When we didn't have the skills, we found better ways of engaging. We did not assume that everyone has literacy, and sometimes the best way to communicate was through an interpreter. When engaging with Young People, we avoided putting words in their mouths, and realised it is important to find those who are rarely, if ever, asked for their opinion as they will often lead to the greatest challenges. When people shared their experiences of care with us in a public space, we handled the personal information with sensitivity and kindness.



Leamington Gurdwara event

HWW BSL video



Humans have a great capacity to connect, establish relationships and share their stories, we recognise the importance of being trusted with the experiences of the people of Warwickshire and for it to have meaning."

Carla, HWW Engagement and Outreach officer

Our range of engagement activities

We used targeted questions during our 'Winter Outreach' and shared these in a variety of ways e.g., speaking to new parents at baby groups or during the pauses between nursery rhymes at playgroups, gathering individual feedback first and distributing the survey afterwards. We also spent two sessions with a Warwickshire Vision group explaining our dental survey and ensuring people could fill in the surveys on an individual basis.

Some of our other engagement activities this year have included:

- One to one conversations, in person and by telephone
- Group discussions and focus groups
- Presentations
- Questions and Answer sessions
- Online meetings
- Attendance at community events



George Eliot Hospital visit

Making new parents' views known

All maternity and postnatal services nationally have been deeply affected by the Ockenden Report released in March 2022. From this has come a desire to engage with new parents and listen to their experiences.

Following COVID, maternity and postnatal services are stretched. [Ockenden review](#)

“All services are overwhelmed. Mums need more support particularly with mental health – there is a gap” Warwickshire parent, January 2023.



We wanted to hear how this is impacting on Warwickshire families and to ensure their voices are heard. Over the last seven months we have:



- Promoted the Healthwatch national survey on Maternal Mental Health
- Visited baby groups, playgroups and baby nearly new sales
- Heard from new parent support services both NHS and VCSE

Making your views known

Healthwatch Warwickshire attend the Coventry and Warwickshire Maternity Voices Partnership to share feedback and support the involvement of local people in scrutiny of the services.

These meetings are attended by NHS representatives from local maternity and neonatal systems, health visiting, voluntary and community sector perinatal mental health organisations and members of the public supporting the services. This is one conduit for us to share what we hear and has led to NHS services requesting we share people's views with them directly to improve services.



“Your feedback is wholesome. Positive comments have been shared with staff and negative comments are addressed and acted on to make improvements of the service.” Associate Director of Midwifery South Warwickshire



Healthwatch invited people to share their experience of pregnancy, birth and postnatal support via an online survey. We heard from 2,693 people nationally, including 56 people from Warwickshire.

Our recommendations:

Healthwatch England has made five recommendations to help ensure every new mother and birthing parent receive the six-week check, and that it is of the highest quality. These include:

- Integrated Care Systems should monitor the delivery of six-week postnatal consultations as part of their primary care commissioning responsibilities.
- NHS England should update the GP contract to include mention of signposting to specialist and community mental health support services at the six-week week check

[National Report: Maternal mental health \(healthwatch.co.uk\)](#)

Supporting new parents

We continue to listen

Following the report, we continue to listen for feedback on care during pregnancy, birth and after to hear people's experience in 2023. We published a report in March which has been widely shared, and we continue to meet with partners to discuss the findings.

[Warwickshire Report: Perinatal Mental Health | Healthwatch Warwickshire](#)

“It's really valuable research, and also incredibly sobering and a real reminder of the value of/need for services like ours to exist... I really hope that this, alongside the findings of the national survey, makes key funders and professionals sit up and listen.”

Project manager at Parents In Mind, Warwickshire

We listened to the challenges faced by new parents to inform our updated webpage:

[Pregnancy & Parenting Support Services | Healthwatch Warwickshire](#)

You told us



“Absolutely no breastfeeding support and partner was unable to stay to support me after the birth and support from staff was minimal. This has left me with a lot of grief around my immediate post-natal and breast-feeding journey that is now impacting my mental health in my current pregnancy.”

Dec 22

“We don't know when health visitor visits are supposed to happen, when are we supposed to see them?” Jan 23

“With my first child I had contact all the way through. With my youngest, four hours after birth I was sent home and had nothing since – fortunately he was a happy baby and fed well but it is now hard work as he doesn't sleep and has tantrums and I need help. I don't know who my health visitor is.” March 23



Providing information to new parents

We included:

- contact information for maternity units and the health visiting text service so parents can contact the health care professionals they need.
- a link to an interactive map to show which health visiting teams are the closest for those who are unsure about who their health visitor is.
- current information on breastfeeding support throughout the county, including face to face options which have started back since covid.
- information on local perinatal mental health support including referral pathways.

Making a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences are frequently ignored.

Creating empathy by bringing experiences to life



It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.

We facilitated A 'Reach Out' Group session with Mencap Ambassadors, for adults with learning disabilities. The Ambassadors told us about what they do and do not like about going to the GP, whether tests are explained to them, and their thoughts on Annual Health Checks and Hospital Passports. Sharing our findings with the Coventry and Warwickshire Integrated Care Board (ICB) has led to further partnership work between the ICB and Mencap.

Getting services to involve the public



Working to ensure your voice is heard throughout the county.

Healthwatch Warwickshire is represented in each of the three Place meetings in the county. These meetings are an opportunity to share what local people are saying about the services with NHS and local authority providers. We share our qualitative data and reports to inform their decision making. Last year we shared feedback which contributed to the decision of the South Warwickshire Place Delivery Group recommending the 0-5 age group in rural locations as a priority area.

Improving care over time



Change takes time. We have identified Young People's Mental Health as an area for investigation, we aim to:

- Focus initially on 16 – 18-year-olds, including those frequently ignored such as NEETs, who may fall between child and adult services.
- Network with local organisations and gain a Place based insight into issues affecting young people's health and wellbeing and to use this intelligence to inform further engagement led by and for Young People.
- Initiate contact in Further Education colleges across the county.
- Investigate the interest of young people in becoming more involved with Healthwatch Warwickshire in a volunteering capacity.



Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Holding an online feedback event and running a survey for LGBTQ+ people.
- Hosting an in-person feedback event for Deaf people, with a Personal Assistant and a BSL interpreter to aid communication.
- Listening to Mencap Ambassadors at a small in-person focus group.
- Attended play groups and Family Centres to speak to new parents and grandparents.

Deaf and Hearing-Impaired access to healthcare

We shared a survey, visited a Deaf social group and held a feedback event, alongside a British Sign Language interpreter and a Personal Assistant, for people to share their views about accessing healthcare. We followed up with four in depth interviews of Deaf people.

People told us about their frustrations when trying to communicate to make appointments, when appointments are delayed or cancelled due to interpreters not being available and how they can be unsure about their diagnosis, treatment or medication.



“Delays leave me stressed and worried. I believe there is an imbalance between how Deaf and hearing people are treated.”

Local Deaf person



Listening to LGBTQ+ concerns

We heard concerns about cervical screening at our online listening event with Warwickshire Pride. We shared this feedback at the Health Inequalities Screening Group and as a result, the information that is available on cervical screening for people who are asexual or from the wider LGBTQ+ community was added to the then CCG newsletter. Materials available at Jo’s Trust were also reviewed.

We were also asked to engage more widely around screening in Warwickshire. We suggested that Carers could be invited for screening at the same appointments as the person they care for.

“...there should be more info about what will happen (at a cervical screening), what can be asked and what can be changed to make the experience less traumatising for ACE people or trans men.”

Local resident



Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Assisting with registering at new GPs and dentists.
- Offering support when moving between care homes.
- Listening to and sharing, concerns about maternity services.
- Providing up to date information people can trust, on our website, social media, by telephone and email.

Improvements to staff training around vaccines

A member of the public made contact to inform us of their experience whilst needing an urgent, time sensitive, vaccine.

Following an animal bite during an overseas holiday a Warwickshire resident was advised by their GP that they needed an urgent rabies vaccine. Despite lengthy communications between the surgery and Public Health England, when the person attended the allotted hospital where the medication had been sent with the appropriate paperwork, none of the A&E staff were aware of the situation, or where the vaccine was stored.

“No one knew where the vaccine was and when they did find out, it took 23 hours to call me only to be told I need to wait until 9am tomorrow.”

Warwickshire resident

Healthwatch Warwickshire supported the resident, after a two-day delay the vaccine was administered. The hospital responded to the complaint and, taking into account the patient's experiences, are introducing new reminders for staff and training for new staff on how to access and organise the delivery of the rabies vaccine.

Support with a care home transfer

An enquirer contacted us for information and support when asked to urgently move their parent out of their current care home.

We shared information on rights in this situation and suggested both a conversation with the care home manager and to contact Warwickshire County Council social care team for an urgent assessment. The enquirer was frustrated that,

“The services are not joined up and no one talks to each other”.

A few days later we heard from the enquirer again:

‘Many thanks for calling back, and the information you sent me has been of great use, I now feel I at least have the tools to deal with moving my parent, so once again very many thanks, your help is much appreciated, and probably much undervalued.’

Warwickshire resident



Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Gave comprehensive feedback on the ebooklet: 'Advice for Neurodivergent People and their Families' to NHS Coventry and Warwickshire Integrated Care Board.
- Made telephone calls to dental surgeries to speak to staff about accessibility.
- Completed online and in-person training updates in preparation for re-starting Enter & View visits, and around Health and Social Care.
- Shared insights on Mental Health services, hospital referrals and GP patient experiences.
- Acted as Active Observers on our Board.
- Completed 15 Steps Training with Coventry and Warwickshire Partnership Trust.
- Provided feedback on guidance for patients to help with getting the most from a medical appointment.

Lalitha

"Stepping out of a professional role, after working with the NHS for many years, gave me an opportunity to engage with local communities, and time to work with Healthwatch as a Volunteer. Engaging with individuals I hear many complementary views, but I was surprised that some people felt a documented complaint may impact negatively on their future care. As a Healthwatch volunteer, I hope to promote the work we do and share information with service users and providers, to ensure that an effective, efficient and quality service is provided to meet the changing needs of all service users."



David

"I am involved in Healthwatch Warwickshire, as an Authorised Representative and Volunteer Observer on the Board, to help people in Warwickshire to get decent services. Most importantly, if things are not right for individuals HWW not only try to sort things for that one person but take issues up with the agencies that need to know how things impact people. I hope that service improvement, spending and organising, is based on Healthwatch evidence."



Kate

"I was appointed Chief Executive of Warwickshire CAVA in 2019, after working there in various roles for 10 years. Since June 2022 I have been Manager of New Hope Counselling and sit on the Voluntary and Community Sector Mental Health Alliance Partnership Board. The diverse experience and knowledge I have gained in the voluntary sector over 30 years is what motivated me to join the Board of Healthwatch Warwickshire. I am committed to improving health and social care services and have a particular interest in mental health, learning disabilities and ensuring that refugees, asylum seekers and their families have access to appropriate health services."



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

 www.healthwatchwarwickshire.co.uk

 **01926 422 823**

 info@healthwatchwarwickshire.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure– subject to audit

Income		Expenditure	
Funding received from local authority	£227,980	Staff costs (inc. pension)	£180,198
Additional income	£7,572	Operational costs	£51,818
Total income	£235,552	Total expenditure	£232,016

Additional income includes:

- **£1,500 funding** received from HWE Digital Fund
- **£3,150 funding** received from Warwick Medical School ReSPECT Project

Next steps – Chris Bain, CE Healthwatch Warwickshire

For 10 years Healthwatch Warwickshire has been working to ensure that the lived experiences of patients and residents are central to decisions about the commissioning, provision and review of health and care services.

With services under unprecedented pressure, we need an approach which improves care over time. The challenges around stubborn issues such as primary care access, young people's mental health and women's healthcare services are not easily dealt with.

HWW will therefore promote continuous engagement with groups whose voices are frequently ignored so that the inequalities which undoubtedly exist can be constructively challenged.

Enter and View can be delivered in many forms and is a really important part of this future program. It enables us to hear the voices of those who are frequently ignored and makes practical recommendations for change.

Top three priorities for 2023–24

1. Improving care over time.
2. Promoting continuous engagement.
3. Developing and promoting Enter and View..



Statutory statements

Healthwatch Warwickshire, 4-6 Clemens Street, Leamington Spa, CV34 5DL.

Healthwatch Warwickshire uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of 9 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Throughout 2022/23 the Board met 6 times and made decisions on matters such as: the Operations Committee ensuring we are compliant with Employment Legislation and the Finance and Audit Group approving project funding. We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available by phone and email. We have provided a webform on our website, and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and share copies with Healthwatch England, Warwickshire County Council, Coventry & Warwickshire Integrated Care Board, NHS England and Care Quality Commission.

Responses to recommendations

We didn't have any providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

In our local authority area for example we take information to Warwickshire Health and Well Being Board, Place Partnerships, and the Adult Social Care and Health Overview and Scrutiny Committee.

We also take insight and experiences to decision makers in Coventry and Warwickshire Integrated Care System. For example, we presented alongside HW Coventry at the Integrated Care Partnership. representing the patient's voice directly. We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year, we made one Enter and View visit. We put in place a thoughtful and deliberate programme to ensure our existing Authorised Representatives, and new volunteers, were fully prepared to re-establish this service following the break during the COVID-19 pandemic.

	Reason for visit	What you did as a result
Care Home- Newstead Lodge Nursing Home	Stakeholder feedback	Wrote a report that we shared on our website and with CQC and Warwickshire County Council Quality Assurance Team.

Healthwatch representatives

Healthwatch Warwickshire is represented on the Warwickshire Health and Wellbeing Board by Chris Bain, Chief Executive. During 2022/23 our representative has effectively carried out this role by presenting our Annual Report, being a member of both the GP Task and Finish Group, and the Coventry and Warwickshire Integrated Care Forum.

Healthwatch Warwickshire is represented on Coventry and Warwickshire Integrated Care Partnerships and Coventry and Warwickshire Integrated Care Boards by Chris Bain. Chris also has a seat on the Care Collaborative and the Mental Health Collaborative. We are represented at the three Places in Warwickshire by members of our Board of Directors.

Glossary of abbreviations

ACE	An umbrella term covering a range of asexual and aromantic identities.
CQC	Care Quality Commission.
FTE	Full Time Equivalent.
LGBTQ+	Lesbian, gay, bisexual, transgender, intersex, queer/ questioning, asexual and many other terms (such as non-binary and pansexual)
NEETS	Young people, not in education, employment or training.
VCSE	Voluntary, community and social enterprises

Thank you

We would like to express our gratitude to everyone who has taken part or contributed to our work this year.

Public

We would like to thank members of the public who have taken the time to contact us about their experiences of health and care services in Warwickshire whether that was through our information and signposting service, providing feedback through our surveys, by social media, or email. Every contact is appreciated and makes sure we are looking at the issues that matter most to you. Our express thanks to participants in our dental, LGBTQ+, Deaf and maternal mental health surveys.

Partners and key stakeholders

We would like to thank local partners and key stakeholders for their continued support in ensuring that patient/carer/public voice is heard in decisions that affect them.

Goodbyes

Board, Volunteers and Staff

We give our thanks to all our Board Directors for their continued support and direction. During the year one director, Helen Adkins, has resigned due to work commitments. We wish Helen all the best in her future work. We would like to express our sincere thanks to our volunteers for their continued help and support. This year we have said goodbye to Judy Timpson and Liz Oxborough.

We said goodbye and best wishes to valued staff members, Lucy Dean, Isobel Jonas, Poonam Thompson, and Claire Jackson. Isobel entered retirement while the others left us to take up new and exciting roles elsewhere. We wish them all good health and happiness for the future.



Board, Volunteers and Staff April 2023



Board Directors left to right:

Top row: Liz Hancock, Robin Verso, John Copping.
Middle row: Jerry Roodhouse, Gita Patel, Leonard Harvey.
Bottom row: Mike Flaxman, Paul Tolley, Kate Morrison



Volunteers left to right:

Top row: Anita Vig, David Alexander, Sue Tulip, Sue Roodhouse.
Middle row: Alison Wickens, Dilys Skinner, Maggie Roberson, Lalitha Webb.
Bottom row: Gill Fletcher, Su Jenkins, Terry Bennett, Jackie Prestwich.



Staff left to right:

Deborah Key, Carla Searle, Caroline Graham, Chris Bain, Vina Fatania, Tanisha Reddall, Robyn Dorling

healthwatch

4 – 6 Clemens Street

Leamington Spa

CV31 2DL

www.healthwatchwarwickshire.co.uk

t: 01926 422 823

e: info@healthwatchwarwickshire.co.uk

 @HealthwatchWarw

 @HealthwatchWarw

 @healthwatch_warwickshire

Health and Wellbeing Board

6 September 2023

COVENTRY AND WARWICKSHIRE INTEGRATED CARE STRATEGY: PUBLICATION AND MEASURING IMPACT

Recommendation(s)

The Board is recommended to:

1. Note the final Integrated Care Strategy for Coventry and Warwickshire and associated documents;
2. Note the approach to measuring and monitoring the impact of the Strategy that has been agreed by the Integrated Care Partnership;
3. Agree to receive an annual report of progress on the Integrated Care Strategy and ambitions for accountability and to inform the review of the Health and Wellbeing Strategy; and
4. Consider how the Board is contributing to delivery of the Strategy through its own Health and Wellbeing Board Delivery Plan.

1. Executive Summary

- 1.1 The Health and Care Act 2022 requires integrated care partnerships to write an integrated care strategy, setting out how the assessed needs of the population can be met by the Integrated Care System (ICS). The Integrated Care Partnership (ICP) approved the draft Integrated Care Strategy at its meeting on 8 December 2022 and this has since been shared widely across the system.
- 1.2 A proposed set of high level, aspirational ambition statements to measure the impact of the Strategy have now been developed. Both the Strategy and measures were approved for publication by the ICP on 4 July 2023.
- 1.3 The Strategy was published in July 2023, with a suite of documents (available on the [ICS website](#)), including an easy read and short read version. The formal launch of the Strategy is aligned with the communications around the publication of the Integrated Health & Care Delivery Plan, which it has directly informed.

2. Background

- 2.1 The Board received a report at its 11 January 2023 meeting, giving the opportunity to review and provide feedback on the draft Coventry and Warwickshire Integrated Care Strategy. The Board was informed that the ICP planned to develop a set of measures so that progress against intended outcomes could be properly monitored, with oversight through the Integrated Care Partnership and regular reporting to the Health and Wellbeing Boards.
- 2.2 On 24 May the Board received a further report sharing the draft Coventry and Warwickshire Integrated Health and Care Delivery Plan (IH&CDP), which is the health and care system shared delivery plan for the Integrated Care Strategy.
- 2.3 The Coventry and Warwickshire Integrated Health and Wellbeing Forum was the key mechanism through which both the Coventry and Warwickshire Health and Wellbeing Boards were involved in the development of the Integrated Care Strategy. The March 2023 meeting of the Forum provided an opportunity for members to consider:
- How partner organisations could contribute to delivering the Integrated Care Strategy;
 - The role of the two local Health and Wellbeing Strategies in driving delivery; and
 - What measures should be used to demonstrate the impact of the Strategy and how partners could take ownership of these.

3. Measuring Impact – development of our approach

- 3.1 The ICP has developed its approach for measuring the impact of the Integrated Care Strategy, as the mechanism by which ICP partners will collectively hold themselves to account for the delivery of the Integrated Care Strategy.
- 3.2 The approach was informed by some agreed key principles:
- Measurement should not be duplicative or burdensome
 - Data should already be recorded and publicly available
 - An inequalities focus should be taken where appropriate
 - Ideally, we are able to measure at Place level
 - We will use the best available measures in terms of timeliness, frequency of collection, source and granularity
 - We can reasonably expect Strategy actions to have an impact
 - All system partners can contribute to improvement
 - It is the responsibility of all partners to collect and report data on progress

- We will draw on stories and lived experiences from local people.

3.3 Public Health colleagues worked closely with identified Integrated Care Strategy and IH&CDP leads and partners to develop the measures of impact and this process has helped continue to embed the strategy, promoting ownership amongst leads and partner organisations across the system. The measures are not designed to cover all system priorities since other, more detailed, measures on specific areas are included in metrics for the IH&CDP, the NHS Annual Operating Plan and the two Health and Wellbeing Strategies.

4. Measuring the impact of the Strategy – agreed approach

4.1 The agreed approach seeks to combine long-term measures of impact alongside evidence of more short-term, qualitative change. It includes a set of 15 ambitions, one for each area of focus and enabler in the strategy, which form a very high level and clear set of targets for the ICP to measure impact over the course of the strategy. Acknowledging the importance of tackling health inequalities as a ‘golden thread’ throughout, where possible each ambition has an additional health inequality focus.

4.2 The majority of the ambitions are designed to be longer term, with a measurable 5-year target set that highlights the direction of travel. These will be reviewed and refreshed, if required, annually, subject to new national guidance or significant local changes until 2028. Currently, some of the measures have been dictated by data availability and it will be important as part of this review to determine whether there is any additional data to reflect the ICP ambitions more accurately. Some of the more operational measures, particularly those linked to the enablers, are less quantitative and may require more frequent refreshing over the 5-year period.

4.3 Alongside the ambitions, case studies will be identified and shared at ICP meetings, to be used as a framework for exploring how system partners are working differently in each area and to learn from practice.

4.4 There will be annual reporting to the ICP of progress on the Integrated Care Strategy and ambitions (planned for 29 February 2024), along with proposed reporting to the two Health and Wellbeing Boards (March – May 2024) for accountability and to inform the review of the Health and Wellbeing Strategies.

5. Next steps

5.1 The formal launch of the Integrated Care Strategy is being aligned with communications around the publication of the IH&CDP between July and September 2023.

5.2 Ensuring that the Integrated Care Strategy continues to remain live and relevant within the system over the next 5 years will be important, with all

partners acknowledging their important role to play in its delivery. The annual cycle of review and reporting of the strategy will support in this.

6. Financial Implications

- 6.1 Finance is identified as a key enabler within the strategy and an associated measure has been agreed. It is expected that the priorities and strategic direction set out in the strategy will inform ICS decision-making and delivery, including spending priorities and the design of services.

7. Environmental Implications

- 7.1 The Strategy details the opportunities of integrated health and care for addressing environmental factors and climate change. This includes opportunities to reduce the overall contribution of the integrated care system to climate change and particularly the impact of healthcare. To reflect this, the measure identified for the 'public estates space and facilities' enabler relates to reduction in energy consumption of our NHS Trust estates.

8. Supporting Information

- 8.1 [National Government guidance for health and wellbeing boards](#) following the creation of statutory integrated care systems states that:
- Health and wellbeing boards (HWBs) will need to consider the integrated care strategies when preparing their own strategy to ensure they are complementary
 - HWBs should be active participants in the development of the integrated care strategy and the ICP and HWBs should “work collaboratively and iteratively in the preparation of the system-wide integrated care strategy that will tackle those challenges that are best dealt with at a system level”
 - HWBs are required to consider revising their health and wellbeing strategy following the development of the integrated care strategy for their area, but are not required to make changes if they consider that the existing health and wellbeing strategy is sufficient
 - The integrated care strategy should build on and complement local health and wellbeing strategies, identifying where needs could be better addressed at the system level
 - ICPs should use the insight and data held by HWBs in developing the integrated care strategy, in particular the JSNAs.
 - The introduction of integrated care strategies is an opportunity for JSNAs and health and wellbeing strategies to be revised and/or refreshed, to ensure that they remain effective tools for decision making at both place and system levels.
- 8.2 The guidance also makes clear that in an effective health and care system the ICP should build upon the existing work by HWBs and any place-based partnerships to integrate services. ICB and ICP strategies and priorities should not detract from or undermine the local collaboration at place level.

9. Timescales associated with the decision and next steps

- 9.1 It is intended to report to the Health and Wellbeing Board at its first meeting after end of February 2024 on progress of the Integrated Care Strategy and its associated ambitions.

Appendices

1. Appendix 1: Our Ambitions: Measuring the Impact of the Integrated Care Strategy
2. Appendix 2: Coventry and Warwickshire Integrated Care Strategy

Background Papers

1. Report to Warwickshire Health and Wellbeing Board, dated 11 January 2023, on the Coventry and Warwickshire Integrated Care Strategy:
<https://democracy.warwickshire.gov.uk/documents/s28645/sHWBIntegratedCareStrategy110123v10.pdf>

	Name	Contact Information
Report Authors	<p>Liz Gaulton, Chief Officer Population Health and Inequalities, NHS C&W Integrated Care Board</p> <p>Dr Shade Agboola, Director of Public Health, Warwickshire County Council</p> <p>Debbie Dawson, Population Health Transformation Officer, C&W Integrated Care System</p>	<p>Debbie.dawson@coventry.gov.uk</p>

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Our Ambitions: Measuring the Impact of the Integrated Care Strategy

Priorities



We will **reduce the gap in life expectancy** between people living in our most deprived communities compared with the least deprived by **5% in five years** – by 6.5 months for males, and 4.5 months for females in Coventry, and 5 months for males and 4 months for females in Warwickshire.



We will reduce the under 75 **mortality rate from all causes considered preventable by 5% in five years**, with the aim of achieving the largest reductions in Coventry, Nuneaton and North Warwickshire.



We will increase the percentage of children achieving a **good level of development at the end of Reception** by 5 percentage points in both Coventry and Warwickshire by 2028, focusing particularly on children from **households with the lowest incomes**.



We will increase the uptake of **Personalised Care and Support Plans (PCSPs)** each year, with a focus on individuals experiencing **health inequalities**.



We will increase the **total number of appointments in general practice** by 7.5% by 2028, with a focus on practices in the most deprived areas.



By 2024 we will co-produce a Framework for what **good engagement looks like** with our local population. We will also co-produce a system wide **engagement metric** to understand the current sentiment of our local communities towards health and care, and this metric will show an increase year on year in positive sentiment. By **2026 the Framework will be in use at both ICB and Collaborative level**, with 100% of significant service change decisions made under the Framework to put people at the heart of everything we do.



We will meet the faster diagnosis standard by March 2024 so that **75% of patients** who have been urgently referred by their GP for **suspected cancer are diagnosed or ruled out within 28 days**. We will then continue to meet any further national targets set over the next five years.



We will aim to achieve **top two quartile performance** nationally each year for the proportion of older people (65 and over) who are **still at home** 91 days after discharge from hospital into reablement/rehabilitation services.



We will **reduce staff vacancies** in NHS provider trusts workforce by **30% by 2028**.



Our Ambitions: Measuring the Impact of the Integrated Care Strategy

Enablers



By 2024, **75% of the adult population** of Coventry and Warwickshire will have **downloaded the NHS App**.



We will **reduce the energy consumption of our NHS Trust estates** by 4-5% every year through to 2028.



By September 2023 we will have a jointly agreed **3 year financial recovery plan**, showing a route to recurrent balance. By March 2024, we will have agreed a **framework and roadmap** for delegated financial responsibility and allocations to Place. This will include an approach to increasing the proportion of our system spend on preventative and out of hospital care.



By 2024, we will develop a **comprehensive assurance and performance framework for the Integrated Care System**, available at varying geographic levels with mutual accountability by organisation, underpinned by a single dashboard that will map and monitor all the different plans and strategies.



We will develop a **comprehensive quality framework for our Integrated Care System** by 2025, that demonstrates a shared system ambition and commitment to quality. Grounded on the principle of subsidiarity, this will be population focused, embracing co-production and collaboration, with a focus on equality, diversity, inclusion and shared decision making.



Our Transformation Programme will enable implementation of the ICSs six-point Financial Strategy, through **demonstrable improvement in the effective use of resources** that is informed by clinical and care professionals.





Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire Integrated Care Strategy



Contents

Foreword	3
Introduction.....	5
Delivering Health and Care in Coventry and Warwickshire.....	5
The Framework for our strategy.....	8
Our local people and communities.....	10
Our opportunities to improve health and care.....	12
The wider context and opportunities of integration	13
Inclusive Economic Growth	13
Addressing environmental factors and climate change	13
People at the heart of our strategy	15
Our strategic priorities.....	16
Priority 1: Prioritising prevention and improving future health outcomes through tackling health inequalities	19
Reducing Health Inequalities	21
Prioritising Prevention and Wider Determinants to protect the health and wellbeing of people and communities	23
Enabling the Best Start in Life for Children and Young People (CYP).....	26
Priority 2: Improving access to health and care services and increasing trust and confidence	29
Enabling personalised care	31
Improving access to services especially primary care	33
Engaging and involving local people, stakeholders and communities.....	36
Making services more effective and efficient through collaboration and integration	38
Priority 3: Tackling immediate system pressures and improving resilience	41
Supporting People at Home.....	43
Develop, grow and invest in our workforce, culture and clinical and professional leadership	45
Strategic Enablers	48
Finance	48
Digital, Data and Technology and Population Health Management capability	49
Public estates space and facilities.....	50
Performance and Assurance.....	51
Quality	52
Transformation and Innovation.....	53
Impact.....	55

Foreword

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

Those are the words at the heart of the Coventry and Warwickshire Health and Wellbeing [Concordat](#), developed in 2018 as a statement of intent for how health and care will work together for the benefit of all of our residents.

The Health and Care Act 2022 formalised the biggest health and care reforms for over a decade, mandating collaboration and cooperation, but working in partnership isn't new to Coventry and Warwickshire. We have a long and productive history of working closely together as local authorities, NHS organisations and with our wider partners for the benefit of the people we serve. The new reforms present a real opportunity for us to go further and faster in collaborating as a system to support everyone in Coventry and Warwickshire to be happier, healthier and more independent.

The purpose and intent of the Concordat vision statement still stands and has shaped the vision statement for our system:

We will enable people across Coventry and Warwickshire to start well, live well and age well, promote independence and put people at the heart of everything we do.

These are difficult times for public services, for people working to deliver those services and for people needing to access those services. The pandemic has pushed health and care services to the brink of their capacity, and pushed the health and care workforce to the edges of exhaustion. Communities have suffered greatly too, as have workers in many other sectors. We have huge waiting lists, a growing population and less and less resource.

Despite the challenges I believe that the Integrated Care System, guided by this strategy, can improve people's health and quality of life. We are committed to prioritising prevention and to working with partners and communities to address the wider determinants of health such as socio-economic inclusion, housing, employment and education. We will ensure that services are personalised so that services meet the needs of individual patients and service users and we will strive to tackle inequalities and understand the drivers of population health.

In many ways our system performs well and everything I've seen in my time as the chair of the ICB and ICP has shown me this, as well as the shared commitment to working together to make things



better. It is the will to help each other and to continue to strive for the best for our people that is our greatest strength. Together we can and will build a fit for the future local health and care system.

This strategy, which builds on the great work happening across Coventry and Warwickshire and the two Health and Wellbeing Board Strategies, sets out exactly how we intend, over the next five years, to confront the challenges we face, together, to improve outcomes for local people. It will inform the detailed five-year plan for our Integrated Care Board.

It is Coventry and Warwickshire's strategy, informed by significant engagement with local people and communities, with the health and care workforce, with patients and clinical leaders. This conversation will continue as we turn this strategy into delivery and monitor our progress and impact. I am proud to introduce it to you.

Danielle Oum

Integrated Care Board and Integrated Care Partnership Chair

December 2022

Introduction

Delivering Health and Care in Coventry and Warwickshire

Our new Integrated Care System (ICS) was formalised on 1 July 2022, with the establishment of the new Integrated Care Board and statutory Integrated Care Partnership. One of the most important actions of our new ICS has been the development of this strategy, to set out how we will come together as partners to improve health, care and wellbeing for the people of Coventry and Warwickshire.

We are developing our Integrated Care Strategy at a time of enormous challenge for health and care systems up and down the country. The pressures we face are not unique to Coventry and Warwickshire, but their impact is affected by our local context.

This strategy provides an opportunity for us to set out our ambitions for what we can achieve over the next five years as an ICS. It aims to outline, in high level terms, the difference we can make by working in an integrated way, taking advantage of a new legislative framework – and it sets the tone and focus for how we will work together. It doesn't seek to replace or duplicate existing strategies and activity underway in the system – instead it seeks to link them together by providing an overarching narrative about where we want to get to, and what it is that we are all trying to change and improve together.

Importantly, this is about far more than health and care services. The Integrated Care System has an opportunity to improve population health and wellbeing in its broadest sense, with a wide range of partners working together to improve health outcomes and tackle health inequalities, starting with the root causes by addressing the wider determinants of health.

And equally importantly, this is about working together at all levels and as locally as possible. We intend that much of the activity to integrate care and improve population health will be driven by organisations working together in our places, and through multi-disciplinary teams working together in our neighbourhoods, adopting new targeted and proactive approaches to service delivery, informed by a shared understanding of the needs of our population.

The Covid-19 pandemic brought us together as partners in the face of urgent need and accelerated collaborative working. From protecting and supporting extremely clinically vulnerable people, to implementing vaccinations, to delivering testing, we worked together as partners and with our wider community in ways we hadn't previously, recognising where public sector partners had a different role to play, empowering and facilitating where expertise and capability lies with our communities. We now have an opportunity as an Integrated Care System to embed and build on these new ways of working together. The challenges we face now are no less urgent or significant, and demand just as much commitment and ambition in our response.

More patients than ever are accessing primary care appointments. However, in our engagement with local people we have heard, loud and clear, concerns about access to health services – especially primary care – and, increasingly, indications that trust in the NHS is beginning to erode.



Financial strain
£125 Million

Expected efficiency ask equating to 6.5% of the **£1.9 billion** NHS opening budget for 2023/24



Deprivation
137,208

people live in the top **20% most deprived areas nationally**; equating to **14.6%** of the total Coventry and Warwickshire population.

Of the 137,208 people

- > 99,153 reside in **Coventry**
- > 38,055 reside in **Warwickshire**

Population Growth
58,000



Predicted increase of GP registered patients by 2027/28, making the population **1,111,898**

Challenges
facing the
Coventry and Warwickshire Integrated Care System

Workforce Challenges

Staff turnover (NHS 14%/Social Care 26.9%), **vacancy rates** (NHS 11%/Social Care 9.8%) and **absence rates** all create significant challenges to capacity, service delivery and staff wellbeing.



Place-based variation

Life Expectancy



Willenhall

71.3
years



Warwickshire South

87.8
years

Cost of living

Coventry is in the top decile (**10%**) of Local Authorities in the Cost of Living Vulnerability Index.



Health inequalities

The gap in life expectancy between most and least deprived is **widening**

Coventry

10.2 year gap (males) **7.5 year gap (females)**

Warwickshire

7.7 year gap (males) **6.7 year gap (females)**



Performance impacted by increasing demand and complexity

in primary care, mental health services and emergency presentations, alongside referrals for routine care.

*Based on an average increase of 15,800 patients year on year over the past seven years (2022).
**Mapped on Middle Super Output Area (MSOA) level, which on average comprises 7,200 people.
***The NHS Budget does not include Social Care.

Data Sources: Centre for Progressive Policy (2022); Coventry and Warwickshire ICS Internal Systems; 2020 Mid Year Population Estimates (ONS); Fingertips; The Segment Tool (OHID).

These are difficult messages to hear, but as an Integrated Care Partnership we are determined to tackle them head on.

As the local Integrated Care Partnership, we are uniquely placed to address the challenges facing the health and care system in Coventry and Warwickshire, and to harness collective energy and resource to achieve our ambitions for the health and wellbeing of our population. We bring together a wide range of partners – local government, NHS, voluntary and community sector, housing, Healthwatch, universities and others, to lead the system’s activity on population health and wellbeing and drive the strategic direction and plans for integration across Coventry and Warwickshire.

Our Integrated Care Strategy charts a path for how we will work together over the next five years to deliver our vision.

Our Vision

‘We will enable people across Coventry and Warwickshire to start well, live well and age well, promote independence, and put people at the heart of everything we do’



Improve outcomes in population health and health care



Tackle inequalities in outcomes, experience and access to services



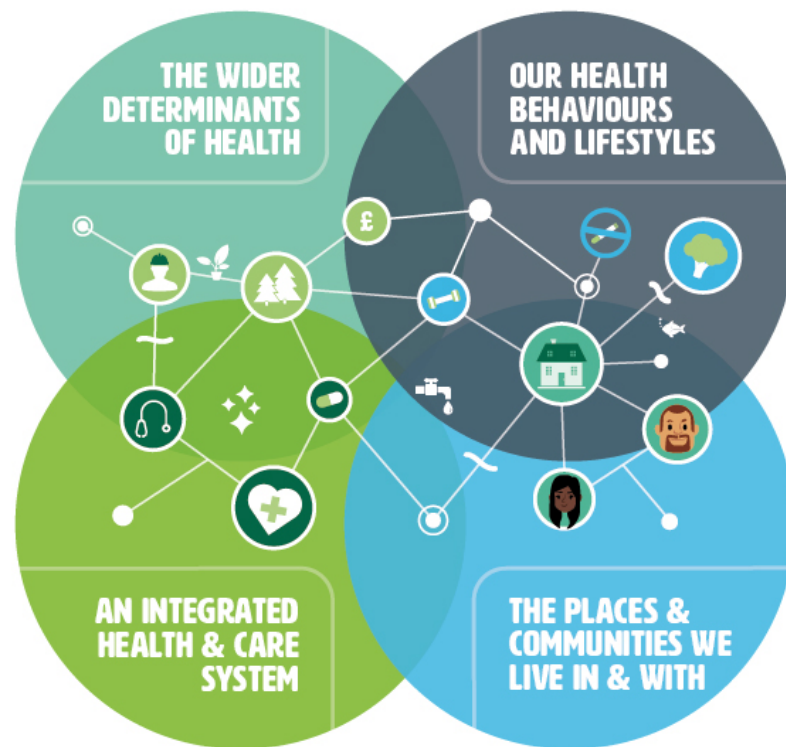
Enhance productivity and value for money



Help the NHS support broader social and economic development

The Framework for our strategy

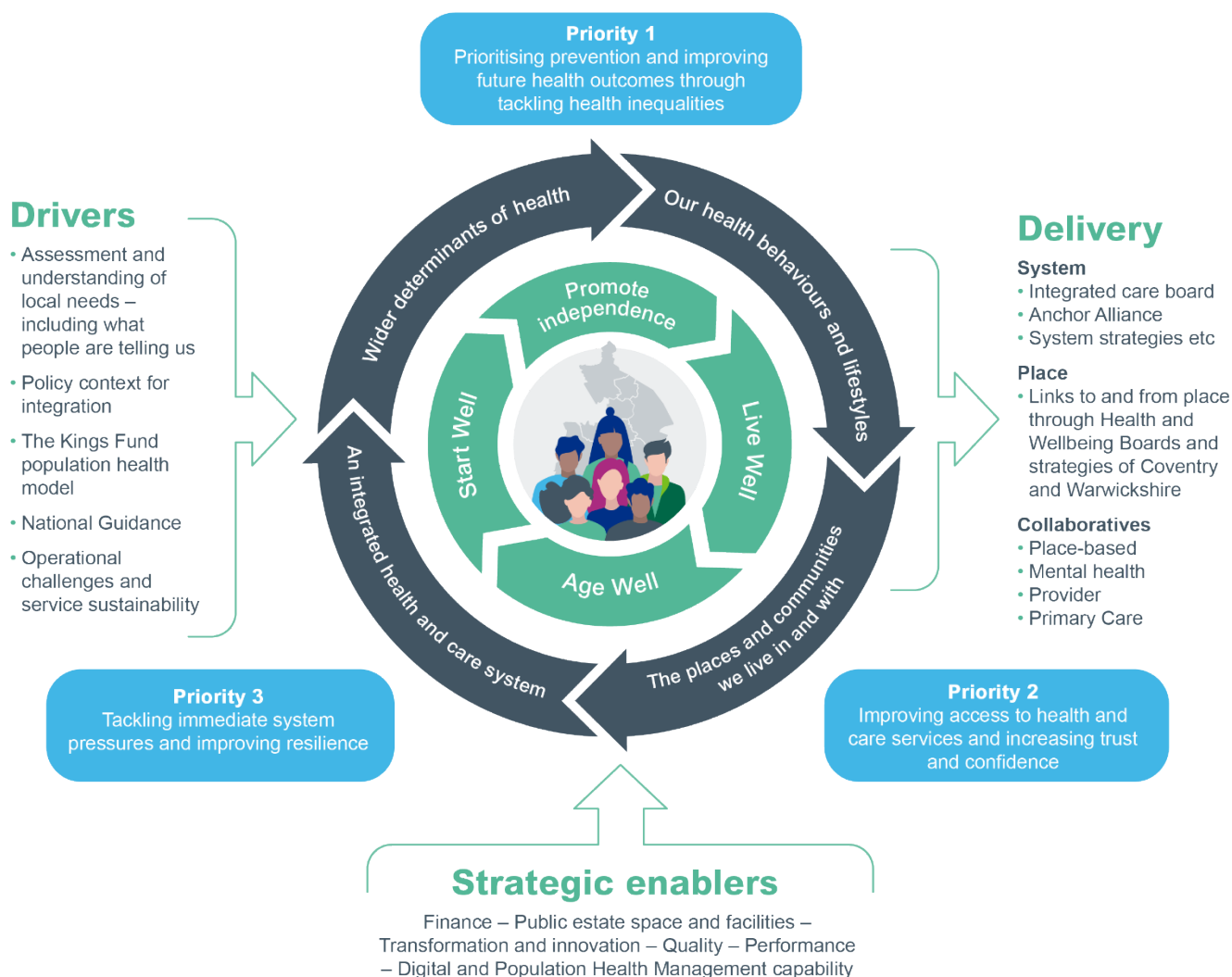
As we have transitioned to statutory ICS arrangements, The King’s Fund population health model has framed our ICS strategic direction and underpins an inclusive, integrated approach to health and wellbeing. Both Coventry and Warwickshire Health and Wellbeing Strategies¹ are based around this model, and it is embedded as our strategic approach right across the system. We are committed to ensuring that strategies and plans across our Integrated Care System consider each of these four components and – importantly – the connections between them. Our Integrated Care Strategy is equally driven by this approach.



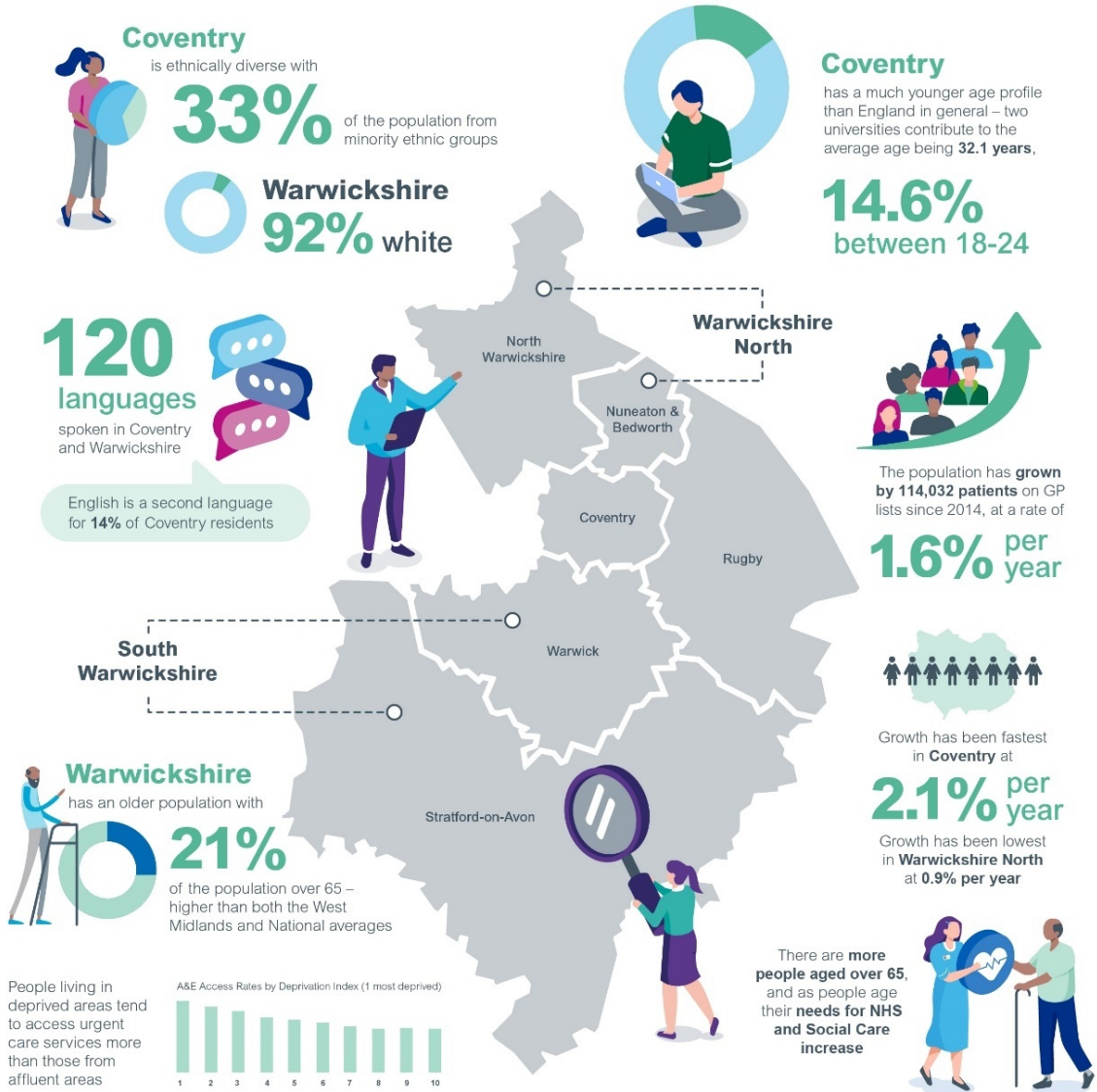
¹ [Coventry Health and Wellbeing Strategy, 2019-2023](#)
[Warwickshire Health and Wellbeing Strategy 2021-2026](#)

The diagram below sets out the overall framework for our strategy and helps describe the approach we have taken in developing its content.

Our priorities and planned activity are driven by the national and local policy context (and guidance) for integration and our understanding of local population health needs as set out in the Joint Strategic Needs Assessments, informed by local Health and Wellbeing Strategies and embracing the role and contribution of a wide range of partners at Place. They also reflect what we've learned from listening to our communities.



Our local people and communities



Six Councils

Resident Population	942,100
North Warwickshire	65,000
Nuneaton & Bedworth	134,200
Rugby	114,400
Coventry	345,300
Warwick	148,500
Stratford-on-Avon	134,700



Two Local Authorities

Resident Population	942,100
Coventry	345,300
Warwickshire	596,800



Four Places

GP Registered Population	1,053,898
Warwickshire North	163,993
Rugby	117,827
Coventry	432,247
South Warwickshire	338,987



4 NHS Providers

- George Eliot NHS Trust
- Coventry and Warwickshire Partnership Trust
- University Hospital Coventry and Warwickshire Trust
- South Warwickshire NHS Foundation Trust

The Coventry and Warwickshire Integrated Care System provides health, care and wellbeing services and support to a diverse population of over 1 million people, and that population is growing. With population growth concentrated in certain parts of the ICS, and the population profile varying between localities, a place-based approach to service planning remains important.

The Joint Strategic Needs Assessments provide a huge amount of data and evidence about the health and wellbeing of our residents:

- [Coventry Joint Strategic Needs Assessment](#)
- [Warwickshire Joint Strategic Needs Assessment](#)

More detailed information on health inequalities can be found in the Coventry and Warwickshire Director of Public Health annual reports² and [Warwickshire's Health Inequalities Dashboard](#).

² [Coventry Director of Public Health's Annual Reports](#)
[Warwickshire Director of Public Health's Annual Reports](#)

Our opportunities to improve health and care

“ICSs... are part of a fundamental shift in the way the English health and care system is organised.

Following several decades during which the emphasis was on organisational autonomy, competition and the separation of commissioners and providers, ICSs depend instead on collaboration and a focus on places and local populations as the driving forces for improvement”.

– The Kings Fund

stewards of public finance for the benefit of the population we serve, ICS partners have an opportunity to deliver real benefits from integration.

This includes:

- targeting resource to where it is most needed to tackle health inequalities
- joining up currently disconnected services across providers, to deliver more complementary and seamless health and care services to our population
- working together in our places to build strong community links and relationships
- sharing best practice and expertise at scale across the system, and offering greater training and OD opportunities for our workforce
- benefitting from procurement partnerships and economies of scale
- data sharing and intelligent use of data for population health modelling and proactive and preventative work
- improving resilience by, for example, providing mutual aid
- working together to help build and enable a thriving voluntary and community sector, with the public sector changing how it works with communities to build responsive, local, and inclusive capacity
- ensuring that specialisation and consolidation occur where this will provide better outcomes and value
- sharing finance and back-office systems, professional expertise and facilities.

The statutory basis for Integrated Care Systems (The Health and Care Act 2022) gives us an opportunity to go above and beyond what we have already achieved through collaborative working in Coventry and Warwickshire and to accelerate what has happened to date.

There are a number of empowering elements in the Act which we will seek to harness, especially around finance and tendering, and removal of the competitive environment. As collective

The wider context and opportunities of integration

Inclusive Economic Growth

Integrated care relates not just to integration within the health sector, but also reaching out further to the integration of health and care to other key sectors.

We recognise the importance of the link between good health and a strong economy – the two are intrinsically connected and mutually dependant on each other.

Income, skills and employment levels all affect people’s ability to live healthily. Similarly, high levels of health and wellbeing create a strong, diverse and reliable workforce for our businesses and employers.

Whilst Coventry & Warwickshire enjoy both strong economic performance and comparatively strong levels of health and wellbeing, we know there is work to do with particular communities, groups and business sectors – this is a key focus for our shared approach to Levelling Up across the sub-region and our commitment to reduce disparities and increase opportunities.

Focusing on inclusive economic growth within an Integrated Care Strategy allows us to explore issues of connectivity, access, and equality, as well as providing a health lens to investment, infrastructure, sustainability which enables economic growth and improved health and wellbeing.

We are also aware of our own collective role on the local economy. Our Coventry and Warwickshire Anchor Alliance seeks to harness the role of local councils, health bodies and our universities as key local employers and contributors to the local economy.

The burning platform of the cost-of-living pressures provides a catalyst for long needed change. We now have an important opportunity to bring together the connected agendas of economy and health as inclusive growth within our developing Coventry and Warwickshire Economic Strategy.

Addressing environmental factors and climate change

“Climate change is the single biggest health threat facing humanity” (WHO)

We cannot consider health and care across our system without giving due attention to the environment and climate crisis. Extreme temperatures and air pollution are just some of the ways in which climate change is already starting to impact upon the health of our population; the severity and range of ways health and wellbeing will be impacted is only going to increase and concerted action is required at local, national and global levels. Sadly, we know that the impacts of climate change will disproportionately affect the most vulnerable in society, thus worsening the health inequalities that we are trying to address; those people living in deprived areas are more likely to experience poor air quality and individuals with underlying health conditions are more severely affected by extreme temperatures.

Not only do we have to be prepared as a system to deal with the consequences of climate change and take steps to mitigate, but we must also take responsibility as a system to reduce our overall

contribution to the climate crisis, including importantly the impact of healthcare. Coventry and Warwickshire ICS Green Plan seeks to embed sustainability and low carbon practice in the way that the system delivers healthcare services. The Green Plan allows our ICS to set out our current position in addition to our goals for the next three years, with a view to helping the NHS to become the first health service in the world with net zero greenhouse gas (GHG) emissions. A wide range of other action is being taken across the system, including through the development of a range of strategies: [WM2041 5 Year Plan 2021-2026- West Midlands Combined Authority's plan on carbon emission reduction](#), [Coventry Climate Change Strategy](#) and [Taking Action on Climate Change - Warwick District Council's plan to achieve Net Zero](#)

As described by the [Office for Health Improvement and Disparities \(OHID\)](#), there are a number of so-called 'win-win' opportunities, whereby we can reduce greenhouse gas emissions whilst also addressing major public health challenges, focusing on prevention and the wider determinants. Good examples include:

- an increase in active travel by foot or bike will reduce green-house gas emissions and air pollution from private vehicles
- making homes more energy efficient will help tackle fuel poverty and the associated negative impacts on health.

Prioritising the wider determinants of health, including housing quality, will not only have an impact on climate change, but also a positive impact on an individual's immediate living environment, including for example damp and mould, that can be very damaging to health and wellbeing.

By all partners across the system committing to being green and sustainability led, we can not only improve the health and wellbeing of our local population, but also join the national and global effort to tackle the climate crisis.

People at the heart of our strategy

From the outset, we wanted to ensure this strategy was informed by the people it speaks for –local people and their communities, as well as our health and care workforce.

Key priority areas identified through community engagement include **issues relating to digital inclusion, access to primary care and an erosion of trust in health services**. Ensuring a **focus on prevention, health inequalities and workforce** emerged as key themes from stakeholder engagement. Full details of the engagement are included as an appendix to the strategy.

As we develop the Integrated Health and Care Delivery Plan, we will ensure we continue to engage and seek feedback and input in an aligned and connected way, local residents, stakeholders and all of those we have communicated with, engaged and involved throughout.

We will make sure this is coordinated with other engagement and involvement planned by local authorities, NHS organisations and others in the system.

Our strategic priorities

Our strategy priorities have evolved through engagement with stakeholders and the communities we serve, and are drawn from:

- the two Health and Wellbeing Strategies, reflecting the needs identified in the Joint Strategic Needs Assessments
- national guidance about the design of ICSs and the development of Integrated Care Strategies
- key themes emerging from public and stakeholder engagement.

We have identified three overarching priorities that will drive our activity as a system over the next five years, with a number of key areas of focus within these. The strongest message we have heard in our public engagement has been about access to and trust in health and care services, and so we are committing to invest our energies in addressing this as one of our system priorities.

The other priorities reflect a shared understanding that there is both an immediate imperative to tackle specific burning issues around system capacity and resilience, and action we need to take now that will have an impact on population health long-term. It is by prioritising prevention across all we do that we have a real opportunity as an Integrated Care System to shift the dial on population health outcomes and inequalities.

Our priorities



1.
Prioritising prevention and improving future health outcomes through tackling health inequalities

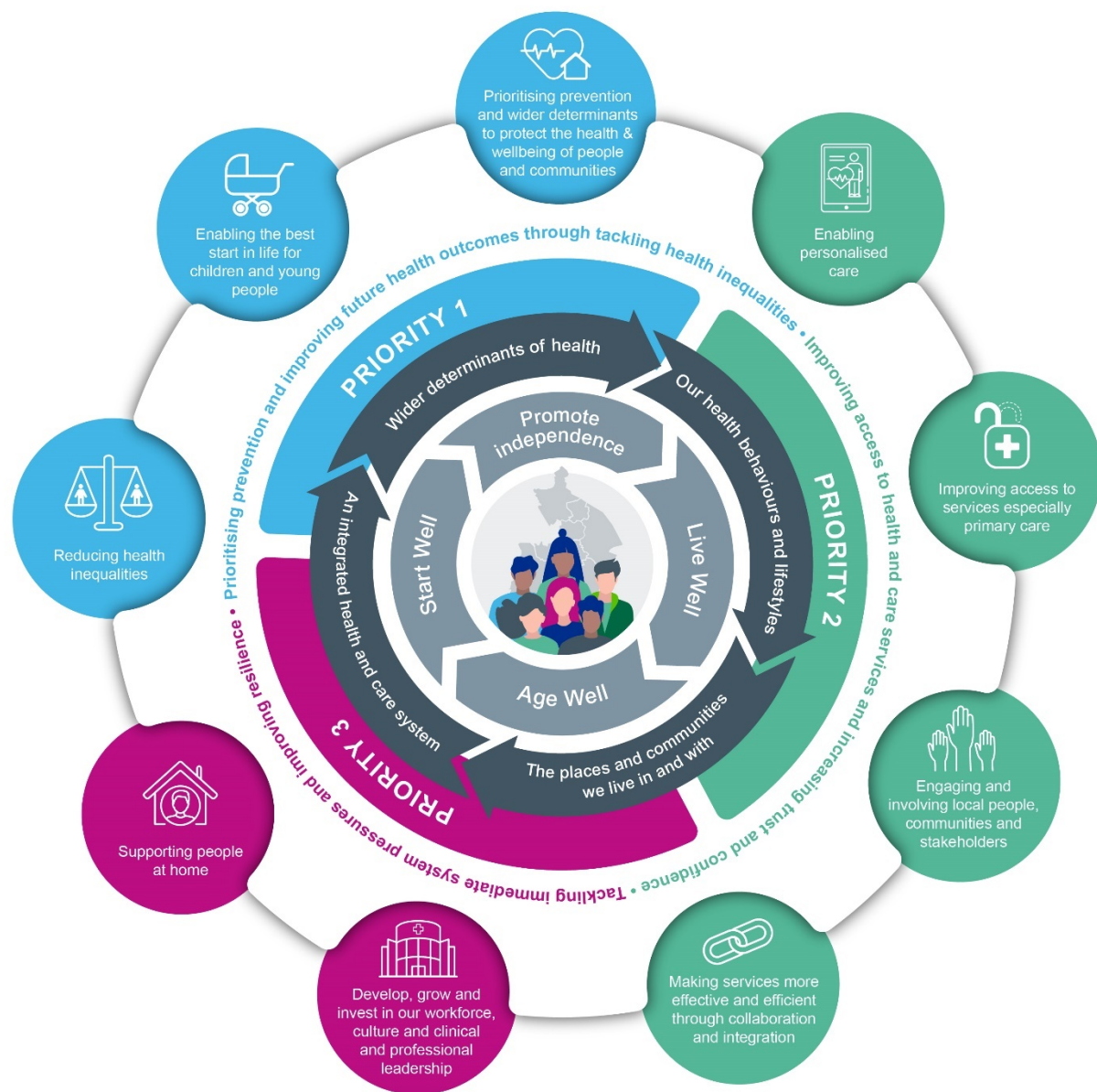


2.
Improving access to health and care services and increasing trust and confidence



3.
Tackling immediate system pressures and improving resilience

The follow diagram shows the nine areas of focus to support the delivery of these priorities, set in the context of our wider vision and aims.



As we have developed these priorities and identified the outcomes and actions for each, we have done so through the lens of our population health model. Whilst each is an important and distinct area of activity, we also seek to highlight the connections and overlaps between them. So, for example:

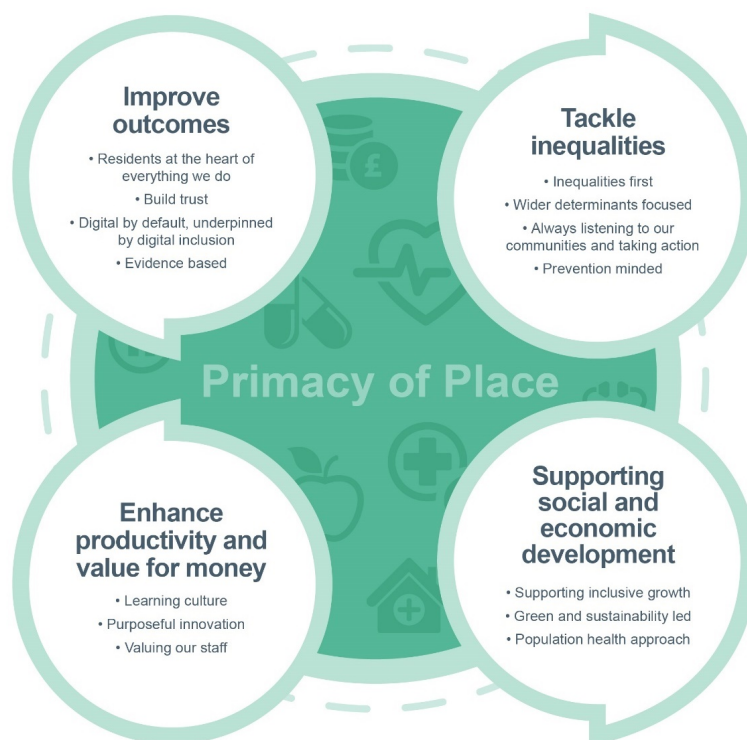
- personalised care gives power to people to live independently, take greater control of their own care and focus on “what matters to me?” rather than “what’s the matter with me?” This citizen empowerment is key to the prevention of ill health
- protecting the health of people and communities requires culturally competent approaches, which will be underpinned by a deeper understanding and involvement of our communities

- there are opportunities to address the wider determinants of health through our approach to workforce challenges, by recruiting locally and taking action to attract and prepare young people living in areas of deprivation for careers in health and care.

We are determined to see an unswerving commitment to reducing inequalities running through everything we do but have also included this as a specific area of focus, to ensure it is given the attention and scrutiny required to deliver progress and impact over time.

Our commitments

All partners in the system have signed up to the following set of commitments that will define how we work together to achieve the four national aims and our system priorities. These include an underpinning commitment to the primacy of place in our decision-making and activity, whilst recognising the opportunity of system-wide working to deliver value at scale where appropriate.



Priority 1: Prioritising prevention and improving future health outcomes through tackling health inequalities



What this means to me

I will be supported to live a healthy, happy and fulfilled life, being equipped with the knowledge and resources needed to prevent ill health and maintain my independence at home, whilst knowing that effective services are in place for me to access should the need arise. This will include having access to support relating to the wider aspects of my life, including housing, employment and finances.

Context

As a system we want to prioritise supporting our population to remain as independent and healthy as possible, whilst also providing effective, timely and accessible treatment and care when required, from early years through to the end of life.

Informed by engagement, we have identified three key areas that we need to focus on in order to prioritise prevention and improve future health outcomes locally. They are:

- reducing health inequalities
- prioritising prevention and wider determinants to protect the health and wellbeing of people and communities
- enabling the best start in life for children and young people.

Nationally, prevention has been placed at the heart of the newly developed Office for Health Improvement and Disparities and forms a key aspect of the [NHS Long Term Plan](#) and the [Care Act 2014](#). This focus reflects the ever-increasing evidence base demonstrating the benefits and cost-effectiveness of shifting resources 'upstream' towards prevention. Locally, prevention is not only at the forefront of our vision for [Coventry and Warwickshire ICS](#) and a key ICB principle, but more importantly there is a genuine drive across partners within our system, exhibited throughout stakeholder and also community engagement, for prevention to be given the priority it deserves

moving forward. This includes an all age, whole population approach to personalised care, where people are supported to manage their health and wellbeing rather than only receiving treatment when they get ill, which is a key component of the prevention commitment

Unprecedented demand on health and social care services means that protecting public health and preventing physical and mental ill health and disability and the associated need for care have never been more important or relevant and there is arguably no better way of ensuring the sustainability of our services. By focusing on prevention at all levels across the system, future health outcomes for our population, and demand for health and care services in Coventry and Warwickshire can be improved.

As we strive towards equity, some groups will need to have more opportunities to benefit from these improvements in future health outcomes than others. Currently inequalities exist in health outcomes and life chances nationally and across Coventry and Warwickshire; these inequalities are well documented and remain largely unchanged. The Covid-19 pandemic highlighted and unfortunately further exacerbated these inequalities, which in part has led to a national drive to reduce health inequalities through programmes such as [NHS England's National Healthcare Inequalities Improvement Programme \(HiQiP\)](#) and more locally through our [Health Inequalities Strategic Plan](#). Our public engagement highlighted the negative impact of such inequalities locally, particularly for Black and Minority Ethnic communities.

While the health and care an individual receives is important, we know that as much as 80% of a person's long-term health is related to wider factors, including employment, housing and education. The Integrated Care System is a unique opportunity to provide a more holistic approach to health and care across the system, to enable people to access the support they need relating to these wider determinants of health, to create and support healthy communities and environments in Coventry and Warwickshire. Local authorities will be crucial to this work and how we work with VCSE organisations.

We also know that happy and healthy children and young people have more chance of becoming happy and healthy adults and that adverse events in childhood can have a life-long impact. There is no better place to start when thinking about prevention and future outcomes than by focusing on children and young people, a time when the foundations of a healthy and fulfilled life are being laid.



Reducing Health Inequalities

We want to be a system that effectively identifies, tracks and takes action to reduce entrenched inequalities in health and the wider determinants, by taking a population health approach, ensuring that Coventry and Warwickshire is a place where everyone starts, lives and ages well. We recognise that some groups who are disadvantaged by current arrangements may need differential access or specific targeted services in order to reduce inequity.

“Everyone should be able to access the same healthcare regardless of their colour, background or culture.” (Feedback from an engagement session held with CARAG, Coventry Asylum and Refugee Action Group)

What are we doing already?

Coventry and Warwickshire ICS has a new five-year [Health Inequalities Strategic Plan](#) which provides an important foundation to shape our work. The Plan sets out our commitments as to how we are going to reduce health inequalities in Coventry and Warwickshire, taking account of the delivery of key elements of the NHS Long Term Plan and [Core20PLUS5](#). We have a Population Health Inequalities and Prevention Board, supported by the Inequalities Delivery Group that come together to strategically align and drive forward this work, also supported by the creation of two new Health Inequalities Programme Manager posts aligned to Place.

A range of programmes and strategies relating to health inequalities exist across Warwickshire and Coventry, including [Tackling social inequalities in Warwickshire \(2021-2030\)](#) and the emerging [One Coventry Plan](#) and work of the [Marmot Partnership](#). It is hoped that this strategy, alongside the Integrated Health and Care Delivery Plan will support in aligning work to ensure an integrated and coordinated approach to tackling health inequalities across Coventry and Warwickshire; embedding action to reduce health inequalities across all programmes of work will be key to achieving our goals.

What will change in our ways of working?

- Action to tackle inequalities will be embedded strategically and operationally across the system, making it core to the work of the ICS and built around Core20Plus5, ensuring it is at the heart of decision making and prioritising.
- We will build a culture of prioritising those in greatest need and an understanding that health inequalities can only be addressed in a systematic system-wide way and by taking a population health approach. This includes reducing inequalities being key to decisions on the prioritisation and allocation of resources.
- Service provision and preventative activities will be aligned with intelligence around the wider determinants of health and existing inequalities.
- All of our services will be planned and delivered in an inclusive way, encouraging innovation and community co-production through design.

What actions are we prioritising?

- Delivery of the Health Inequalities Strategic Plan across place and workstreams.
- Establishing a process to collect and share data and intelligence about health inequalities efficiently and effectively across the system and use this to plan service provision and preventative work.
- Ensuring all partners across the system have a shared understanding of what health inequalities are, how they relate to their work on a day-to-day basis and how to address them – for example by using [HEAT](#) (Health Equity Assessment Tool). This will also include supporting the personalisation agenda at a population level.
- Shifting resource to target population groups demonstrating the greatest need to achieve equity in outcomes, taking a gradient approach known as proportionate universalism.



Prioritising Prevention and Wider Determinants to protect the health and wellbeing of people and communities

We want to see prevention being explicitly embedded and resourced across all plans, policies and strategies for our population, supporting a reduction in inequalities and improvement in health and wellbeing outcomes. This includes addressing the impact of the wider determinants of health across the life course, ensuring residents live in affordable and good quality homes, have access to good jobs, feel safe and connected to their communities, utilize green space and are enabled to use active travel.

“More prevention plans and strategies - maybe this will help to save money and resources in the future.” (Feedback from an engagement session held at a Hindu Temple)

We also want to be as prepared as possible for the very real threat of future pandemics, but also effectively manage all aspects of health protection, taking a population health and multi-agency approach. This includes ensuring ready access to and high uptake of immunisation and screening opportunities and appropriate and safe antibiotic prescribing. Our public health workforce, leadership and the lessons from Covid-19 will be key.

Within our communities people living in shared accommodation such as care homes, refugee and asylum seeker accommodation are more vulnerable to outbreaks of infectious diseases and we will continue to work collaboratively with partners to ensure additional measures are in place.

“Refugee and asylum seeker’s mental and physical health is being affected due to the long delays with paperwork, housing conditions, financial constraints and isolation.” (Feedback from an engagement session held at a Coventry and Warwickshire LGBTQI+ Support Group)

We want to deliver a whole system, all-age, person-centred approach to mental health and wellbeing, that is driven by access to physical and mental health and social care in the same place at the same time, with no wrong door, and where prevention is at the heart of all we do.

What are we doing already?

Our system approach based on the population health model not only recognises the interplay between wider determinants of health, our health behaviours and lifestyles, the communities in which we live and the health and care system, but also demonstrates our commitment to addressing these vital dimensions of health across the system. The Coventry and Warwickshire Population Health Inequalities and Prevention Board brings together and aligns local action around Population Health Management, Inequalities and Prevention across the system and is a vital aspect of developing the prevention agenda.

Both Coventry and Warwickshire Health and Wellbeing Boards have Health and Wellbeing Strategies in place that are rooted within the wider determinants of health, including a focus on connected, safe and sustainable communities. Our local authorities – Coventry City, Warwickshire County and our district and boroughs – also have strategies and plans and programmes of work in

place around prevention and the wider determinants of health. In the context of significant cost-of-living pressures, with more people struggling to cover even basic bills and food costs, protecting people from the impact wider determinants can have on health and wellbeing is vitally important and will undoubtedly be more effective through an integrated approach across our system.

The nature of wider determinants means scope is broad and several workstreams are relevant, including but not limited to:

- Domestic abuse and serious violence
- Transport
- Drugs and alcohol
- Homelessness
- Housing
- Employment
- Environment and health

Locally we are harnessing the valuable lessons learnt from the Covid-19 pandemic through an update of the local [2017-2021 Health Protection Strategy](#). This sets out a partnership approach to our identified priorities including emergency planning, infection control, screening and immunizations and air quality. Working closely in partnership with our UK Health Security Agency colleagues ensures a coordinated response to these key challenges, particularly emergencies and outbreaks.

Identified by the World Health Organization as being one of the biggest threats to global health, antibiotic resistance is also a priority locally and the [Coventry and Warwickshire Antimicrobial Resistance \(AMR\) Strategy](#) is delivered in partnership with colleagues from the ICS, including system prescribing leads. This aims to reduce inappropriate antimicrobial prescribing across primary and secondary care.

What will change in our ways of working?

- A commitment across the system to support prevention activity, recognising the value for money of prevention and early intervention. This includes prevention and early intervention being embedded explicitly across all system, place and neighbourhood plans, policies, strategies and programmes and maximising opportunities for primary, secondary and tertiary prevention across all pathways.
- Prevention of ill-health and promotion of wellbeing will be the first step of every NHS and local government pathway.
- There will be an increased recognition of the need for broad partnerships and the contribution that all partners can make, including academic institutions and voluntary and community sector organisations.
- A 'Health in All Policies' approach embedded across the system, whereby organisations adopt policies that promote health and wellbeing and support people with the rising cost of living, as major local employers.
- Effective coordination of all relevant health partners across the ICS to ensure migrant, refugee and asylum seeker populations receive appropriate physical healthcare, tailored mental health support and access to all services.

What actions are we prioritising?

- Resources will be allocated to reflect our focus on prevention and the wider determinants of health. This will include a systematic shift in resources ‘upstream’ towards prevention, and Health and Wellbeing Partnerships acting as delivery for the wider determinants of health.
- We will consider how to apply the Midlands Health Inequalities toolkit, including the Health Inequalities Decision Tool, to our decision-making across the system and specifically any targeted health inequalities interventions decisions.
- All system partner policies will be assessed for their contribution (positive or negative) to the health of our population. This will include conducting [Health Equity Assessment Tools](#) on new work programmes and policies and conducting Health Impact Assessments, for example by using the [HUDU HIA](#) or the [WHIASU toolkit](#).
- We will use population health methodology and the voice of people with lived experience to drive strategic commissioning decisions and plan service changes to address health inequalities and provide more preventative services.
- Health services and partners will be equipped with the knowledge and resources to be able to appropriately signpost to services related to the wider determinants of health, with the aim of systematically addressing social needs within the health and care systems, for example through social prescribing approaches - enabled by linked data.
- Colleagues across the whole ICS will work collaboratively to maximise vaccination uptake via a variety of campaigns, especially relating to childhood vaccines such as MMR and our Core20PLUS5 populations.
- The Coventry and Warwickshire Health Protection Committee will effectively implement the updated Health Protection Strategy, ensuring that there is appropriate representation and involvement from all relevant stakeholders across the whole ICS.



Enabling the Best Start in Life for Children and Young People (CYP)

We want to be a system that ensures children have the best possible start in life, where seamless, collaborative and evidence-based care is delivered to enable all children and young people to have the best start as a foundation for happy, healthy, safe, and productive lives, with effective and timely interventions in place when expected outcomes are not being met.

Greater focus and attention will be given to the children and young people's agenda, ensuring all our young people receive the right support at the right time. This includes children and young people who may be more vulnerable or require additional support, including Looked After Children and children with special educational needs, for example autism or learning disabilities, ensuring that they receive the additional care and support they need to thrive and make a strong start in life.

What are we doing already?

We are seeing increasing population growth and diversity of needs amongst Coventry and Warwickshire's young children; services will need to expand and adapt to increasing numbers and complexity.

Warwickshire are establishing a Children and Young People Partnership (CYPP) sub-group of the Health and Wellbeing Board, the purpose of which is to provide strategic oversight to the children and young people's agenda, facilitate integration and collaboration across Warwickshire and take a holistic population health approach. Priorities and activities of the CYPP will be evidence-based and informed by the JSNA.

Coventry has a Children and Young People Partnership Board that reviews the Coventry Children and Young People Plan to deliver and provide the best support possible for children, young people and their families. There is also a multiagency Early Help Strategic Partnership focused on reaching children, young people and families when the need first emerges.

Some children and young people require additional support, care and protection either due to disability or specific vulnerabilities that mean they are at risk. This includes for example those experiencing homelessness or substance misuse, Looked After Children and children or young people on the edge of the youth justice system.

Coventry and Warwickshire are committed to supporting continued quality improvement to ensure that all children and young people are safe as well as healthy and that those with Special Educational Needs and Disabilities achieve the best possible outcomes through having every opportunity to take control of their lives, be as independent as possible and achieve their full potential. This requires strong partnership working across health, education and social care, with staff who take a holistic view of the child or young person that they work with.

The ICS offers the opportunity to further align the great work already happening across Coventry and Warwickshire, led by the local authorities, through collaboration and a partnership approach. Ensuring the best start in life begins before conception and involves a wide range of partners and agencies across the system that contribute to children and young people's health and wellbeing. A focus on perinatal services is particularly important from a prevention perspective, including for example interventions to reduce smoking in pregnancy. There are several key strategies and programmes of work across the system that set out evidence and objectives to progress the children and young people's agenda. These include:

- [Coventry and Warwickshire's Child & Adolescent Mental Health Services \(CAMHS\) Transformation Plan](#)
- [Coventry and Warwickshire Joint Strategy for Autistic People \(2021-2026\)](#)
- [Warwickshire Children and Young People Strategy \(2021-2030\)](#),
- [Warwickshire Education Strategy \(2018 to 2023\)](#)
- [Warwickshire SEND & Inclusion Strategy](#)
- [Child Friendly Warwickshire](#)
- Coventry Integrated Early Years Strategy (September 2021)
- [Coventry Parenting Strategy 2018 – 2023](#)
- Coventry Education Partnership & School Improvement Strategy
- [Coventry Children and Young People Plan 2021/22](#)
- [Coventry Early Help Strategy \(2020-2022\)](#)
- [Coventry's Children's Services Strategic Plan and Journey to Excellence](#)

Our local activity is informed by national policy, in particular [The Early Years Healthy Development Review Report](#), and [First 1000 Days of Life](#). We are working to implement the [CHILDS framework](#) for integration, applying a population health management approach to our health and care provision for children and young people. NHS England's Core20PLUS5 approach has recently been adapted to apply to children and young people, which will support the reduction in health inequalities for this age group.

What will change in our ways of working?

- There will be clear pathways in place across the system for communication and identification of need, with transformation of services that enables re-investment in sufficient capacity in the right place to respond to need.
- We will ensure all-age pathways are in place across services to support the transition to adulthood and prevent unnecessary or ineffective transfer between services.
- We will adopt a strength-based approach to working with children and families across all services.
- We will invest in evidence-based quality support programmes, create school networks which collaborate to provide effective peer support systems and make a local commitment to workforce development, to improve school readiness and education outcomes.

What actions are we prioritising?

- We will establish a system-wide Children and Young People Board and develop a Children and Young People Health and Wellbeing Strategy.
- We will prioritise investment in children and young people's mental health and wellbeing services, with a specific focus on the current and future needs for 18–25-year-old people.
- We will establish a process to collect and share insight and intelligence efficiently and effectively about health inequalities and the needs of children and young people across the system. This will be used to inform service provision and preventative work.
- Resources will be pooled, through joined up planning and integrated working around children and their families, including healthcare, children's services & education, pre-maternity and maternity care, peri-natal mental health, health visiting, Early Help, and special educational needs & disability.
- Services will be co-produced to ensure the voices of children, young people and their families are heard and are at the heart of decision making and prioritisation.
- We will work with all partners to ensure that services for children and young people are poverty proofed.

Priority 2: Improving access to health and care services and increasing trust and confidence



What this means to me

I will find it easier to access the health and care services that I need wherever I live across Coventry and Warwickshire. Those services will feel more like one service, I will have more say over the services I receive and greater trust in their quality, effectiveness and safety.

Context

The NHS was founded to provide universal access to health care. We know that the pandemic had an impact on access and also on trust and confidence in services. We also know the two are related and both have a strong link to and impact on health inequalities.

This strategy has been informed by extensive engagement with people and patient and community groups across Coventry and Warwickshire. People told us that we need:

- greater access and quality of access and fairness of treatment for all
- more access to health and care services in our communities
- greater access to specialists
- more access to screening and diagnostic services locally
- clearer information about how to access services and support for those that face challenges accessing them.

One of the greatest strengths of our health and care services is their accessibility. We know that this is as important as ever and that different people and groups face different barriers and challenges accessing services. We also know that trust in key health and care services is variable across groups and communities and from service to service. We want to tackle this variability and raise levels of trust across the board.

Our mission over the next five years is to improve access to and trust in health and care services across Coventry and Warwickshire. When we say health and care services, we mean this in the widest possible sense, including those such as housing and active living that impact wellbeing, and those provided by the community and voluntary sector.

We are facing greater demand for health and care services, with an ageing and growing population, and like everywhere else across the NHS, a significant elective waiting list to work through. At the same time, we are facing continued financial pressures. We need to find more and better ways to work together, involving people and communities in this as well as partners such as the fire service, police and our many amazing voluntary and community groups.

There are four key areas which we need to focus on in order to improve access and trust, informed by our engagement. They are:

- personalised care
- improving access to services especially primary care
- meaningfully engaging people, patients and communities
- making services more effective through collaboration and integration.

Below we go into more detail on each area around what we want to achieve.



Enabling personalised care

Personalised care is all about giving people more choice and control over the way their care is planned and delivered based on “what matters to them” and their individual strengths, needs and preferences.

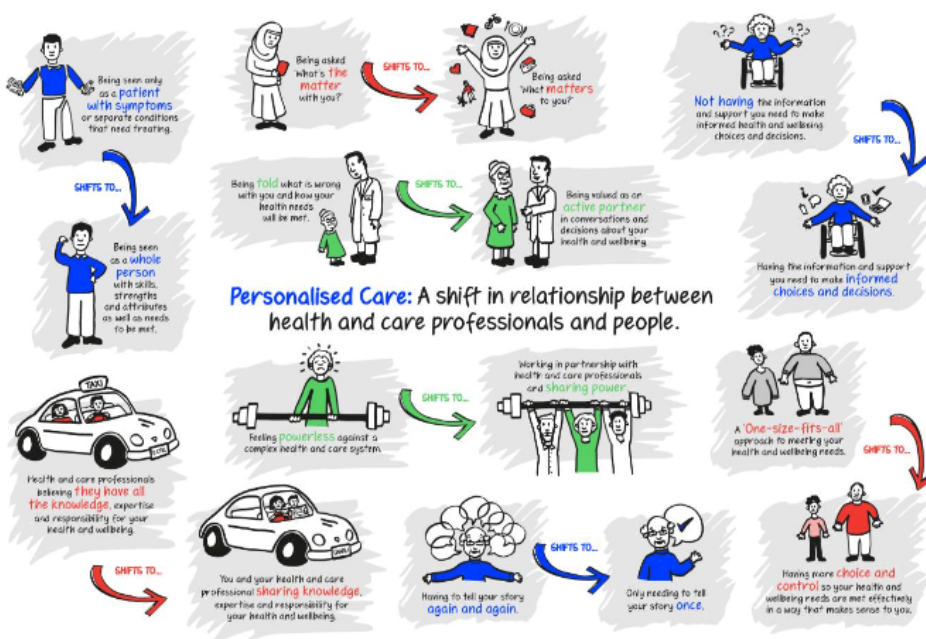
Our ambition is to achieve better experiences and health outcomes for people by embedding the six components of the universal personalised care model across our health and care services. We want this to be a hallmark of the care we provide and a shared ethos of all practitioners who are committed to shared decision making with people and patients.

As we collaborate more as health and care service providers to align what we do, personalised care means:

- putting the care receiver at the heart of this integration and the centre point of a whole-system approach – ensuring “what matters to you” is listened to and understood
- continuity of care and an all-age approach from maternity and childhood right through to end of life, encompassing both mental and physical health
- a new relationship between care receivers and care providers.

Personalised care has significant links across this strategy and, especially with health inequalities - by focusing on what matters to people, taking account of their circumstances, challenges and assets, and giving everyone the opportunity to lead a healthy life, no matter where they live or who they are. We want to promote and embed a personalised care approach across all of our workforce and reflect personalised care in our integrated care pathways and commissioned services across the Coventry and Warwickshire system. Our aim is to be clear about what this means for

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What are we doing already?

Personalised care is a priority for the NHS nationally. It is one of the five key focus areas for change outlined in the NHS Long Term Plan. There is work underway already in the system, to develop a more consistent understanding of and set of practices around personalised care and a strategy for how this is implemented across Coventry and Warwickshire.

The C&W personalisation programme has produced a strategy for 22/24 setting out the programme's ambitions and approach for embedding personalised care across our system, supporting each of the Trusts, place partnerships, primary care and social care.

The programme has identified five principles of personalised care:

- it starts with the principle of “what matters to you” as opposed to “what’s the matter with you?”
- it’s about shared power and collaboration between people, families, and health professionals.
- it enables people to have choice and control over their lives.
- it moves people from being passive recipients of services to active citizens.
- it is about getting a life, not a service.

We are working towards a universal service standard that builds in personalisation and is flexible enough to accommodate specific needs as well as more common ones. A key part of this will be how we better understand service access, patient experience and personal requirements.

What will change in our ways of working?

- Further integration to deliver enhanced personalisation, choice and flexibility for people accessing health and care services.
- Joined up sharing of patient records and information across partners in the system.
- Better experiences and health outcomes for people by an embedded universal personalised care (UPC) model across our system, place and neighbourhoods.
- A reduction in health inequalities driven by greater access and trust in services and delivery of personalised care.
- A population more empowered and supported to manage their health and wellbeing.

What actions are we prioritising?

- Develop and clearly communicate to all health and care practitioners what we mean by personalised care and a set of working practices to support its implementation and adoption.
- Support each of our Trusts, place partnerships and primary care colleagues to identify opportunities to embed personalised care approaches.
- Support our workforce through training to better understand and be equipped to deliver personalised care.
- Support our people and patients to share “what matters to them” in their health care interactions.
- Evaluate the impact for people/patients, staff and our system.



Improving access to services especially primary care

Through the engagement that we have undertaken to support the development of this strategy, we have heard a lot from local people about the importance of timely and simple access to joined-up health and care services when they need them. People have told us about the challenges and frustrations that they currently experience accessing a range of different services – in particular, the importance of access to general practice services.

We have been honest about the challenges that we are facing as a system. Specifically, rising patient demand, financial pressures and increasing workforce shortages. While these impact on our ability to improve access to services, we remain positive about the opportunities to deliver new and innovative methods of delivering General Practice services through face-to-face, online and telephone appointments from an increasingly varied and professional workforce. In Coventry and Warwickshire, we are clear that the future of General Practice is to adapt and develop, to support the needs of our patients. We believe that the new structure of the NHS creates the opportunity to accelerate work already underway to deliver a much more integrated way of working, enabling partner organisations of the ICP to respond to the needs of local populations within available resources, to improve patient care, outcomes through access to services.

From our engagement with local people, we recognise that everyone wishes to access services in a different way, and we need to adapt to this choice. Many of these new routes into General Practice services were driven by our response to the Covid-19 pandemic. Local Providers of health and care services, including GP practices, rapidly adopted a range of new technologies and, as a result, digital access to services became much more widespread in our system. Whilst we recognise that accessing services through digital channels does not suit everyone, our local vision is to harness digital technology to enable local people to access information, support and care easily and confidently.

Key to our ability to provide the primary health care services that our patients need, will be the workforce. We have already seen significant increases in certain roles, such as pharmacists, physiotherapists, social prescribers and paramedics, who have delivered enormous value to patients as part of the wider multi-disciplinary team. Key over the coming months and years will be to increase these roles alongside a clear plan to support increased numbers of General Practitioners and the wider nursing team.

If we are successful, we expect to see increased patient satisfaction relating to shared decision making and access to services, including general practice services.

What are we doing already?

Every day in Coventry and Warwickshire tens of thousands of people access services through our 120 local GP practices and 19 Primary Care Networks ('PCNs').

While local GP practices are delivering more appointments than ever before and national GP Patient Survey results continue to demonstrate that they are performing better than the national average across a range of key areas, we also hear from some local people about the difficulties that they experience accessing their local GP practice. We are already using the data available to us, including data relating to GP appointment activity, to understand and tackle variation, and this will continue to be an area of focus for us over the coming years.

As we have set out, we believe that integrated working will be central to improving access. Dr Claire Fuller's recent [landmark report](#), strongly reinforces the direction of travel that we have already set out on to transform our local out of hospital system in Coventry and Warwickshire through greater integration between primary, community and secondary care, social care and the Voluntary Community and Social Enterprise sector. Through our local out of hospital contracts, providers of services are working together to redesign care pathways in a more joined up way which supports our most vulnerable and complex patients to be able to remain safely at home through access to proactive care in the community.

Critical to our success in building a more integrated health and care system will be for us to continue to sustain and nurture the development of our 19 local PCNs, which bring together groups of GP practices to work together, alongside other NHS service providers, to develop services around the needs of local communities. These PCNs will continue to be the building blocks for wider out of hospital service integration.

Local PCNs have engaged with their local populations to develop new 'enhanced access' services which are extending access to general practice services during evenings and at weekends across Coventry and Warwickshire. They have also continued to expand the provision of social prescribing, supporting people to self-care and to access different sources of support in their communities, from creative activities such as art and singing to advice on housing and employment issues.

The delegation of responsibility for commissioning pharmacy, optometry and dental services from NHS England to the ICB in April 2023 offers an opportunity to strengthen the links across the different primary care contractor groups and to further drive integration across the primary care sector.

We have also been working on enhancing the community diagnostic capability and resources across the system to improve access to diagnosis services following the Sir Mike Richard's review of NHS diagnostic capacity. Capital investment in community diagnostics for Coventry and Warwickshire to support this work has been secured.

What will change in our ways of working?

In order to improve access to services and especially general practice services, we will work towards:

- increased collaborative working across partner organisations of the ICP, driving increasingly integrated models of care/service delivery, including a transformed model of integrated out of hospital care
- well supported PCNs operating with increasing maturity
- resilient General Practices delivering accessible, personalised, high quality care
- increased diagnostic capability and capacity across the workforce and improved access to community diagnostic services
- improved and increased digital interoperability between primary and secondary care.

What actions are we prioritising?

- Delivering the funding guarantee for primary and community care, and continuing to maximise use of available primary care development funding.
- Continuing to support PCN development and delivery of the national PCN services set out in Network Contract Directed Enhanced Service.
- Development of the Primary Care Collaborative – a ‘guiding coalition’ of leaders from within the general practice sector.
- Developing our local Fuller Stocktake implementation programme centred on the action areas identified in the Fuller Stocktake Framework for Action.
- Working with our primary care collaborative to refresh our Primary Care Strategy in the context of the Integrated Care Strategy and the Fuller Stocktake. To ensure that our plans meet the needs of practices, PCNs and patients.
- Working with our local Out of Hospital service providers to better integrate services across primary, community and secondary care, taking a more proactive and preventative approach to health care.
- Establishment of three community diagnostic hubs across Coventry and Warwickshire.



Engaging and involving local people, stakeholders and communities

We want to involve individuals and communities in shaping the services they receive in a way that is both meaningful and representative, working together across the system to make services work for everyone.

In order for our ICS to be effective, we will have local people and communities at the heart of what we do and how we do it. This will enable everyone who wants to, to be part of identifying the issues and helping to find solutions in ways that work for them and meet the priorities of local communities. Without the insights and diverse thinking of local people we will not be able to meaningfully tackle health inequalities and the challenges faced by health and care systems.

At the heart of how we work together as an ICS will be an ethos of learning from local people and, where needed, changing the way health and care partners work together, removing the barriers between services and joining up care around people and populations. This engagement will be an ongoing dialogue between the providers of care services and the recipients of those services to drive continuous improvement and involve people in care that is personalised to them.

This engagement and involvement of people is pivotal to improving access to and increasing trust and confidence in the health and care services we provide. Our engagement will always be meaningful, undertaken in culturally competent ways and we will do our best to coordinate engagement and involvement across the system understanding people's priorities and experiences in the context of their lives, not just their health conditions.

What are we doing already?

We have some really strong foundations to build on. The Covid pandemic and delivering the vaccination programme has shown us that when we work together to engage and involve communities with a common purpose, and without barriers between local authorities, NHS providers and commissioners and communities, we can better support and respond to the true priorities of local residents and extend our reach much wider and deeper into local communities, particularly those who may have been or felt excluded in the past.

Across Coventry and Warwickshire, all partner organisations, particularly the two Local Authorities, voluntary sector and Healthwatch, have developed many examples of excellent best practice in working with communities, understanding experiences and championing co-production, and we will build on and learn from their experiences in shaping the ICS approach.

We will adhere to the NHS England principles on how we communicate, engage and involve people and communities.

Our [Communities Strategy](#) outlines in detail the steps we will take to deliver these priorities. Throughout the strategy, there are case studies from across the partners of the ICS which demonstrate the breadth and depth of engagement activity that already takes place. We will build

on these strong foundations, learning from each other to design how we work together as a system and better collaborate and engage with both individuals and communities.

Engagement is something which must be done *with* local communities not *to* them, and there are many great examples of communities being empowered to look after their own health across our health and care system. The National Lottery Community Fund and The Kings Fund-supported [Healthy Communities Together programme](#) presents an enormous opportunity for us to learn about how best to mobilise communities and redefine the shape and scope of local systems to improve the outcomes for our population.

However, there remain barriers to delivering engagement, both as a system and at local, place and neighbourhood level, which this strategy aims to eradicate as we begin to work as one whole system – working in co-ordination at a system level where appropriate and empowering local communities to lead the way.

What will change in our ways of working?

- Greater levels of personalised care enabled by effective engagement with patients and communities.
- An improved methodology and approach to how we engage patients and communities consistently across system partners based on a shared framework.
- Developing and maintaining ongoing relationships with our diverse communities.

What actions are we prioritising?

- Investing in the community and voluntary sector.
- Delivery of our Communities Strategy.
- Developing a framework for how we work together as partner organisations within the ICS.
- Promoting cultural change across the ICS to put people at the heart of everything we do.
- Building trust and relationships through always listening to and learning from our communities.
- Equipping everyone with the tools they need and demonstrating the difference that community involvement makes, drawing on learning from across the system.



Making services more effective and efficient through collaboration and integration

We want to make health and care services in Coventry and Warwickshire more efficient, effective and ensure they provide better value for everyone.

We will only be able to do this if we develop the ways in which we work together and the structures of our health and care system, so we have right mechanisms through which to collaborate and integrate. These should enable us to develop new ways of working, speed up processes, share good practice and resource and align high standards. Clarity is required in the roles and responsibilities across each component and in the links between all parts of our new system.

A more joined-up commissioning and coordinated provision approach, closer to patient communities, will deliver a more efficient health care service. It will also provide a more coherent response to local population needs, supporting improved outcomes for all and reducing inequity in access and outcomes across Coventry and Warwickshire.

Key to achieving this will be the strategic leadership work of our ICP, the leadership and commissioning role of our ICB and the work of our care and provider collaboratives organising local delivery of services. This will enable us to transition to an infrastructure where decisions can be taken closer to communities, with better understanding of those communities and their needs, supporting collaboration between partners to address inequalities and improve outcomes in physical and mental health and wellbeing, and sustaining joined-up value for money services.

What are we doing already?

The Health and Care Act 2022, and other statutory guidance, sets out a clear intention of a more joined-up approach to health and care built on collaborative relations; using the collective resources of the local system, NHS, local authorities, the voluntary sector, and others to improve the health of local areas.

Our operating model has a number of core components, which we have been establishing and developing, with specific roles.

- Integrated Care Partnership – a partnership of key health and care leaders across Coventry and Warwickshire with specific responsibilities to develop this Integrated Care Strategy for the whole population.
- Integrated Care Board – taking responsibility for ‘strategic commissioning’ and leading integration in the NHS to bring together all those involved in the planning and providing NHS services to take a collaborative approach.
- Three provider collaboratives with distinct roles and responsibilities to facilitate the sharing of expertise, knowledge and skills between providers and to draw on the strength of its members to redesign service delivery and develop new models of care:
 - Acute Provider Collaborative

- Focus on at scale Acute pathway redesign
- This collaborative will bring together all key stakeholders including Acute and other appropriate stakeholders e.g. Primary Care
- Mental Health Provider Collaborative
 - This collaborative will bring together mental health partner providers to respond collectively to improve delivery of mental health services across the system
- Primary Care Provider Collaborative
 - This collaborative will bring together all core Primary Care providers at a Coventry and Warwickshire level
 - This has commenced with General Practice at present but over time wider core Primary Care providers will also be incorporated.
 - The immediate focus of this collaborative will be to provide strategic direction and support to local PCN programmes.
- Two geographical Care Collaboratives which will have an influencing responsibility on commissioning decisions made by the ICB so that services can be developed and tailored to meet local population need. As Care Collaboratives develop and mature, this responsibility may increase to direct commissioning responsibility for an agreed scope of services:
 - One for Coventry, one for Warwickshire. The Care Collaboratives will map to our Local Authority (LA) boundaries recognising the opportunities for deeper integration and collaborative work on health inequalities and the wider determinants of health in the smaller, contained footprints of the local authorities
 - The Warwickshire Care Collaborative will be made of three equal Place partnerships.

What will change in our ways of working?

- We will have a whole-system approach that is reoriented to focus on keeping people healthy, well and in control of their lives.
- We will build a sustainable system in which every resident of our area can expect to receive high-quality health and care services when they need them and barriers that currently prevent or hinder joined up care across services have been broken-down.
- Everyone in the health and care system will work together to do the right thing for our population and the right thing for the system, where the health and care workforce feel valued and supported.
- We will take collective decisions closer to the patient, based on a shared understanding of the local population and how people live their lives in a system that looks beyond health and care services to the wider determinants.

What actions are we prioritising?

- Getting the structures and governance of our system right, making them lean, effective and efficient.
- Developing the strategic leadership capability of our ICB and ICP.
- Developing the capability and capacity of our Care Collaboratives and local care partnerships as vehicles for driving collaboration and innovation.
- Setting conditions to create greater collaboration, removing barriers to integrated care to allow local partnerships to thrive, and empowering staff and communities to deliver the ambitious service changes needed within the system.

- Empowering the right groups of people with the expertise and evidence to make decisions on how to redesign and reorganise services.
- Ensuring that there is agility and pace in decision making to enable transformation to occur at the rate that the system needs.

Priority 3: Tackling immediate system pressures and improving resilience



What this means to me

Everyone works together to make sure I receive appropriate and timely care when I need it, from skilled and valued staff.

Context

As we emerge from the global pandemic, the challenges that health and care services have faced over the last decade have only increased in severity. So, while we have clear ambitions for the future, we recognise that there are some immediate pressures facing our Integrated Care System that we need to address as a priority. A failure to do so will mean a constant cycle of immediate pressures and an inability to look beyond that and invest in the future.

We are seeing increasing demand for health and care services, complexity of need and challenges around the flow of patients through the system, all at a time of significant financial pressure. Many within our workforce are tired, having moved from the pandemic to recovery of services, and now face the additional stress of increased demand, increased vacancies and higher sickness absence.

Immediate system pressures include increasing demand for urgent and emergency care, a need to restore elective or planned care as quickly as possible, a requirement to manage the impact of winter, and mental health services impacted significantly by the COVID-19 pandemic. As an Integrated Care System, we also need to be able to demonstrate that partners can plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care.

We need to work together both to reduce immediate demand on services and to secure the system capacity required to meet the current and future health and care needs of our population – which include both physical and mental health care, and social care needs.

Traditional approaches aren't working, and increasingly we recognise a need to do something different as we embrace the opportunity of collaborative working through our Integrated Care System.

Reducing demand on services means enabling people with complex needs to live independently at home, which we describe in more detail below. Linking to priorities 1 and 2, we also need to minimise avoidable A&E attendances through improved service access and advice upstream – particularly for those in Core20 and priority groups who are overrepresented in urgent and emergency care.

Securing system capacity and building resilience involves:

- ensuring effective system flow, by having the correct capacity, resource and processes in the system to ensure that we are able to most effectively and efficiently meet current and future service demands in a timely manner
- working to support the resilience and sustainability of the social care independent, voluntary and community sector market, including support with recruitment, quality improvement and business continuity and making best use of resources through Fair Cost of Care
- building workforce capacity by maintaining our focus on recruitment, development and support strategies to keep our people happy and safe at work
- ensuring our limited resources are consumed to best effect through our approach to financial sustainability, productivity and efficiency.

There are two key areas which we need to focus on in order to improve resilience and tackle system pressures. These are:

- supporting people at home
- develop, grow and invest in our workforce, culture and clinical and professional leadership.



Supporting People at Home

Supporting people to live at home as they develop or encounter health-related difficulties is a core ambition of health and social care. Achieving this requires resilient, responsive, accessible and adaptable health and care services that have personalised care principles at the heart of what they deliver and work in tandem with the individual, their friends and family carers to help people achieve positive outcomes.

The impact of not supporting people effectively at home is experienced both at an individual level and across our health and care system through increased demand on urgent and emergency care services and social care.

There is an important equality aspect to this priority as we know that some cohorts of our population seek support from health and care services earlier on, whereas others delay seeking help until at or close to crisis. This priority is therefore important to improve the experience and effectiveness of care and support within our system.

By focussing on this priority area our aim is to provide support, across health and care and with wider partners, to enable people to be supported within their own home environment.

This will support the delivery of the ICS vision through:

- supporting residents to lead an independent life
- enabling people to remain in their communities for longer
- improving sustainability of services by helping focus hospital services on those who absolutely cannot be supported at home.

What are we doing already?

In Coventry, the Improving Lives programme presents the opportunity to significantly transform how older people are supported by organisations working together across community support, hospital processes and discharge/reablement. Although this programme is focussed on people aged 65 and over there will be benefits to other cohorts of the population.

In Warwickshire, the Hospital Discharge Community Recovery Programme presents an opportunity to further develop pathway 1 (support at home) discharge to assess services in Warwickshire to enable all people in an acute hospital, who need further support, to access timely therapeutic intermediate care services on discharge.

Across both Coventry and Warwickshire, the learning from these programmes will be shared as the work progresses – this sharing and learning will enable the interventions with greatest impact to be used to accelerate progress across the whole system.

We are also working on ageing well and specific frailty programmes which have been making progress in our support for older people. We have a Proactive Care at Home workstream which is supporting individuals in their own homes and in care homes. These system wide programmes will connect with the Coventry and Warwickshire specific programmes to make a step change in how people are supported.

We have recently implemented an Integrated Care Records system which is being rolled out to all organisations. This enables health and care records to be shared, which leads to better informed professionals, who will be better able to support people as a result.

What will change in our ways of working?

- An improved and more responsive coordination and delivery of health and care within an individual's own home when urgent and emergency care is required – this will help prevent people making unnecessary visits to hospitals.
- Where ongoing support (health or care or both) is required to enable people to continue to live independently, this will be reliable, sustainable and responsive to change as people's requirements change.
- Where people are required to visit hospital for treatment, this will be undertaken in a patient-centred and effective manner, with the focus on returning home as soon as possible.
- Where people have had a change in their health as a result of deterioration or a specific episode in their life, they will be supported to recover and re-abled to maximise their individual outcomes.

What actions are we prioritising?

- In Coventry, development and implementation of an integrated model that focusses on support at home and stemming the 'flow' to hospital settings whilst re-abling people to regain independence they may have lost as a result of a health episode.
- In Warwick, further development of pathway 1 (support at home) discharge to assess services in Warwickshire to enable all people in an acute hospital, who need further support, to access timely therapeutic intermediate care services on discharge.
- Taking the opportunities presented by the social care reforms to support people to live independently, whether through housing, innovation, or use of technology.
- Supporting informal family carers – our ambition to support more people to be independent at home will also require us to consider how we work with and support informal carers who are a critical and integral part of the care and support system.



Develop, grow and invest in our workforce, culture and clinical and professional leadership

We have a total workforce of 47,800 in Coventry and Warwickshire. This includes 20,700 employed by NHS providers, 23,500 in adult social care, 3,200 in primary care and around 400 employed by our Integrated Care Board. Staff turnover is high, presenting real challenges in terms of workforce capacity and service delivery.

In order to deliver quality health and care services for our population, we need people with the right skills, the right values, and in the right places. We have an ICB priority to care for and develop our workforce, ensuring they continue to have the resilience and support to deliver the best care to our patients and communities, especially employees from black, Asian and minority ethnic communities who make up 30% of our NHS and social care workforce.

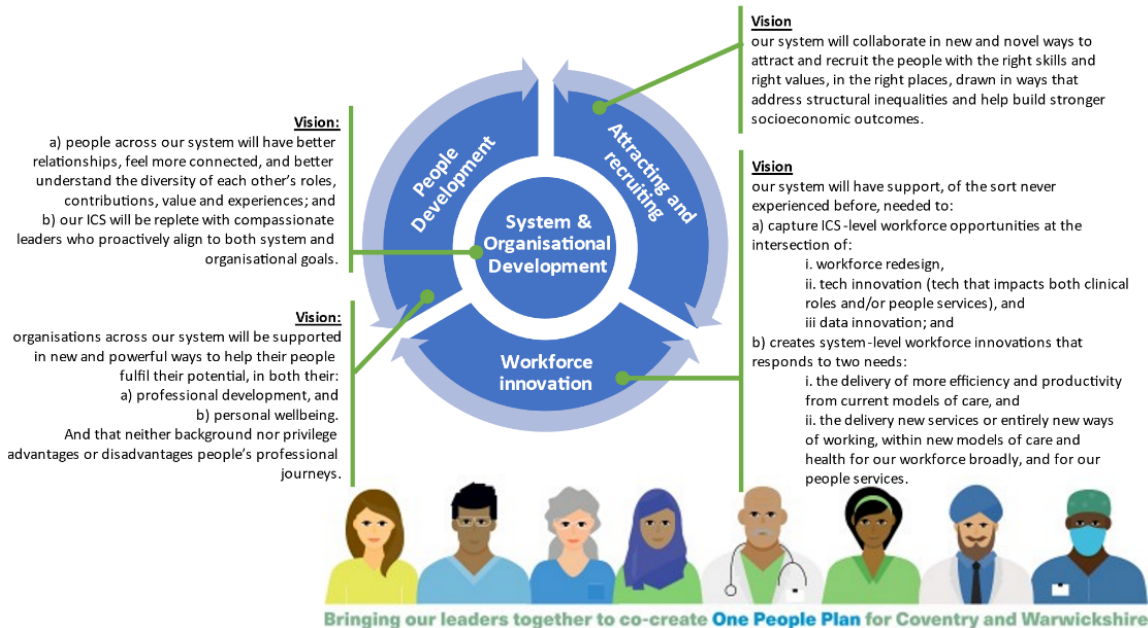
We have a diverse population and a diverse workforce, and to ensure we develop a sense of belonging and inclusion for all staff we must raise the profile of our diversity and inclusion work.

Clinical and Care Professional Leadership (CCPL) needs to be a core foundation of the system and how we act, engage, and make decisions in the future. The system needs buy in from clinical and care professionals to enable effective integrated working. Equally important is a population health mindset, and the expertise and leadership of our public health workforce and their input into decision making in the system will be key.

Our informal workforce is critical to our system too. There are an estimated 34,000 unpaid carers in Coventry and 62,000 in Warwickshire, and there is a strong volunteer sector which supports our services and offers wider community support.

What are we doing already?

Following an extensive programme of engagement, the Coventry and Warwickshire People Plan is now being updated. The [NHS People Plan](#) and [ICS 10 people outcomes](#) are key drivers for the development of this refreshed strategy.



Nationally there was acknowledgement at the inception of ICBs that clinical and care professional leadership (CCPL) will be critical to success³ and our local CCPL Framework was developed in preparation. The framework sets out the work so far for a new way of doing multidisciplinary engagement and leadership through a clinical forum function and clinical executive group. The framework will be refreshed to ensure it meets the needs of staff, avoids duplication and builds on the work being done already in constituent organisations.

It is fundamental to have a framework to guide us as we change our thinking, ways of working, and collaboration across the system. The part of the framework that will describe how we do this together is called our Philosophy of Care; this will bring staff voices together to aspire to work as one Coventry and Warwickshire team. Other elements focus on how we share learning, improve quality and safety, network, communicate and develop leadership.

What will change in our ways of working?

We want to see an ICS workforce that is aligned to and effectively enables the delivery of our system aims and priorities. This includes:

- people feeling looked after, supported and developed to enable new ways of working to improve services, and a culture of shared learning and collaboration
- an expansion of the substantive workforce, where required to meet service needs, focussing on the local population, increasing uptake of health and care careers and retaining colleagues for longer

³ <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0664-ics-clinical-and-care-professional-leadership.pdf>

- frequent and open system-wide clinical interaction being embedded and supported by a strong clinical and care network in which all ICS members are included.

What actions are we prioritising?

The priorities in our People Plan are:

- **attracting and recruiting** more staff and ensuring bias is removed from our processes, including launching our employability programme
- **people development** and in particular the transformation of nurse education to ensure we can meet the requirement to expand the numbers of places and increase other routes into nursing. This priority also covers all other professions in particular AHP, medical, public health, social care and scientific roles. There is an important link with our widening participation priorities
- **leadership capability building**, through system wide approaches to development and talent management, giving increased opportunity to ICS members
- **inclusion and diversity** – ensuring that our recruitment approach is equitable, diverse and inclusive and raising the profile of our diversity and inclusion work to ensure we attract, retain and improve the working experience of diverse groups
- **health and wellbeing** – continued focus on provision of support for our people to ensure they feel supported, valued and able to provide great services to residents
- **planning and efficiency** – ensuring we clearly scope and plan workforce needs for the future, particularly with key system transformation programmes.

We will work with Anchor Alliance partners to improve employability for the Coventry and Warwickshire population and improve access to training, education and employment for our most vulnerable residents, working with local university partners to develop education pathways for our future workforce.

We also plan to undertake wide engagement to secure clinical and professional buy-in for integrated working and development of strong governance and networks to connect clinical and care professional leaders and ensure their voice and influence within the system.

Strategic Enablers

A number of key enablers have been identified to facilitate delivery of our vision and the priorities within our Integrated Care Strategy. These are all areas where we think we can have a real impact on health and wellbeing outcomes by working together on a system-wide basis.

Finance

How we manage and use our resource collectively as an Integrated Care System is key to the achievement of our aims and ambitions. If we are to progress our priorities around prioritising prevention, improving access and tackling immediate system pressures, we will need to make difficult decisions about shifting resource. If we are serious about tackling health inequalities, where and how we spend resource will need to change.

We will be working with system partners to develop an integrated finance strategy which will provide the outline framework for more detailed policies and processes to deliver and embed:

- a culture of financial stewardship, including our approach to investment and disinvestment decisions
- a continuous improvement approach to financial sustainability, incorporating the Healthcare Financial Management Association sustainability checklist and framework, core financial controls and a programme of value-based reviews
- a robust approach to integrated financial planning and reporting, linked to workforce, demand and capacity, and quality
- an innovative approach to financial transformation: supporting productivity maximisation, providing professional advice services for business case appraisal and benefits realisation, developing forecasting and modelling capacity and streamlining back-office processes
- system financial expertise: developing the system finance workforce through education and training, peer to peer reviews and cross system finance staff development supported by participation with Future Focused Finance and One NHS Finance programmes.

Where appropriate and following suitable due diligence, decision-making responsibility may be delegated to a more local level, but with the same approach to delivering and demonstrating sustainability and value.

We will continue to develop integrated working arrangements with system partners, where this allows better cross boundary working such as integrated budgets – and the delegation of functions into places, supporting the principle of subsidiarity and facilitating integration. For example, using Section 75 arrangements to manage or support pooled budgets across the NHS and local authorities.

Our finance strategy will have good regard to the four core aims of the ICS:

- improving outcomes in population health and health care; our value approach to investment and disinvestment will explicitly link resources to expected outcomes.
- tackling inequalities in outcomes, experience and access; we will work to develop a place-based allocation methodology which reflects the needs of the populations served.
- enhancing productivity and value for money; our approach to sustainability and efficiency will seek to ensure our limited resources are consumed to best effect.
- helping the NHS to support broader social and economic development; we will look to work across traditional health boundaries, developing joint working arrangements with local authority partners and VSCE organisations to support our communities leading health lives.

Digital, Data and Technology and Population Health Management capability

Integrated digital, data and technology is a key enabler to proactive, seamless and person-centric care, and to the collective stewardship of public funding for health and care to meet the needs of the population. It is crucial to facilitating evidence-led decision-making in the commissioning, planning, design and delivery of care, with insights from data used to improve quality, efficiency, population health outcomes and to tackle health inequalities.

Our Digital Transformation Strategy sets out an ambitious plan for digital integration aligned to the national 'What Good Looks Like' framework. We also have a Population Health Management (PHM) Roadmap, which sets out how we plan to spread, scale and sustain core PHM capabilities – around infrastructure, intelligence, interventions and incentives - across all levels of our system.

Digital Transformation is using digital, data and technology to reimagine health and care delivery to improve our population's wellness. To achieve this, we need to ensure this thinking is central to our decision making, transformation, resourcing and partnerships, and promote the continued development of our leadership, organisational cultures, people and processes to embrace the benefits of the digital age.

Key areas of integration activity include:

- **improving care:** we are using new technology and innovative digital solutions to enhance services for patients and citizens through consistent digital front door and virtual health and care capabilities. This will facilitate more joined up and personalised care, and improve access and self-support. The expansion of digitally transformed care includes measures to ensure standards for safe care are maintained
- **digital literacy:** work to ensure that health and care services suit all literacy and digital inclusion needs, whilst working collaboratively across integrated care partners to build digital literacy that enables access to health and care services digitally where appropriate
- **integrated records:** we are building on our electronic patient care records initiatives, shared care record and platforms and services that support research and innovation across health and care providers in Coventry and Warwickshire

- **Population Health Management infrastructure:** implementation of a local PHM digital platform which will provide a near real-time linked dataset across all Coventry and Warwickshire ICS data systems and analytical tooling, enabling more targeted and proactive care to meet population health needs and address unwarranted variations in outcomes and experience
- **supporting our people:** we are working to ensure our workforce is digitally literate and equipped to work optimally with digital workforce tools
- **digital and data infrastructure:** working together to create digital, data and infrastructure operating environments that are reliable, modern, secure, sustainable and resilient. This includes ensuring robust digital assurance including information governance, cyber and clinical safety.

Public estates space and facilities

We will work together as partners to ensure our collective estate is managed most effectively to support and enable more joined-up, easier to access care, support the aims and priorities of the system and ensure better, safer care for patients.

The ICS has developed an Estates Strategy which sets out how we will work together to do this. It presents the collective work undertaken at provider, commissioner, and local authority place level both individually and in partnership with one another to improve the quality and outcomes derived from the public estate. The strategy is iterative to reflect subsequent funding requirements and priorities of an ever-evolving estate which looks to shift care closer to where it is needed and most suitably delivered aligning to many of our ICS priorities. Our Estates Strategy sits within the wider context of national priorities including; Carter Report, NHS Long Term Plan, Net-Zero NHS, Place-Based Systems of Care, One Public Estate, and the Naylor Review.

Our key areas of focus to deliver the priorities of the Estates Strategy are:

- **capital planning and prioritisation:** we will continue to review, update, and evolve our process to prioritise our major capital schemes; develop a process for the management of business-as-usual schemes; review any alternative funding opportunities available to the system; monitor the outputs of Section 106 & Community Infrastructure Levy; and look to interface with the digital workstream to explore how we can advance our digital capabilities
- **greener delivery aligned to the ICS Green Plan:** we will focus on areas such as creating a multi-purpose, biodiverse estate with greenspaces utilized for our local population, staff, and visitors; transitioning to low/zero carbon solutions for the provision of energy services; improving local air quality and reducing carbon emissions from travelling sustainably; and partnership working to improve efficiency and eliminate carbon
- **disposals and void management:** develop, monitor, and keep under review our Strategic Disposals Tracker; review our system void space to identify potential projects that could support better utilisation of space; work in conjunction with the capital workstream to monitor schemes, projects, and programmes where opportunity exists to release surplus

land; develop greater partnership and collaborative working with our local authorities to explore opportunities to identify projects to reduce voids; explore alternative ways of delivering our clinical services, including the use of digitization; and explore opportunities to develop agile working across our system

- **effective asset management:** work in conjunction with the disposal and void workstream to drive the reduction of void space; develop a systemwide approach to ERIC data recording, analysis, metrification, and reporting; commit to developing our SHAPE atlas in order to create a single repository for our estates data; and generate a better understanding of backlog maintenance liabilities and continuous management and reduction.

Our key aims are:

- working towards all Trusts operating with a maximum of 35% non-clinical space and 2.5% unoccupied space with alignment to Trust Premises Assurance Models
- the NHS Carbon Footprint for the emissions under direct control, net zero by 2040
- the NHS Carbon Footprint 'Plus' for the emissions under influence, net zero by 2045.

Performance and Assurance

Service performance has been impacted significantly over the past two years following the global pandemic, including needing to wait longer to access services and the change in complexity resulting from this. Focusing on performance as a whole across all organisations within the system will be a key enabler for the effective delivery of our Integrated Care System priorities. Integrated performance management and monitoring is essential to enable transformation of services and evidence-based interventions that will improve outcomes across all focus areas

There remains the need to respond to the requirements of the NHS Long Term Plan and the annual NHS Operational Plan and we need to understand the current position with regards to how organisations in our system are performing, the areas of challenge, actions in place to address these and to be assured that health outcomes are improving.

The National System [Oversight Framework](#) aims to achieve and promote delivery of the metrics under the 5 domains, including:

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- leadership and capability
- finance and use of resources
- people.

The Framework encompasses the aims of the Operational Plan within these domains. There is now a national dashboard, that shows current performance and ranking information to enable benchmarking. A local dashboard is being developed to support this and to provide supplementary

background information. This will help to drive the programmes of work that are needed to improve performance within agreed timescales and through co-designed action plans.

Meeting the needs of the population and population health is key to performance management and links closely with the Joint Strategic Needs Assessment and also the Health Inequalities Strategy.

Key areas of activity include:

- develop a single oversight framework for the system, that:
 - includes high quality and up-to-date information from all organisations, to improve healthcare and population health and to tackle inequalities in outcomes, experience and access.
 - includes broader health metrics, with a focus on outcome measures to transform and improve population health
 - is open and transparent to enable joint ownership of issues, mutual accountability and collaborative working.
- ensure a robust monitoring and tracking system for performance, that:
 - enables early detection of challenged areas, monitoring of progress and understanding of impact to reduce variation and inequalities across the system
 - includes granular information to ensure that inequalities are able to be highlighted down to small geographic locations across the system, to support in service provision and targeting interventions.
- embed a mature assurance process rooted in principles of mutual accountability and equal partnership to collaboratively tackle challenged areas and achieve the ICS aims
- increase partnership working, including on effective performance improvement strategies, with routes to share good practice within the system.

Quality

Our system needs to be quality focused with a systemic oversight of quality for the population we serve, using a whole pathway approach to future proof prevention, selfcare, direct care and bedded care.

Key areas of activity include:

- establishing a Quality Governance Framework which operates across the whole system, as the quality outcome of our provision is essential to understand and provide a base to improve from. This will be in line with the National Quality Boards (NQB) guidance and escalation levels
- embedding the new Patient Safety Strategy to ensure the move from serious incident management to the Patient Safety Incident Response Framework (PSIRF) and establish safe systems, structures and an escalation framework within which to operate across the whole system. The use of the DATIX incident reporting system where possible will be important to enhance system learning

- further strengthening the established safeguarding partnerships, by focussing on system wide working on safer communities and harder to reach communities
- triangulating quality improvement by establishing an approach which focuses on prevention, health inequalities and a reduction in unwarranted variation. This includes developing an approach that triangulates the wider determinants of health with quality, safety and effectiveness of services
- delivering the system Quality Strategy, ensuring involvement from broader health partners and developing empowered communities
- establishing a System Quality Group to work collaboratively across the system on continuous improvement, supporting system learning and development.

Transformation and Innovation

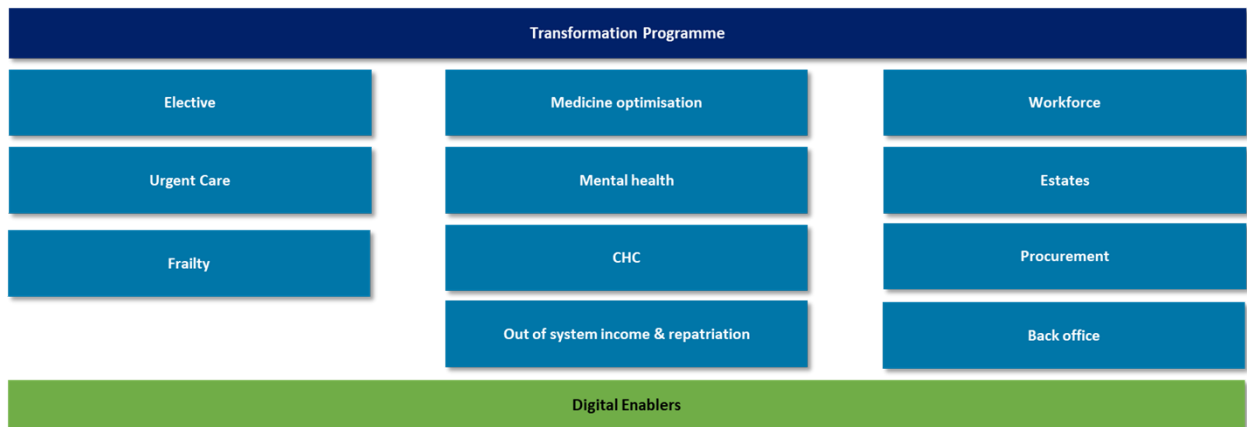
Following the Covid-19 pandemic, the recovery and sustainability of services is critical for our population. The innovations prompted by Covid-19 show the potential for us to revolutionise and transform service delivery and there are huge opportunities for collaboration, enhanced integration and transformation in our system.

Our ongoing approach to transformation will play a key role in determining the extent to which we are able to meet our ICS aims and deliver on our priorities. Transformation will also be a significant determinant of how we innovate to support service recovery and help shift care to better and more efficient, sustainable models.

We have developed a Transformation Programme which will drive system-wide innovation to support clinical, operational, performance, and financial recovery. This Transformation Programme is part of the ICS' six-point Financial Strategy and identifies a number of clinical and enabler work-streams that will:

- transform health and care services for the population of Coventry and Warwickshire to improve health outcomes and meet the needs of our population
- evidence how the ICS will deliver its health and care aims and priorities
- drive high quality and safe service delivery
- drive improved productivity and ensure the delivery of services that are efficient, affordable, convenient and offer high value.

Our key focus areas of activity are:



Whilst our system Transformation Programme will deliver the changes that we need to improve patient care in the long-term and develop new service models that better meet the future needs of our patients and communities, we also need to keep driving localised continuous improvement on a daily basis to ensure our patients receive the right care, in the right place, at the right time. To achieve this, staff engagement and clinical and care leadership are key components to our transformation approach as are the continuous improvement methodologies adopted across the system.

Our approach to innovation embraces research and the use of practice-based evidence, in assessing and identifying need and improving our understanding of how such need can be effectively met. Similarly, the adoption and spread of proven innovation, working closely with research, innovation and academic partners, supports us to drive transformation and best practice at scale and pace.

Impact

Our strategy sets out bold ambitions for our Integrated Care System and the difference we can make by working together and leveraging the benefits of the new legislative framework for health and care. We expect it to underpin everything we do as an Integrated Care System and to drive change in:

- how, as partners, we relate to each other and to our communities
- the way we use our resources
- the design and delivery of our services
- how we plan and make decisions.

Ultimately, we will see the impact of our strategy in improved population health outcomes, reduced health inequalities across Coventry and Warwickshire, and improved quality of health and care services for our population over the next five years and beyond.

If we are successful, people in Coventry and Warwickshire will:

- be supported to live a healthy, happy and fulfilled life, equipped with the knowledge and resources to prevent ill health and maintain their independence at home
- find it easier to access the health and care services they need wherever they live and will have more say over the services they receive and greater trust in their quality, effectiveness and safety; and
- receive appropriate and timely care when they need it, from skilled and valued staff.

This strategy is informed by existing strategies and will inform future strategies and delivery plans across and within Coventry and Warwickshire health and care system; including the Integrated Health and Care Delivery Plan which must be in place by end of June 2023. The plan will provide the operational detail about how the strategy's vision will be realised at an ICB level. We expect to see a clear delivery plan for achievement of the outcomes we have identified for each of our priorities.

For many of the areas of focus and enablers detailed in this strategy, there are existing or emerging strategies and plans which have their own governance mechanisms for delivery and monitoring. We will not create burdensome reporting mechanisms on top of these. However, we have developed a core set of high-level metrics for each of our priorities so that progress against intended outcomes can be properly monitored, with oversight through our Integrated Care Partnership and regular reporting to our Health and Wellbeing Boards. We will complement these impact measures with case studies that will bring to life the Strategy.

As we monitor our impact and hold ourselves to account for delivery of this strategy, we will also draw on stories and lived experiences from the people we serve, to understand where we are making a difference and where there is more to be done.

Measures of Impact

Our Ambitions: Measuring the Impact of the Integrated Care Strategy

Priorities



1. We will **reduce the gap in life expectancy** between people living in our most deprived communities compared with the least deprived by **5% in five years** – by 6.5 months for males, and 4.5 months for females in Coventry, and 5 months for males and 4 months for females in Warwickshire.

We will reduce the under 75 **mortality rate from all causes considered preventable** by **5% in five years**, with the aim of achieving the largest reductions in Coventry, Nuneaton and North Warwickshire.

We will increase the percentage of children achieving a **good level of development at the end of Reception** by 5 percentage points in both Coventry and Warwickshire by 2028, focusing particularly on children from **households with the lowest incomes**.



2. We will increase the uptake of **Personalised Care and Support Plans (PCSPs)** each year, with a focus on individuals experiencing **health inequalities**.

We will increase the **total number of appointments in general practice** by 7.5% by 2028, with a focus on practices in the most deprived areas.

By 2024 we will co-produce a Framework for what **good engagement looks like** with our local population. We will also co-produce a system wide **engagement metric** to understand the current sentiment of our local communities towards health and care, and this metric will show an increase year on year in positive sentiment. By **2026 the Framework will be in use at both ICB and Collaborative level**, with 100% of significant service change decisions made under the Framework to put people at the heart of everything we do.

We will meet the faster diagnosis standard by March 2024 so that **75% of patients** who have been urgently referred by their GP for **suspected cancer are diagnosed or ruled out within 28 days**. We will then continue to meet any further national targets set over the next five years.



3. We will aim to achieve **top two quartile performance** nationally each year for the proportion of older people (65 and over) who are **still at home** 91 days after discharge from hospital into reablement/rehabilitation services.

We will **reduce staff vacancies** in NHS provider trusts workforce by **30%** by 2028.



Our Ambitions: Measuring the Impact of the Integrated Care Strategy

Enablers



By 2024, **75% of the adult population** of Coventry and Warwickshire will have **downloaded the NHS App**.



We will **reduce the energy consumption of our NHS Trust estates** by 4-5% every year through to 2028.



By September 2023 we will have a jointly agreed **3 year financial recovery plan**, showing a route to recurrent balance. By March 2024, we will have agreed a **framework and roadmap** for delegated financial responsibility and allocations to Place. This will include an approach to increasing the proportion of our system spend on preventative and out of hospital care.



By 2024, we will develop a **comprehensive assurance and performance framework for the Integrated Care System**, available at varying geographic levels with mutual accountability by organisation, underpinned by a single dashboard that will map and monitor all the different plans and strategies.



We will develop a **comprehensive quality framework for our Integrated Care System** by 2025, that demonstrates a shared system ambition and commitment to quality. Grounded on the principle of subsidiarity, this will be population focused, embracing co-production and collaboration, with a focus on equality, diversity, inclusion and shared decision making.



Our Transformation Programme will enable implementation of the ICSs six-point Financial Strategy, through **demonstrable improvement in the effective use of resources** that is informed by clinical and care professionals.



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Health and Wellbeing Board

Wednesday 19 July 2023

Minutes

Attendance

Committee Members

Councillor Margaret Bell (Chair)

Councillor Sue Markham

Councillor Jerry Roodhouse

Officers

Becky Hale, Chief Commissioning Officer (Health and Care)

Alison Cole, Head of Commissioning – Health and Wellbeing

Rachel Briden, Integrated Partnership Manager

Amy Bridgewater-Carnall, Senior Committee Services Officer

Others Present

Councillor John Holland (observing)

1. General

The Chair welcomed everyone to the meeting and thanked those who had volunteered to sit on the sub-committee for their commitment.

(1) Apologies

There were none.

(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests

There were none.

(3) Chair's Announcements

There were none.

2. Better Care Fund (BCF) Plan 2023-2025

The Sub-Committee received a report which outlined the Better Care Fund Policy Framework and Planning Requirements for 2023/25.

In addition, the report highlighted the Better Care Fund Narrative Plan and Planning Template for 2023-25 which contributed to the wider Health and Wellbeing Board's prevention priorities as well

meeting the BCF national conditions. Members were also asked to approve the final version of the Better Care Fund Plan for 2023-25, as submitted to NHS England on the 28 June 2023.

Rachel Briden, Integrated Partnership Manager, introduced the report and thanked officers for arranging the meeting. She explained the timescales involved, the need for a sub-committee to be held and summarised the presentation she would deliver.

The presentation gave an overview of the current position of the Better Care Fund, the Better Care Fund plan, key areas of focus and links to NHS activity and summarised the recommendations being considered.

Members were reminded that locally the Better Care Fund (BCF) was delivered through the 'umbrella' of the Better Together Programme and that the Joint Commissioning Board had oversight of it. Officers explained the pooled contributions and how these were split between funding for core NHS and local authority services and those funds received directly by the local authority.

The BCF Programme for 23-25 was explained and included Transformation Activity and projects that were known to Members. Members noted that the majority of the funding into the BCF was NHS budget with national conditions applying to £71 million, specifying what services had to be funded and ensuring there was transparency on spending.

Councillor Bell highlighted the schemes being delivered through the Improved Better Care Fund (IBCF) and signposted Members to the appendices of the report for further detail. Officers confirmed the IBCF was not permanent but was being provided on a one year rolling allocation.

Direct funding to District and Borough Councils was discussed and it was noted that some of this was based on need, population and other factors. Whilst the Disabled Facilities Grant allocations were set nationally, they were pooled under the Home Environment Assessment and Review Team (HEART) Partnership. Following a question from Councillor Bell, officers confirmed that monitoring of expenditure was undertaken by the HEART Board.

Slide 4 of the presentation advised that the majority of the NHS contribution in the pooled budget funded core local authority and NHS services, most of which had been in place since 2016. The budget for each service was broken down and information provided as to whether this was delivered by the NHS or the local authority. Officers stated that there had not been an inflation increase to the Improved Better Care Fund for a couple of years and this had added to the cost pressures.

Councillor Roodhouse asked for clarification on the current position with Continuing Health Care (CHC) and was advised that a review and redesign was planned between 2023 and 2025. Officers assured that this was in the plan as a commitment with a report to be considered shortly. The focus of the work was how CHC was being delivered, whilst exploring opportunities for functions to be delegated to care collaboratives.

Ali Cole, Head of Commissioning – Health and Wellbeing, addressed the meeting and explained the monitoring processes which were managed through regular data returns to the NHS. There was an increased focus nationally on capacity and demand along with a focus on intermediate

care, wraparound services, understanding need and how capacity could be managed during seasonal changes.

Members sought clarification on the visibility of the data for District and Boroughs and the aim to relaunch a representative from the housing board on the Joint Commissioning Board to help re-establish links. Ali Cole advised that a new discharge metric was due to be announced shortly but officers were still waiting for further detail.

The presentation outlined key areas of joint focus including Discharge to Assess and Community Therapy. The development of therapeutic services and supporting patients at home was noted, however, it was acknowledged that this could be a challenge due to the work force issues. Councillor Bell questioned whether appropriate facilities existed in the north of the County and Rugby and was keen that step-down facilities were available with therapists to enable people to be discharged for interim care.

Under the Ageing Well Programme, officers drew attention to the Urgent Community Response programme which it was felt should be celebrated and also noted that the Dementia Strategy was due for sign off by the ICB shortly.

The Chair applauded the officers for such an in-depth piece of work and acknowledged how much was involved. Councillor Bell then outlined the recommendations in the report.

Councillor Holland also noted the level of work and the opportunities this could bring. He referred to the need to be certain of demand levels as well as the ever-changing use of technology to support care services. He raised a concern that there was uncertainty about long term funding but the duty to Warwickshire residents was to focus on the quality of care and not dilute the support too widely.

Councillor Bell agreed with the concerns raised about resource and increasing demand but hoped that early intervention with patients was key. She felt that concentrating on care at home continued to be the right thing to do.

Having considered the report and having heard from the officers present, it was

Resolved that the Health and Wellbeing Board Sub-Committee:

- 1) Notes the Better Care Fund Policy Framework and Planning Requirements for 2023/25;
- 2) Notes that the Better Care Fund Narrative Plan and Planning Template for 2023-25 contributes to the wider Health and Wellbeing Board's prevention priorities as well meeting the BCF national conditions; and
- 3) Approves the final version of the Better Care Fund Plan for 2023-25, in line with the recommendation and delegation of the HWBB on 23 September 2015, submitted to NHS England on the 28 June 2023.

The Chair thanked everyone for attending.

The meeting ended at 14:17

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Chair

Warwickshire Health and Wellbeing Board Forward Plan 2023/24

Children and Young People Partnership 19 th October 2023		
Coventry & Warwickshire Joint Health and Wellbeing Board TBC November 23		
Health and Wellbeing Board Bulletin released 1 st November 2023		
Children and Young People Partnership 13 th November 2023		
HWBB January 2024	Discussion items	
	Director of Public Health Annual Report 2023	Shade Agboola
	Joint Strategic Needs Assessment: Healthy Ageing	Duncan Vernon
	Better Care Fund – Annual Planning Report 2023/24	Rachel Briden
	Update on the Coventry and Warwickshire Living Well With Dementia Strategy	TBC
	Update items	
	Coventry and Warwickshire Joint Health and Wellbeing Board	TBC
	Integrated Care Board	Danielle Oum
	Community Pharmacy update	TBC
	Safeguarding Board Annual Report	Amrita Sharma
Children and Young People Partnership 19 th January 2024		
Health and Wellbeing Board Bulletin released 6 th March 2024		
Children and Young People Partnership 7 th November 2024		
HWBB May 24	Discussion items	
	Annual Report on the Health and Wellbeing strategy	Nigel Minns
	Update items	
	Children and young people partnership	TBC
	Place-based Partnerships update	TBC
Better Care Fund - Metrics	Rachel Briden	
Health and Wellbeing Board Bulletin released 3 rd July 2024		

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