

## **Warwickshire Health and Wellbeing Board (HWB) Integrated Care System (ICS) Workshop**

### **Introduction**

Warwickshire Health and Wellbeing Board's (HWB) Integrated Care System (ICS) workshop was held on 18 October. Facilitated by The King's Fund, the workshop was well attended by HWB members and Executive Group (EG) members. The King's Fund previously worked with Warwickshire HWB in 2018 during the initial development stages of the new Health and Wellbeing Strategy 2021-26 (HWS). The strategy has since been adopted by the HWB, and The King's Fund population health framework is central to the strategy. The workshop was attended by 28 people in total including two facilitators from The King's Fund.

Purpose of the day:

- To gain knowledge of the current health and care system and the picture in Warwickshire
- To develop further understanding of the requirements of Health and Wellbeing Board (HWB) within the Integrated Care System (ICS)
- To consider our role as HWB members in supporting the next steps for population health across Warwickshire to best serve the people in our communities

### **Overview of the workshop**

The overall feedback from facilitators and attendees was positive. Specific feedback indicated that HWB and EG were practical, pragmatic, engaged and dedicated to the agenda; and that great work has already been done within a complex system, with commitment from colleagues to ensure this continues.

During the first part of the workshop the health and care context was set, followed by a presentation on the Warwickshire journey so far. Colleagues were then split into breakout rooms, loosely allocated by Place (North, Rugby, South), and asked to reflect on what they were most proud of, what they would like to change, and what the current opportunities are for the future.

The second half of the workshop consisted of presentations on ICS legislation and the requirements of the HWB in the context of this setting. This section also included a presentation on the Population Health and Prevention (P&P) programme of work. Following this, updates from key groups that feed into the HWB were provided by Place leads for each area and an overview of the joint strategic needs assessment (JSNA) programme was delivered by a Consultant in Public Health. Colleagues were then randomly allocated into breakout rooms and asked to consider how they could develop the relationship between Place and HWB. Facilitators then fed back to the main group before the plenary discussion and closing remarks.

### **Key themes**

The presentations from the day are available as a PDF and found in Appendix 2. Thematic analysis of the transcripts from the day has been undertaken. In general themes have been categorised by the topic of discussion:

- Theme 1: Harnessing opportunity within ICS legislation and the population health framework
- Theme 2: The role of Warwickshire Health and Wellbeing Board

- Theme 3: The role of place, communities, and resources
- Theme 4: The role of public health and commissioning

### **Theme 1: Harnessing opportunity within ICS legislation and the population health framework**

The ICS legislation is an enabling document that allows for flexibility at a local level to suit the needs of systems. It does however place a duty to cooperate between the NHS and local authority and is clear that the ICS should be interact with the HWB and be underpinned and informed by the HWS and JSNA. Development session attendees felt this was positive as it helps to build upon and strengthen the good collaborative working practices that are currently in place across Coventry and Warwickshire. A number of colleagues emphasised the need for the HWS to be seen as a vehicle for ensuring that the ICS is strongly informed by the HWB:

*“The HWB and its strategy can be the vehicle for specific action and priorities, but also that coherence across the pillars and sectors of population health, and an advocate for hard-wiring inequality reduction across pillars.” – Quote from attendee*

#### Adding value, reducing duplication

In relation to the population health framework, there was much discussion about the interactions between the four quadrants and the different groups that align to them. The King’s Fund encouraged attendees to look for those overlaps between the pillars of the population health framework as a place where a lot of critical work can and does take place, and that rather than seeing overlap as duplication that should only be minimised, it should be about first finding the added value.

*“I think one of the dangers of this transition process is everyone thinks actually ‘this is now their role I don’t have to worry about it’. And my counsel would be we need to go through a period of almost accepting there’s going to be an overlap, but in that overlap will mean we ensure we don’t have big gaps which are to the detriment to our citizens.” – Quote from attendee*

### **Theme 2: The role of Warwickshire Health and Wellbeing Board**

The discussion on HWB focused on the strong position of the board within the local system, and how HWB and EG members had a good understanding of the interactions between system, HWB and Place. There was a huge amount that HWB and EG members had to be proud of - from the development of a cohesive and coherent strategy, to specific programmes of work such as the discharge to assess scheme, multi-agency Homelessness Strategy, and Wellbeing for Life. A number of colleagues felt that the HWB needed a stronger story of self and should emphasise that its priorities are those set by residents and should therefore inform ICS strategic planning.

#### Refreshing and renewing Health and Wellbeing Board

There were a number of attendees who felt that the role, purpose and governance of the HWB should be revisited in light of the introduction of the ICS. In answer to the final question in the plenary on *“what is the most impactful thing that you can do to improve working as a system?”* two attendees stated that reviewing how HWB is formed and if we have all parts of the system represented would be most impactful. Colleagues also felt that it was the HWB’s role within the ICS to have oversight of health inequalities.

Within breakout sessions, colleagues raised that children and family services and education felt remote from current workstreams, despite children and young people being a priority for the HWB. It was suggested that these should be better represented on HWB. It was also felt that stronger ties should be made to other partnership groups including the Safer Warwickshire Partnership Board, and that HWB could help with understanding the functions of each member organisation to make sure that appropriate links across the wider determinants of health were being made.

*“...the board can be that kind of local grounding body because obviously, providers have got lots of pressures and priorities that come down from NHSEI, but actually we’ve got a role to make that real for our local population haven’t we, and make sure our local priorities are addressed.” – quote from attendee*

Colleagues also queried the role of the EG and if there would be merit in extending HWB membership to include the Chairs of the Health and Wellbeing Partnerships as way of avoiding duplication and ensuring greater connectivity between HWB and Place.

It was felt by many that HWB should be seen as a ‘conversational nexus’ where key issues across the county are discussed to then be shaped at place. Colleagues wanted HWB to allow for space to exchange ideas and facilitate open conversations around difficult decisions, pointing towards the need for more regular HWB development sessions.

#### Voice of Health and Wellbeing Board

Attendees felt that the HWB needed to be clear and bold to ensure that its voice is heard within the system. It should continue to advocate for the voice of its citizens, reiterating the JSNA-set priorities and ensuring these are embedded within the ICS. Attendees felt that, although there were elements yet to be determined (for example the relationship between HWB and the Integrated Care Partnership (ICP)) HWB should focus on being clear on the elements that are known – having responsibility at county level to ensure that partners come together to develop the JSNA and to deliver the HWS for the community it serves. There were concerns that if HWB doesn’t take a strong stance, it could impact on citizens:

#### **Theme 3: The role of place, communities, and resources**

In relation to theme 3 there were several sub-themes discussed:

- Delegation of funds and decision making to place
- Moving funds from tertiary settings into prevention
- Moving funds into geographical areas with greater need/inequality

Attendees felt that bold decisions needed to be made around the pooling of resources, and that HWB should put mechanisms in place that support the allocation of funding to where it would have the greatest impact.

*“You know, being able to put in place mechanisms that support the good allocation of funding across the system to where it might have the biggest impact and starting to open up therefore what the opportunities are around prevention.” – Quote from attendee*

Discussions were also held around how HWB will actively engage citizens more through co-production activity and the delegation of budgets to plac. On this, the potential for striking a ‘Warwickshire Deal’ was raised. Within the breakout sessions, Rugby Place felt that they had established a strong community element within the programme of work, which may be useful learning for other areas. It was felt by some colleagues that there needed to be more done to ensure that the voice of Warwickshire residents are at the centre of everything that we do.

Colleagues were clear that where anecdotal evidence from communities was emerging, scoping should take place to find out if further research would be required to build a robust case of need. It was suggested that the JSNA data collection process could support this and that there should be greater alignment between JSNA and HWB priorities to the topics Healthwatch Warwickshire report on as these contain rich patient voice data.

#### **Theme 4: The role of public health and commissioning**

Several attendees spoke of the importance of public health and how understanding of the speciality had been strengthened throughout the pandemic. The King's Fund noted that this increase in understanding contrasted with a national system that was fragmenting and how, despite this, the collaborative model of public health within Warwickshire should remain. Questions were raised as to where local public health teams should be positioned to have the greatest influence within the emerging ICS and, on the Integrated Care Board (ICB).

Attendees felt that the JSNA programme had resulted in a wealth of data and evidence that was easily accessible, however it was felt that this didn't always translate into service improvements. The need to return to the model of 'world class commissioning' was raised as a way of ensuring that need informs the commissioning of services.

*"we have these great reports, but then actually, how does that all transform into action? And what is it that we effectively can do with it?"* – Quote from attendee

Aligned to this was a discussion on the use of Healthwatch Warwickshire data together with the JSNA to drive commissioning activity, as well as a question on whether HWB can influence the types of topics that Healthwatch Warwickshire examine – for example if elected members are aware of certain issues within their communities, Healthwatch Warwickshire could be asked to investigate issues independently and feed this back into HWB.

This would help to ensure that, where elected members are hearing certain issues within a community, further investigation could be undertaken independently by Healthwatch Warwickshire and feed back into the HWB.

A number of attendees spoke to the importance of the JSNA for a number of reasons including bringing back the model of world class commissioning and triangulating want and need of Warwickshire residents.

#### **Recommendations and next steps**

- Debrief session with Cllr Bell, Shade Agboola and Nigel Minns (took place 2 November)
- Deliver a follow-up development session with Place Forum attendees (session took place 17 November)
- Present report to report to members of the Health and Wellbeing Board and Executive Group (scheduled for 12 Jan)
- Renew the membership of the HWB and ensure governance arrangements are aligned to new ICS (report scheduled for July Health and Wellbeing Board)
- Refocus on the priorities of the HWB for the next financial year (development session planned for March 2022 with members of the HWB and Executive Group)
- Consider how public health expertise will be embedded within the ICS