

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

18th October 2021

Welcome and introduction from Cllr Bell,
Chair of Warwickshire Health and Wellbeing Board



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Purpose of the day

- To gain knowledge of the current health and care system and the picture in Warwickshire
- To develop understanding of the requirements of Health and Wellbeing Board (HWB) within the Integrated Care System
- 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

| | | |
|-----------|--|---|
| 0930-0940 | Welcome and purpose of the day | HWBB Chair Cllr Bell |
| 0940-0945 | Overview of the Session & Housekeeping | Durka Dougall |
| 0945-1010 | Health and Care Context – Overview | David Buck |
| 1010-1020 | Warwickshire journey to date – Overview | Emily van de Venter |
| 1020-1035 | Interactive Exercise 1: Reflecting on the journey we have been on 1. What are we most proud of? 2. What would we want to change? 3. What does the current landscape offer us by way of opportunity for this? | Small group work |
| 1035-1045 | Themes from groups | Feedback from groups |
| 1045-1100 | BREAK | |
| 1100-1110 | Overview of requirements of HWB in the context of system • ICS slides • P&P workstream | Rachael Danter Emily van de Venter |
| 1110-1130 | Update from key groups that feed into HWB: • Joint Strategic Needs Assessment • Place Partnerships – North, Rugby, South | Duncan Vernon David Eltringham, Mannie Ketley, Chris Elliott, Anne Coyle |
| 1130-1200 | Interactive Exercise 2: What is our role as HWBB members in supporting the next steps for population health across Warwickshire to best serve the people in our local communities | Small group work |
| 1200-1215 | Themes from groups | Feedback from all groups |
| 1215-1220 | What might be the most impactful thing (identified from themes) we can do to improve working as a system? | MentiMeter Exercise / plenary conversation |
| 1220-1225 | Reflections from the King's Fund Team | Durka Dougall & David Buck |
| 1225-1230 | Next steps and close | HWB Chair Cllr Bell |

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Overview and Housekeeping

Durka Dougall



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The population health policy landscape

David Buck
The King's Fund

Warwickshire Health and Wellbeing Board Workshop

18th October 2021

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A reminder! What is population health?

There are several definitions of population health in use. The King's Fund defines it as:

An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.

A vision for population health, page 18



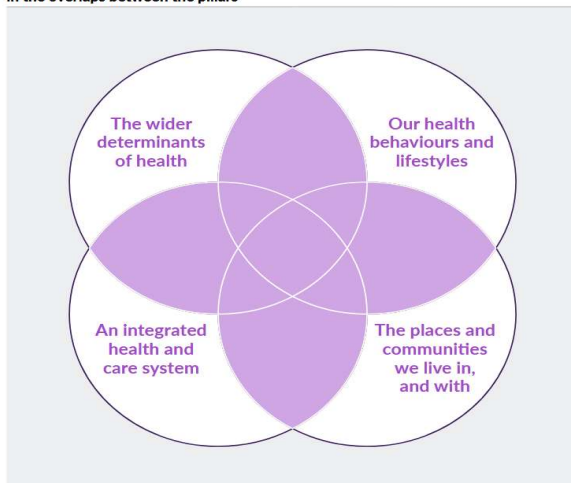
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A framework for thinking and coherence

Figure 11 A population health system that recognises and maximises the activity in the overlaps between the pillars



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- > A population health system is about i) the balance between and ii) making the connections between the four pillars of population health
- > What is happening, locally and nationally where these pillars overlap?
- > What needs to happen next, local, regional and national. Some importance messages for: resourcing, accountability, leadership.

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Integrated care and public health

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The King's Fund high level view

Long read

The health and social care White Paper explained

In February 2021, the Department of Health and Social Care published a White Paper setting out legislative proposals for a health and care Bill. Here, we consider the proposals and what they might mean for the health and care system in England.



By Helen McKenna - 9 March 2021
21-minute read

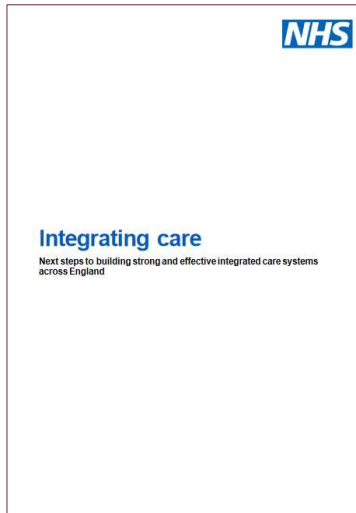
- › A shift away from competition, including removal of procurement rules.
- › Not one size fits all, leaves many decisions to local systems and leaders, this is appropriate given how varied systems and needs are.
- › Legislation will not 'solve' poor collaboration and coordination, this requires changes in behaviours and relationships.
- › There is greater power over the NHS for ministers, reversing some of the changes in the creation of NHSEI.

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A deeper dive... 1. principles



What is an ICS for? NHSEI has said that, 'Our proposals are designed to serve four fundamental purposes'...

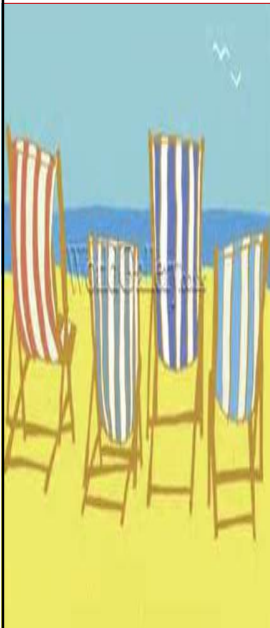
- › **improving population health and healthcare;**
- › **tackling unequal outcomes and access;**
- › **enhancing productivity and value for money;**
- › **And helping the NHS to support broader social and economic development**

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A deeper dive... 2. mechanics

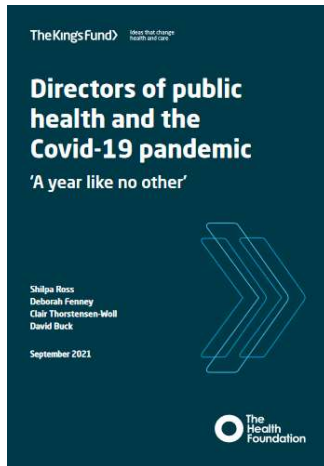


- › A new **ICS body** to plan at system level across providers, within a financial allocation and capital limit. Board will inc as min, a chair, a chief executive and representatives from NHS trusts, general practice & LAs
- › A new **ICS Partnership Board** intended to support the integration *beyond* the NHS. Will develop a plan to address the system's health, public health and social care needs, which the ICS NHS body and local authorities will be required to 'have regard to' when making decisions
- › Legislation to allow **joint committees** to facilitate increased 'collaborative commissioning' across different footprints, for example, by enabling NHS England to share some commissioning functions with ICSs.
- › A new **duty to cooperate** between the NHS and local government
- › ICS's will also be expected to have due regard to **Health and Wellbeing Boards** priorities and their JSNAs and joint health and wellbeing board strategies

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Public health has proved itself during covid



- › 'Follows' DsPHs in England over time to understand their role, influence, experience as covid developed to end of May 2021
- › Calibrated with deep system dives, experience in rest of UK, conversations with national players
- › Helps provide
 - a documentary perspective on 'what happened'
 - lessons learnt
 - A guide to the future, how the skills/influence of DsPH and their wider teams can play a sustained role in the future population health system

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PHE is being replaced, by UKHSA/OHID

Policy paper

The future of public health: the NIHP and other public health functions

Sets out the government's plans for protecting and improving the public's health, including the creation of the National Institute for Health Protection (NIHP).

From: [Department of Health and Social Care](#)
Published: 15 September 2020

Documents

 [The future of public health: the National Institute for Health Protection and other public health functions](#)
HTML

- › From 1st October
- › Health protection to UKHSA, health improvement to OHID, with some responsibility to NHSEI
- › Meant to strengthen preparation for healthy threats (such as covid, civil emergencies) and bring health improvement closer to the centre of govt
- › A big question is how will public health 're-integrate' at local/regional level, including with new ICSs at sub-regional level?

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Success is dependent on you

...Legislative reforms clarify the future direction towards integration, recognises this is about more than the NHS and seeks to make some changes to support; whilst leaving lots open to local decisions.

...But they are complex structures, with public health reform layered on top

...If local systems and leaders want to make a success of it, and use it to promote population health, they will be better able to. If they don't they will better able not to.

...This comes back to leadership and shared purpose at personal level, organisation and place. A coherent and connected HWB strategy is a vehicle for that.

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The places and communities we live in, and with

(spoiler: not policy but understanding and supporting practice)

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A sea-change... the 'community paradigm'?



The evidence presented in this report demonstrates six impacts of community power:

1. Improving individual health and wellbeing
2. Strengthening community wellbeing and resilience
3. Enhancing democratic participation and boosting trust
4. Building community cohesion
5. Embedding prevention and early intervention in public services
6. Generating financial savings

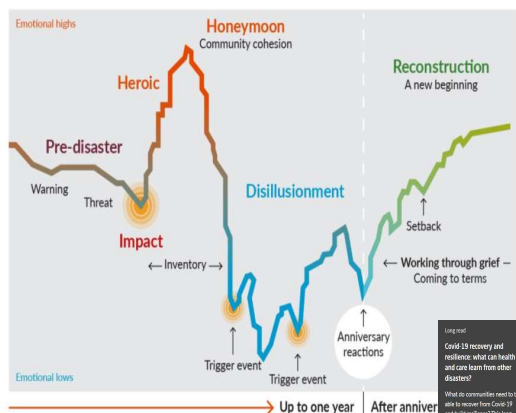
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A sea-change... it really does matter for recovery

Figure 1 The path to recovery is not linear, and people experience a range of emotional responses at different phases of a disaster



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› What do we know about recovery from 'disaster' e.g. UK floods, NZ earthquake, Grenfell, Hurricane Katrina etc

- Non-linear – beware honeymoons?
- Many people v resilient, but large-scale stress; secondary stresses e.g. losing work, can lead to long-term effects, impacts show up long after the initial wave

Existing 'strong' communities recover better

Invest in community NOW for next time

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The wider determinants of health

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Covid – wow. Huge impact



The wider impacts of COVID-19 and recovery of population health in London

Initial findings from a series of seven rapid evidence reviews and stakeholder workshops



MAYOR OF LONDON



Public Health England

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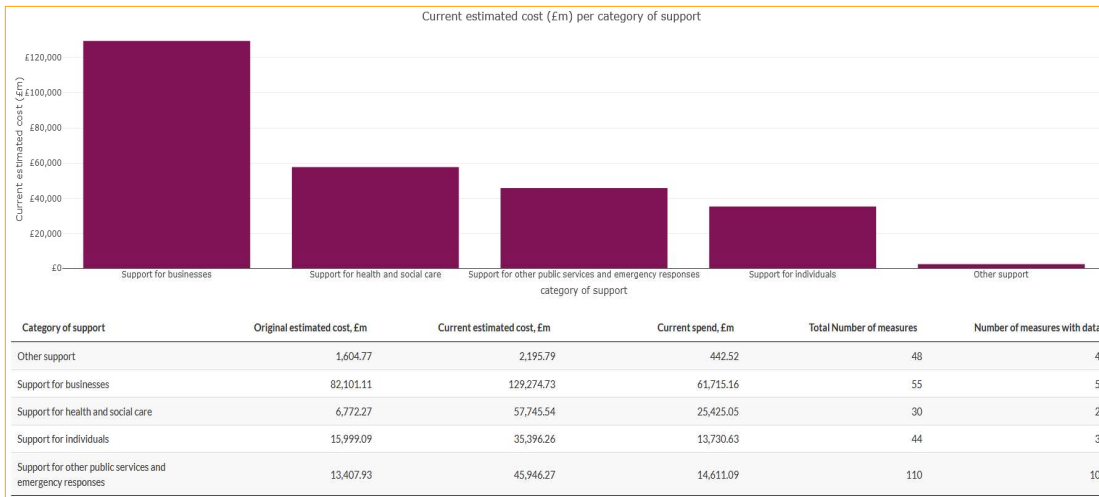
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Key themes from the wider impacts literature review (2)

| | |
|------------------------------------|---|
| Economic impact of COVID-19 | <ul style="list-style-type: none"> Mass unemployment and constrained consumption globally Some sectors e.g. transport and tourism have been particularly badly affected London is vulnerable due to the high numbers of people employed in the hospitality and accommodation sectors |
| Incomes | <ul style="list-style-type: none"> Incomes have fallen across the household income distribution There has been a significant fall for in earnings for households in the lowest fifth of income, buffered by increases in welfare support Income inequality overall appears to have fallen during lockdown |
| Employment | <ul style="list-style-type: none"> Claims for Universal Credit have nearly doubled in London between March and June The rise in benefit claims relating to unemployment in London appears to be higher than the UK average |
| Mitigations | <ul style="list-style-type: none"> Government schemes such as the Self-Employed Income Support Scheme and the Coronavirus Job Retention Scheme have been important in preventing large falls in household income People have been reducing expenditure (less feasible for low-income households), using savings, and using transfers from family or friends Non-payment of household bills has risen since March |
| Changes to working | <ul style="list-style-type: none"> Move to working from home brings benefits and risks Potential change in status and meaning attached to different occupations |

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..allied with a huge national response



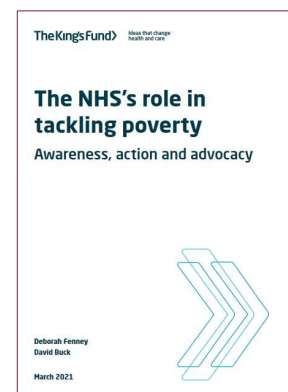
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...all public services should think more broadly

But we can't ask more of the chancellor and taxpayers alone. Public services need to step up too; they cannot continue to focus only on their direct objectives. This applies to the NHS as much as other sectors (and perhaps more so) given the huge proportion of the public purse it receives and will continue to receive in the Spending Review and beyond. This is not about putting more demand on the NHS, but asking it to be more intentional about its wider economic and social impacts, given its huge spending and employing power and what we now know about how this impact is connected to health. The good news is that NHS leaders increasingly recognise the need for this. The Spending Review needs to reinforce this further, tying the granting of additional resources to departments to the wider contribution to social value as well as direct objectives. The decision to strengthen the requirement to demonstrate, not just assess, social value in all government contracts from January is a welcome move in this direction.



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Our behaviours and lifestyles

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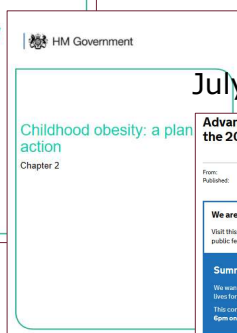
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Policy focus has been childhood obesity

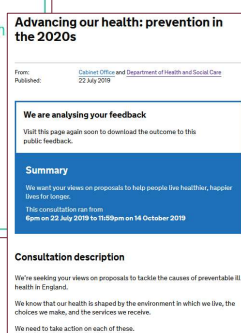
August 2016



June 2018



July 2019



- › Repeated bites at the pie from this government and previous governments: obesity chapter 1, 2 and '3', and most recently specific £ for weight management
- › Most of this has been
 - About child obesity, assumption that adults need less help
 - Focused on information and individual support and services; latterly more on advertising regulation
 - Less on planning, environment, fiscal: exception is 'sugar tax'
 - Characterised by marginalism

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Funding has been fragmenting?

20th January...

An extra £80 million will also be invested in drug treatment services right across England to give more support to offenders with drink and drug addictions, which can fuel crime. This new money will increase the number of treatment places for prison leavers and offenders diverted into tough and effective community sentences. Together the funding represents a comprehensive drive by the government to build back safer from the pandemic by helping people break free from the scourge of drug use and cutting drug-fuelled crime and violence.

4th March...

- £100 million to support children, adults and families achieve and maintain a healthier weight
- Sir Keith Mills appointed to advise on a new incentives and reward approach to encourage healthy behaviours
- Measures part of landmark obesity strategy published by the Prime Minister last July

Over £70 million will be invested into weight management services – made available through the NHS and councils – enabling up to 700,000 adults to have access to support that can help them to lose weight, from access to digital apps, weight management groups or individual coaches, to specialist clinical support.

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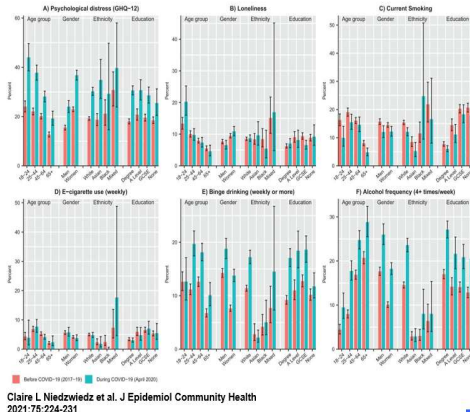
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- › Welcome specific announcements – on drugs and weight management – push the push the cash increase for local government public health up to just under 10% in 2021-22.
- › But, this is non-recurrent and ring-fenced, so it is not in the baseline can only be used for specific things.
- › More generally, is this an increasing pattern across central government of 'picking winners' and taking more control of local policy issues and decisions?

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Need to respond to changes wrought by covid..

Mental health and health behaviours before (2017–2019) and during the COVID-19 lockdown (April 2020) by subgroup.



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- › Studies starting to come through – most of the first wave, some using well established longitudinal studies e.g.
 - more loneliness in younger people
 - binge-drinking increase – esp white groups, women, higher educated (but fell in younger groups)
 - Cigarette use fell as did ecig use – especially amongst lighter smokers
- › More bespoke studies of vulnerable populations tended to show bigger negative effects
 - e.g. more alcohol, less physical activity, fewer fruit & veg (no change cigarettes)
 - associated with being younger, female, higher BMI

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Hard-wiring action on inequalities in health

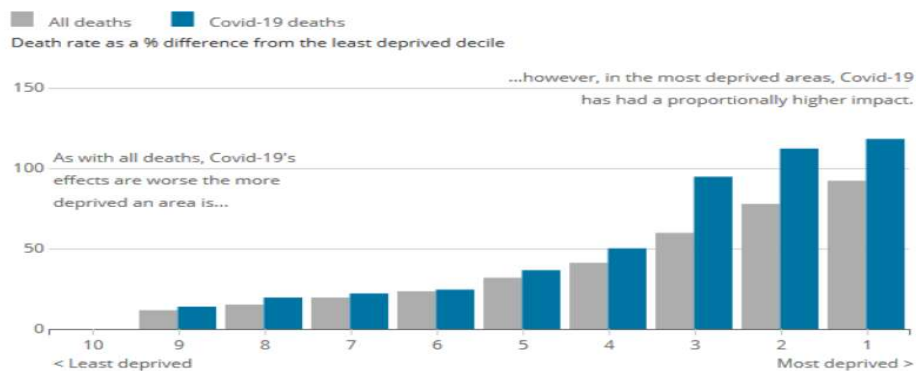
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Covid-19 – has made *existing* inequalities sharper

Age-standardised mortality rates, all deaths and deaths involving the coronavirus (COVID-19), Index of Multiple Deprivation, England, deaths occurring between 1 March and 31 May 2020



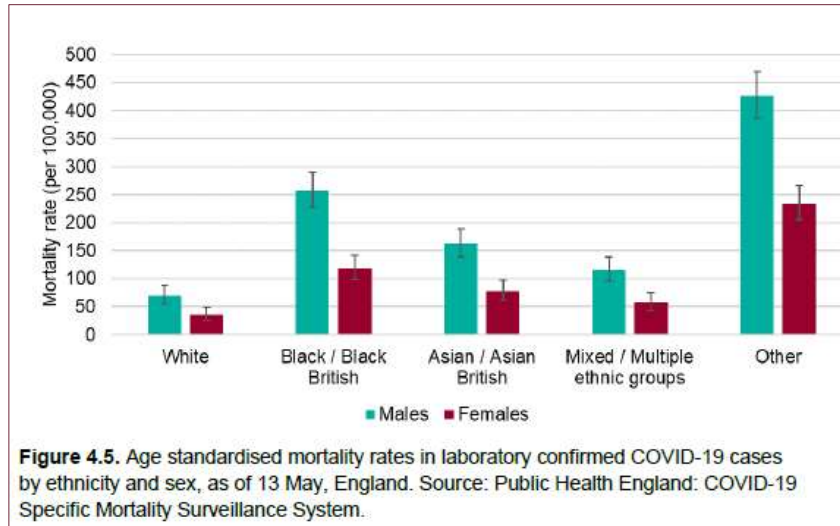
Source: Office for National Statistics – Deaths involving COVID-19

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Covid-19 – has also had *specific* inequality effects



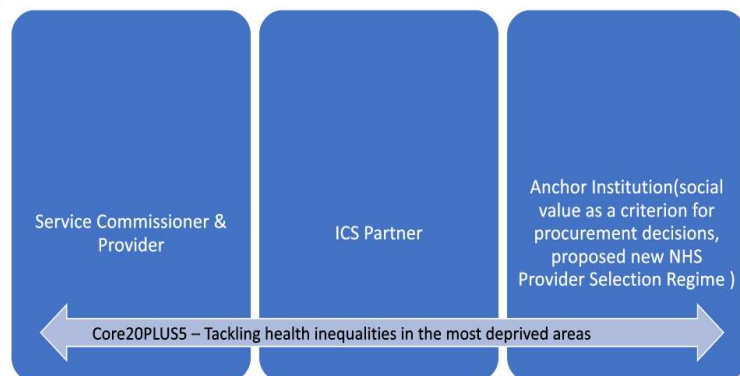
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A stronger policy response from NHSEI

Tackling Health Inequalities – The Roles of the **NHS**



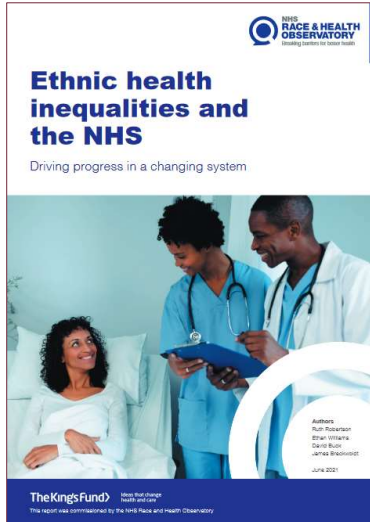
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But more to do...



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> How to **hardwire inequality reduction** into the health and care systems core functions, accountability and reporting

- National policy and strategy
- Accountability and improvement support
- Funding
- Leadership
- Workforce
- Data and evidence
- Community engagement

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Conclusion

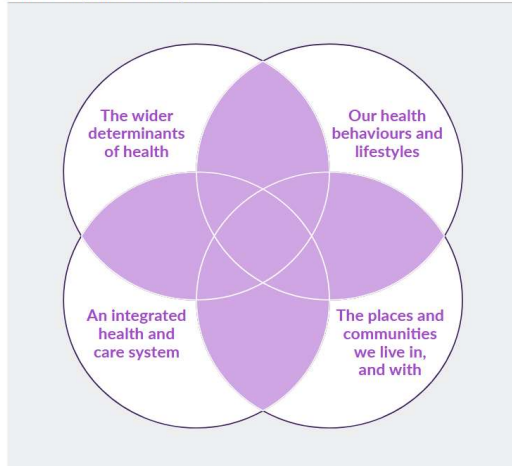
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It comes back to a coherent approach to pophealth

Figure 11 A population health system that recognises and maximises the activity in the overlaps between the pillars



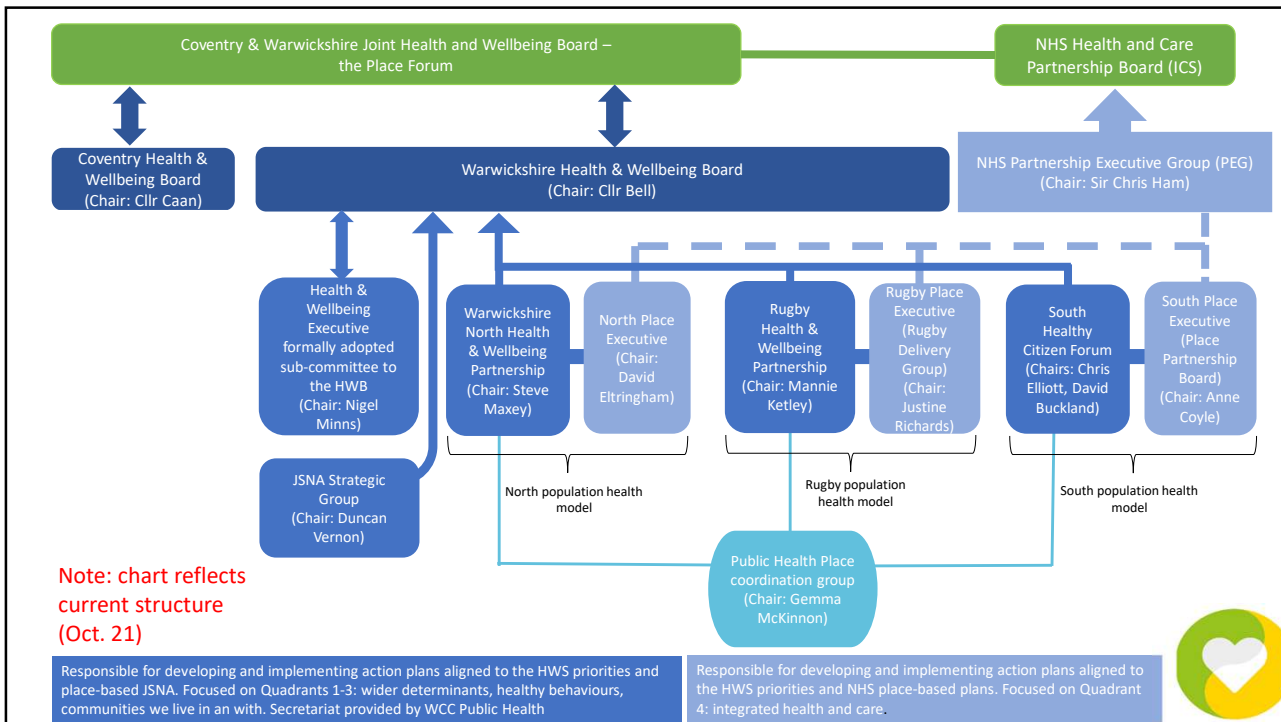
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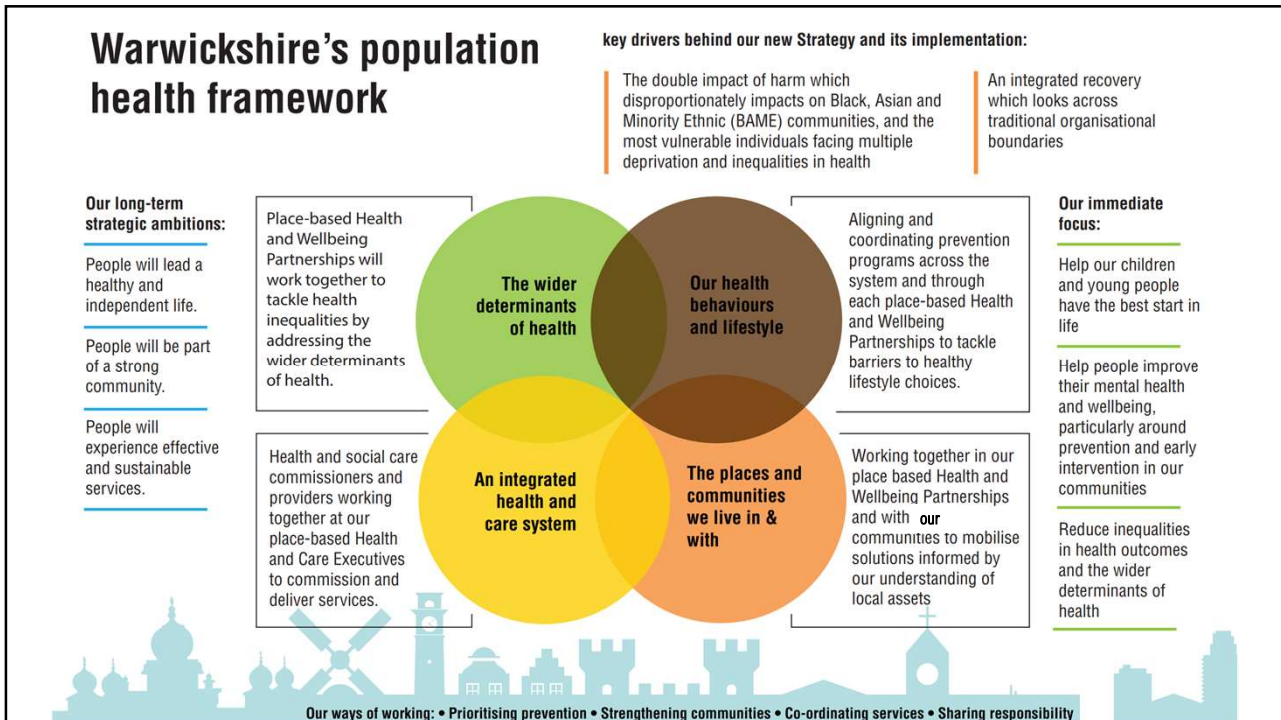
- › In this complexity, there is also opportunity and it makes coherence more important, not less.
- › The HWB and it's strategy can be the vehicle for specific action and priorities **but also** i) that coherence across pillars and sectors of population health; ii) advocate for hard-wiring inequality reduction across pillars
- › Legislative changes help, but success is reliant on alignment, leadership and partnership

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Our immediate focus

To help our children and young people have the best start in life, we will:

1. Work together to prevent child accidents
2. Encourage health pregnancies and ensure best outcomes for both parent and infant in first 1001 days
3. Seek to improve outcomes by tackling social inequalities
4. Build emotional resilience and work to prevent self-harm and suicide
5. Encourage children and young people to live healthy lifestyles

To help people improve mental health and wellbeing, with a focus on prevention and early intervention, we will:

1. Provide help and support through the implementation of Wellbeing for Life
2. Support the mental health and wellbeing of our staff, ensuring all partners are signed up to Thrive at Work
3. Continue to transform community mental health services for adults
4. Continue to prioritise support for people living with Dementia and vulnerable groups including: people who are homeless; carers; people with autism
5. Continue to develop our partnership approach to suicide prevention and response

To reduce inequalities in health outcomes and the wider determinants of health, we will:

1. Tackle health inequalities within the services we offer, taking a universal proportionalism approach where possible
2. Improve the environment people live and work in, supporting health planning principles, reduction in emissions and promoting sustainable travel
3. Implement the Housing Board action plan including Homeless Strategy
4. Support people who experience inequalities in health to have equal employment opportunities

Successes of our HWB

- **System leadership:** Since December 2017, Coventry and Warwickshire health and wellbeing boards (HWBs) have been meeting as the Coventry and Warwickshire Place Forum to set the vision and principles for how the health, care and wellbeing system will work together
- **Place leadership:** The three 'places' in Warwickshire have Place Partnerships chaired by district and borough Chief Executives.
- **Monthly meetings** with district and borough Portfolio Holders for Health
- **Delivering Results:** Our ways of working have led to the development of Warwickshire's Homelessness Strategy, 0-5's work, and recognised as best practice for partnerships working during pandemic e.g., through IMTs; and legacy of Year of Wellbeing 2019 leading to Wellbeing for Life, HWB sign up to PHE prevention concordat for mental health



Breakout Groups: Exercise 1

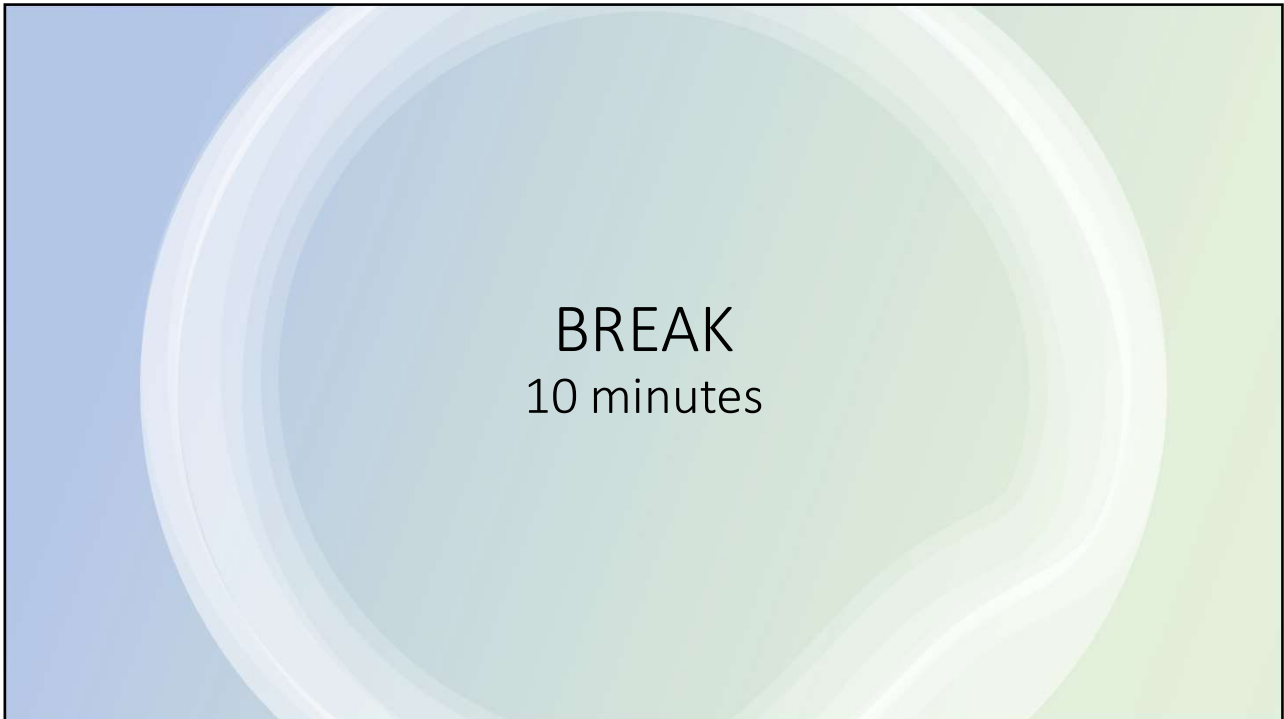
Reflecting on the journey we have been on:

1. What are we most proud of?
2. What would we want to change?
3. What does the current landscape offer us by way of opportunity for this?

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Feedback from
groups

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Coventry and Warwickshire
Health and Care Partnership

Warwickshire Health and Wellbeing Board
ICS Workshop

Transition to an
Integrated Care System

Phil Johns | Coventry and Warwickshire CCG
Nigel Minns | Warwickshire County Council



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Integrated Care Systems – a quick recap

- **An Integrated Care System has four core purposes;**
 1. Improving outcomes in **population health and healthcare**
 2. Tackling **inequalities** in outcomes, experience and access
 3. Enhancing **productivity** and **value for money**; and
 4. Helping the NHS to support broader **social and economic development**.
- **The Goal – delivering the NHS triple aim**
 1. Population health and prevention focus
 2. Quality of care, and
 3. Use of resources
- **Grounded in the following principles;**
 1. Collaboration not competition
 2. Planning for populations and population health outcomes
 3. Reduction in unwarranted variation
 4. Building on the strong system and place based partnerships within systems
 5. Subsidiarity and local flexibility

Our journey to becoming an ICS

- Our application to become an Integrated Care System (ICS) was formally approved on 26th March
- Legislative proposals set out in February by the Government for a new Health and Care Bill, building on recommendations in Long Term Plan
 - This will establish **statutory** ICS in each STP/ICS footprint by April 2022
- Statutory ICSs will be made up of an “Integrated Care Board” and an “Integrated Care Partnership”
- Dual governance structure recognises two forms of integration
 - Integration within the NHS
 - Integration between NHS and others, principally LAs and VCS

ICS Integrated Care Board (ICB)

Purpose

- Will be responsible for:
 - **Developing a plan** to address the health needs of the system
 - Setting out **strategic direction** for the system
 - **Explaining the plans for both capital and revenue spend** for the NHS bodies in the system
- The ICB will take on the commissioning functions of the CCGs and some of those of NHSE
- The ICB will be responsible for the day to day running of the ICS, NHS planning and NHS allocations

Membership

- Each ICB will have a unitary Board directly accountable for NHS spend and performance within the system
- The Board will, as a minimum, include a Chair, a CEO (accountable officer for the NHS money allocated to the ICB) 2 Non Executive Directors, Medical and Nursing Directors and representatives from NHS Trusts, General Practice, LAs and other partners determined locally e.g. Mental Health and Community Trusts, and Non-Executives



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ICS Integrated Care Partnership (ICP)

Purpose

Will be a statutory committee responsible for **promoting partnership arrangements** and **developing an integrated care strategy to address the health, social care and public health needs of the system**

Each ICS Integrated Care Board (ICB) and Local Authority (LA) will be required by law to have regard to this plan

The ICP could be used by NHS and LA partners to agree co-ordinated action and alignment of funding on key system issues/priorities

ICP will complement the activities of established HWBBs

Membership

- Minimum membership required in law (ICB and LA as statutory members)
- A wider group of partners other than NHS organisations

Membership not specified – down to local discretion



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Five Expectations for ICPs:

1. Are a core part of ICSs driving their direction and priorities
2. Will be rooted in the needs of people, communities and places
3. Create space to develop and oversee population health strategies to improve outcomes and experiences
4. Will support integrated approaches and subsidiarity
5. Should take an open and inclusive approach to strategy development and leadership involving communities and partners to utilise local data and insights

Other Considerations

- Local arrangements between LAs, the NHS and between providers of health and care services seen as critical, at the core of integration and left to local determination
- The statutory ICS will work to support the 4 places within Coventry and Warwickshire to integrate services and improve outcomes for their populations, recognising each will be at different stages of development and face different issues

Other Considerations

Health and Wellbeing Boards

- Health and Wellbeing Boards (HWBBs) will remain in place and will continue to have important responsibility at Place level to bring partners together as well as developing JSNAs and HWB Strategies (which HWBBs and ICSs will have regard to)

Making sense locally

- We have much to build on - the joint concordat between both HWBs was a strong foundation for the partnership work within our ICS.
- We have a Place Forum as well as a Health and Care Partnership so we need to consider if we continue with both or combine them in future
- Both HWBs are separately and jointly considering how we contribute and support the development of ICSs at Place level in the future.

Next steps

- Welcome our new Chair
- Share the developed ICS Transition Plan highlighting the activities required throughout 2021/22 to move to the new ICS Operating Model by Apr 2022
- During this transition year, the system will also need to continue to restore services and deliver all quality, finance and performance requirements and targets (Business As Usual - BAU)
- To support alignment of both Transition activity and BAU the system will look to operate a shadow ICB and ICP as soon as possible

Population Health and Prevention

Emily van de Venter, Associate Director of Public Health

Population Health and Prevention Programme

- Population Health and Prevention (P&P) programme set up as part of the original Sustainability and Transformation Plan – a key programme for the Coventry and Warwickshire Health and Care Partnership
- Recognition that both the wider determinants of health and prevention were critical in addressing long standing health inequalities and the impact on demand for more specialist health and care services
- Gail Quinton is Executive Lead, and P&P Delivery Group chaired by Liz Gaulton and Anna Hargrave (C&WCCG Chief Population Health Officer)
- The importance of this work has been reinforced over the last 18 months and through the COVID-19 pandemic the P&P programme has led and informed significant system activity both in outbreak management and in understanding and addressing longer-term impacts – particularly in relation to inequalities

P&P Vision

To galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the Health and Wellbeing system.

Work is focused in 4 key areas

To lead the system in its **population health approach**, supporting the Place Forum to mobilise all parts of the system in implementing the King's Fund model of population health to improve the health and wellbeing of people in Coventry and Warwickshire

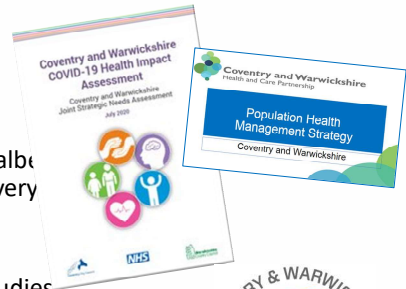
Developing and implementing a framework for **population health management** within Coventry and Warwickshire to inform system priorities and address inequalities

Embedding prevention across our population health system and mobilising Wellbeing for Life programme

System leadership and coordinating system activity to tackle **health inequalities**

Key achievements

- Population health approach – Place Forum has continued to run, albeit differently; COVID-19 needs assessment and HWB reset and recovery plans through KF model lens
- Population health management – Wave 3 national development programme; Cerner HealthIntent platform procurement; case studies of PHM approaches in COVID-19 management
- Embedding prevention – pre-habilitation activity; relaunch of Wellbeing for Life and programme of activity planned
- Inequalities – mobilising and leveraging system response to national actions; C&W-wide Call to Action; network of Board Leads for Inequalities



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| Draft Coventry & Warwickshire Health and Care Partnership Population Health and Prevention Programme Vision: To galvanise effort, expertise and resource to stimulate a step change in commitment to prevention across the Health & Wellbeing system. | | | |
|---|---|--|---|
| Leading and mobilising a population health approach in C&W | Implementing the population health management strategy across all levels of the ICS | Embedding and developing a strategic approach to prevention in C&W | Coordinating and driving system-wide activity to tackle inequalities |
| <p>Current activity</p> <ul style="list-style-type: none"> • Health and Wellbeing Strategies framed around King's Fund model of population health • Population health model has shaped our understanding of the impact of COVID-19 and our plans for reset and recovery, and has served to mobilise and recognise the contribution of all partners • Place Forum and Health and Care Partnership Board continue to engage a wide range of partners and provide system leadership around health inequalities and improving population health <p>Future plans</p> <ul style="list-style-type: none"> ➢ Review and refresh of current system documents / models (including Concordat) ➢ Informing development of the statutory Integrated Care Partnership and supporting Chairs in reframing the Place Forum in the context of the ICS ➢ Supporting development of a System Outcomes Framework <p>Version 0.2 22/09/2021</p> | <p>Current activity</p> <ul style="list-style-type: none"> • C&W Population Health Management Strategy articulates system ambitions and commitment to PHM, with resourcing model in place to progress its implementation • Significant system-wide engagement on PHM in preparation for participation in Wave 3 of national PHM development programme (PHMDP) • Capital funding award used to procure Cerner HealthIntent PHM platform • Places progressing PHM programmes, with strong case studies of PHM approaches used in COVID-19 management <p>Future plans</p> <ul style="list-style-type: none"> ➢ PHM Development Programme and implementation and integration of HealthIntent will build capability and capacity at all levels of the ICS for PHM and pilot approaches with early adopters ➢ Development of roadmap for implementation of PHM across core areas of Infrastructure, Intelligence, Interventions and Incentives ➢ Stronger engagement with Primary Care to support use of PHM approaches | <p>Current activity</p> <ul style="list-style-type: none"> • C&W wide steering groups have been established to lead and deliver on the NHS Long Term Plan prevention priorities: <ul style="list-style-type: none"> ○ The Tobacco Control Steering Group is focused on the design and delivery of new stopping smoking services ○ The Weight Management Steering Group is working to map and align the weight management offer across the system • Wellbeing for Life initiative has been launched with a range of campaigns planned around prevention; and a current focus on encouraging businesses to sign up to Thrive at Work <p>Future plans</p> <ul style="list-style-type: none"> ➢ Development of a Prevention Strategy underpinned by NHS Long Term Plan and local data ➢ Services redesigned with principle of proportionate universalism and a more targeted approach ➢ Under the Wellbeing for Life banner, implement the Sugar Smart campaign in schools | <p>Current activity</p> <ul style="list-style-type: none"> • Health Inequalities Task Group set up to develop whole system view of activities being undertaken to address health inequalities as well as mobilising and leveraging system response to national actions • Established Board Leads for Inequalities meeting to allow for knowledge sharing across providers • Launched the Call to Action across C&W to engage local businesses on the agenda • Ongoing action to address inequalities in COVID-19 vaccination uptake <p>Future plans</p> <ul style="list-style-type: none"> ➢ Development of a System Health Inequalities Plan / Strategy (in tandem with Prevention Strategy to ensure alignment) ➢ Improving data collection around deprivation, ethnicity and other indicators of inequality ➢ Expansion of Health Inequalities Dashboard to allow measurement of success across C&W ➢ Embedding tackling inequalities in system governance, plans and strategies |

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The Warwickshire JSNA Programme

- Current work and underpinning principles

Duncan Vernon
Consultant in Public Health

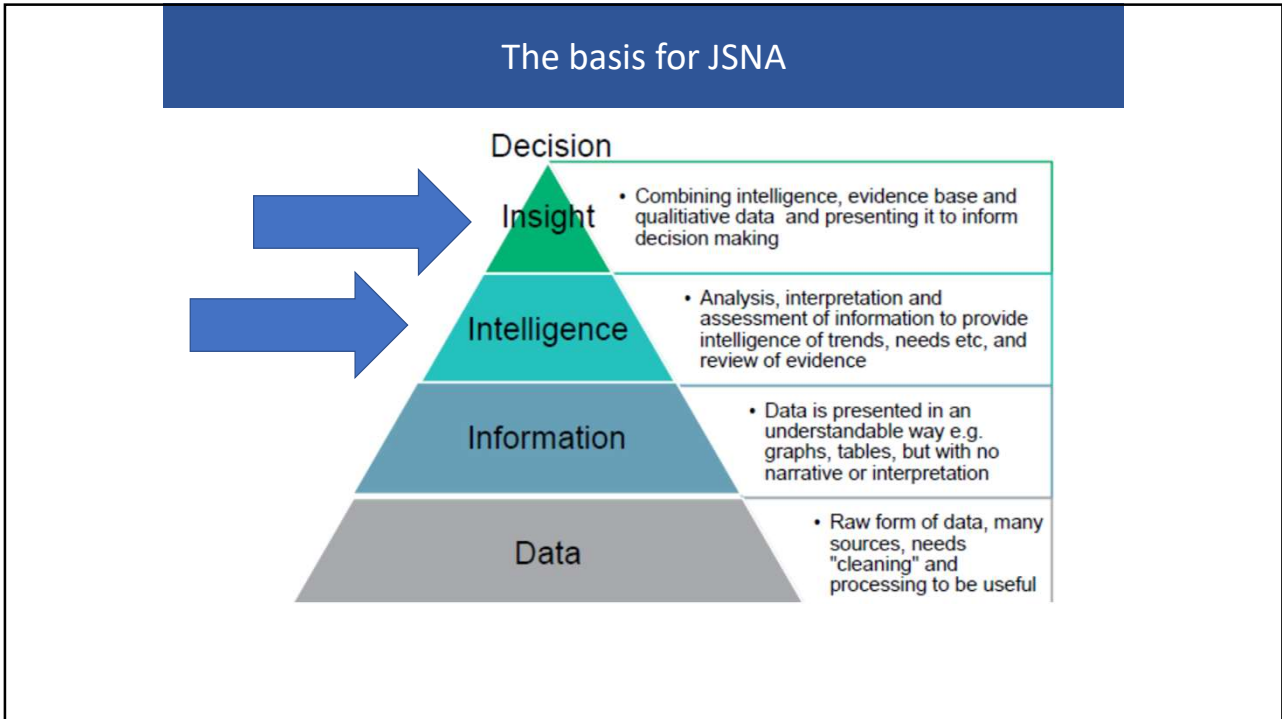


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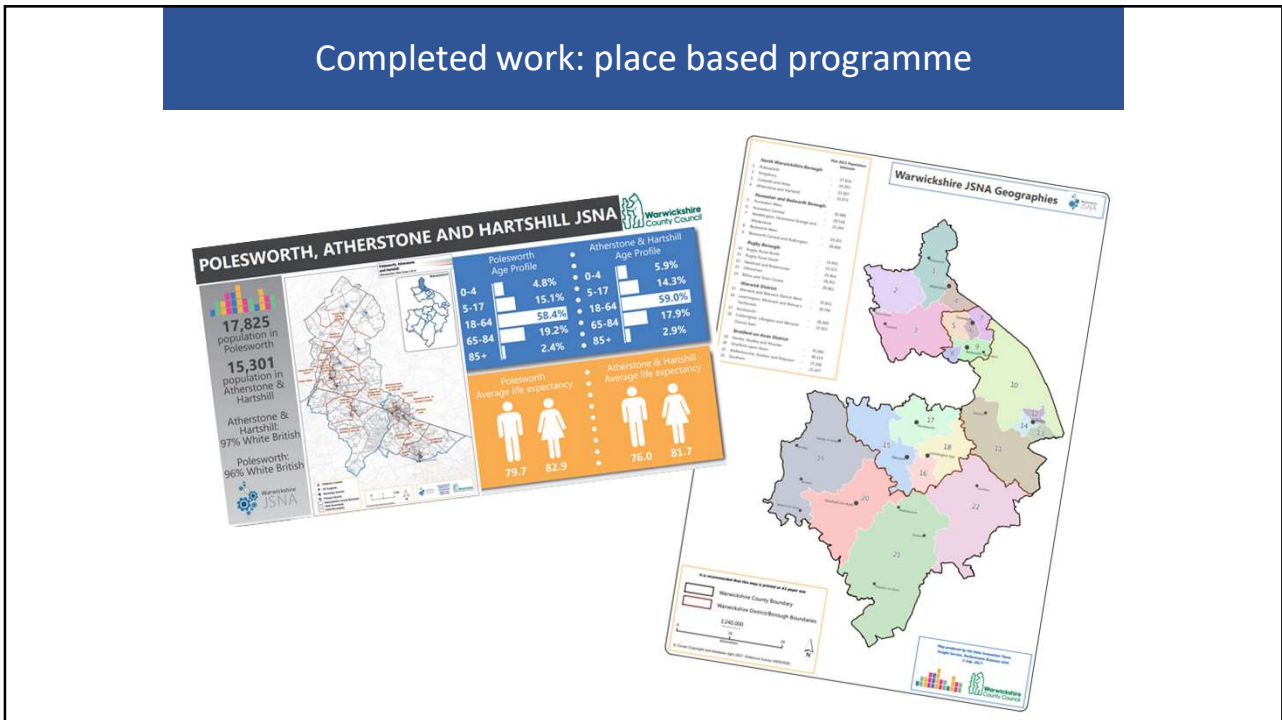
The basis for JSNA

- JSNAs are assessments of the current and future health and social care needs of the local community.
- Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used and no mandatory data set to be included.
- JSNAs are produced by health and wellbeing boards. The responsibility falls on the health and wellbeing board as a whole
- JSNAs and JHWSs are continuous processes, and are an integral part of CCG and local authority commissioning cycles

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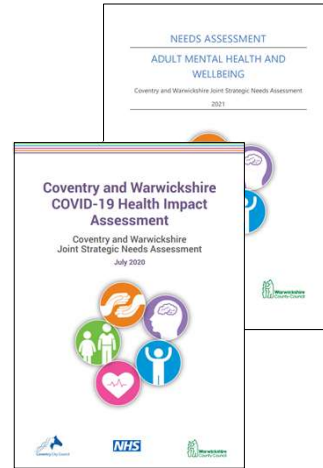
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Current work: thematic programme

- Assessment of the wider impact of Covid was published in July 2020.
- Prioritisation exercise for future thematic work was carried out in summer 2020.
- Mental Health Needs Assessment published in July

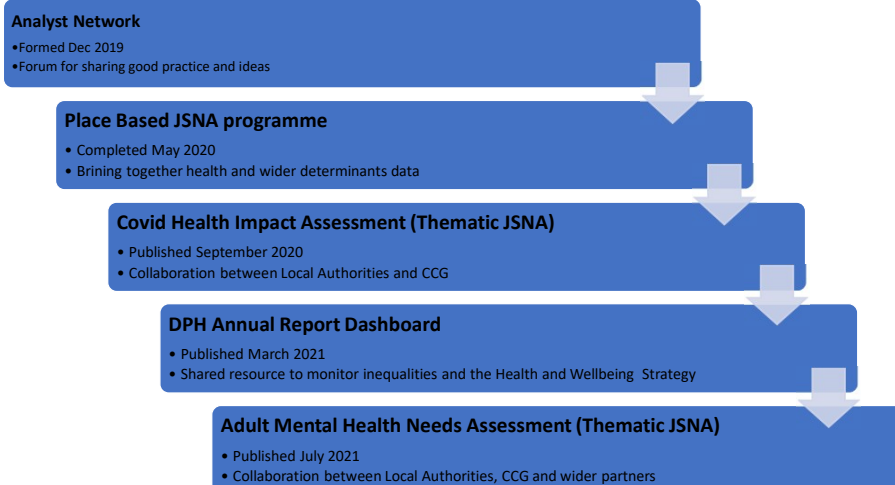
Forthcoming work

- Children's (0-5) Health Needs Assessment
- Pharmaceutical Needs Assessment due for refresh



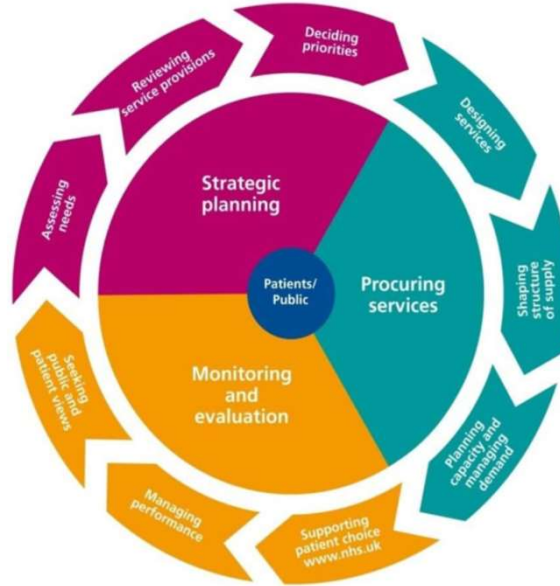
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Principles: working in partnership



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Principles: supporting strategic planning



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Principles: using new data sources and tools

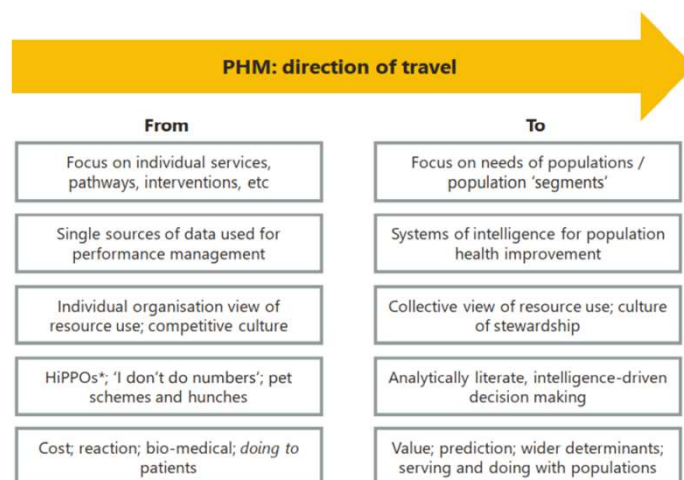
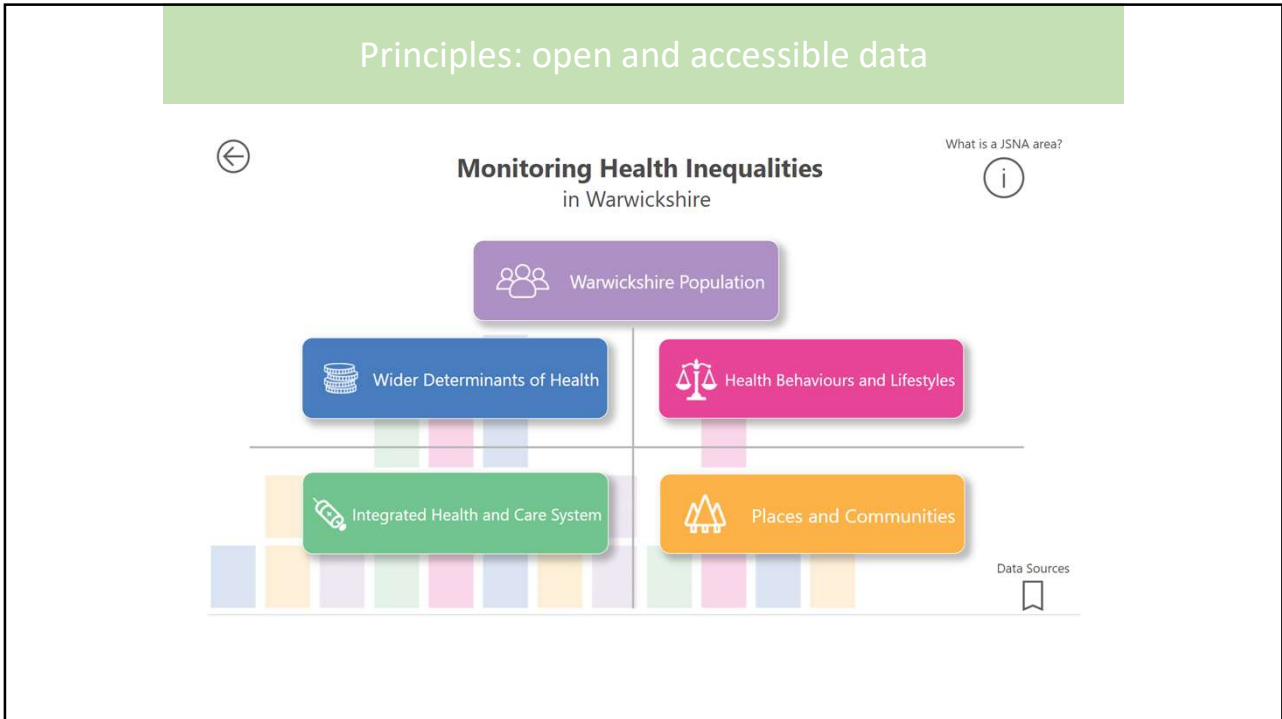


Figure 1 – Direction of travel for PHM (* 'HiPPO' = 'Highest Paid Person's Opinion')

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Warwickshire ICS Workshop

18 October 2021

David Eltringham

'Helping you to help yourself; There when you need us.'

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Warwickshire North Place



'Helping you to help yourself; There when you need us.'



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Principles:

- Place is the Primary unit of planning and delivery – its local
- Care collaboratives are facilitators of things – relationships, delivery, performance reporting, financial transaction
- Local solutions for local people – one size doesn't fit all
- Using the governance structures we have - adapting and adjusting as we go and recognising that relationships are key

'Helping you to help yourself; There when you need us.'



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What we need from the ICS:

- A system Governance structure which is simple and clean, with clarity of role and responsibility.
 - Clarity on delegated authority via the care collaboratives (financial and other delegated authority)
 - An agreement on which key measures we will all use to tell us whether we are delivering the HCP strategy:
 - At ICS
 - At care collaborative
 - At place
 - At neighbourhood / PCN
 - Let Place things happen at Place. Focus energy on resolving system problems
 - Be clear about what's at Place and what's not
 - Confirm the strategy is the strategy
- 'Helping you to help yourself; There when you need us.'*



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Rugby Place update

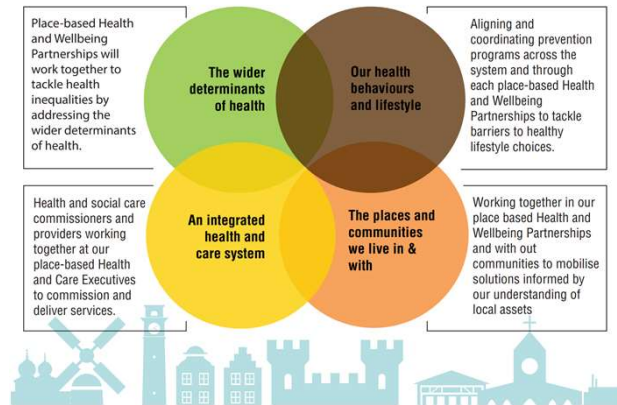
Mannie Ketley, Rugby Borough Council

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Rugby Place

Priorities for Rugby Place:

- Mental health and wellbeing – Self-harm in young people
- Poverty and inequalities – Homelessness
- Health behaviours – Smoking
- COVID-19 Recovery
- Long term conditions – heart failure



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Next steps for Rugby Place...

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South Warwickshire Place Update October 2021



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Close working between organisations has enabled us to start making really positive progress in these areas

Respiratory health and inequalities

- A tobacco control strategy is being developed by Warwickshire County Council
- Implementing support for people with Long Covid, including establishing peer support groups
- Working with clinicians and other stakeholders to identify improvements to pathways and outcomes for people with respiratory conditions in South Warwickshire
- A proposal for a new healthcare facility in Lillington that will include primary care services alongside a range of community health teams



COVID-19 recovery and prevention of illness

- Continuing to promote infection prevention messages and encourage testing and vaccine uptake
- Arranged community transport to support vaccination programme
- Established a Warwickshire Social prescribing network
- Implementing a Making Every Contact Count and Health Champion Network
- Dedicated fall prevention work within NHS community teams
- Launched Healthy Aging website www.warwickshire.gov.uk/healthy-ageing



Environment and sustainability

- Addressing poor air quality – an electric bus scheme planned for Warwick and Leamington and focus on walking and cycling routes across South Warwickshire
- Promotion of warm and well (Act on Energy) and Green Homes funding to communities and several successful Government bids for decarbonising social housing
- Implementing Green Spaces Strategy, including plans for new country parks, as well as foot/cycling routes and developing existing park spaces



Mental health, suicide and bereavement

- Engagement with arts and culture to promote wellbeing
- Working with the voluntary sector to support people with mental health difficulties
- Refreshing the suicide prevention strategy, including increasing skills and knowledge in South Warwickshire to identify and respond to suicide risks
- Refresh of dementia strategy and arts initiative for those with dementia/carers
- Supporting the long-term wellbeing of our workforces
- Domestic Abuse access hub now operational at St Michaels Hospital in Warwick



Children and young people

- Supporting the development of community hubs across South Warwickshire including at Ellen Badger Hospital, Jubilee Centre and Brunswick Hub
- Submitting grants to support young people's health and wellbeing
- Improved access to bereavement support for children
- Established a Coventry and Warwickshire Child Bereavement Partnership Group
- Recruitment of dedicated Family Information Service staff at Warwickshire County Council



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Next Steps

Using the recommendations from our recent audit and ICS and Place guidance, we have designed a new governance model which aligns to the Population Health management approach. This model gives us the fluidity and flexibility to focus on the four pillars in a less linear and hierarchical way, which will enable us to continue to build collaborative ways of working which focus on people and Place. It removes duplication and allows clear decision making across Place.

We intend to begin working to this governance model from November 2021 onwards.

By the end of the financial year, create a four-quadrant plan bringing together the priorities from the Health and Wellbeing Strategy, JNSA and Place Plan to demonstrate how we in South Warwickshire will improve our population's health and wellbeing.

Continue to work with all partners to understand 'what good looks like' in the journey to establish the Warwickshire ICP. This will enable us to establish a transformation plan and governance to support delivering the ICP contract

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Appendix – South Population Health Framework

Our long-term strategic ambitions

People will lead a healthy and independent life.

People will be part of a strong community.

People will experience effective and sustainable services.

Place-based Health and Wellbeing Partnerships will work together to tackle health inequalities by addressing the wider determinants of health.

Health and social care commissioners and providers working together at our place-based Health and Care Executives to commission and deliver services.

The wider determinants of health

Our health behaviours and lifestyle

An integrated health and care system

The places and communities we live in & with

Aligning and coordinating prevention programs across the system and through each place-based Health and Wellbeing Partnerships to tackle barriers to healthy lifestyle choices.

Working together in our place based Health and Wellbeing Partnerships and with our communities to mobilise solutions informed by our understanding of local assets

Place Priorities

- Respiratory health and inequalities
- COVID19 recovery and prevention of illness
- Environment and sustainability
- Mental health, suicide and bereavement
- Children and young people

Key drivers: Health and Wellbeing Board Strategy, NHS Long Term Plan, Public Health Outcomes Framework, place-based JSNAs, COVID-19 HIA

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Breakout Groups: Exercise 2

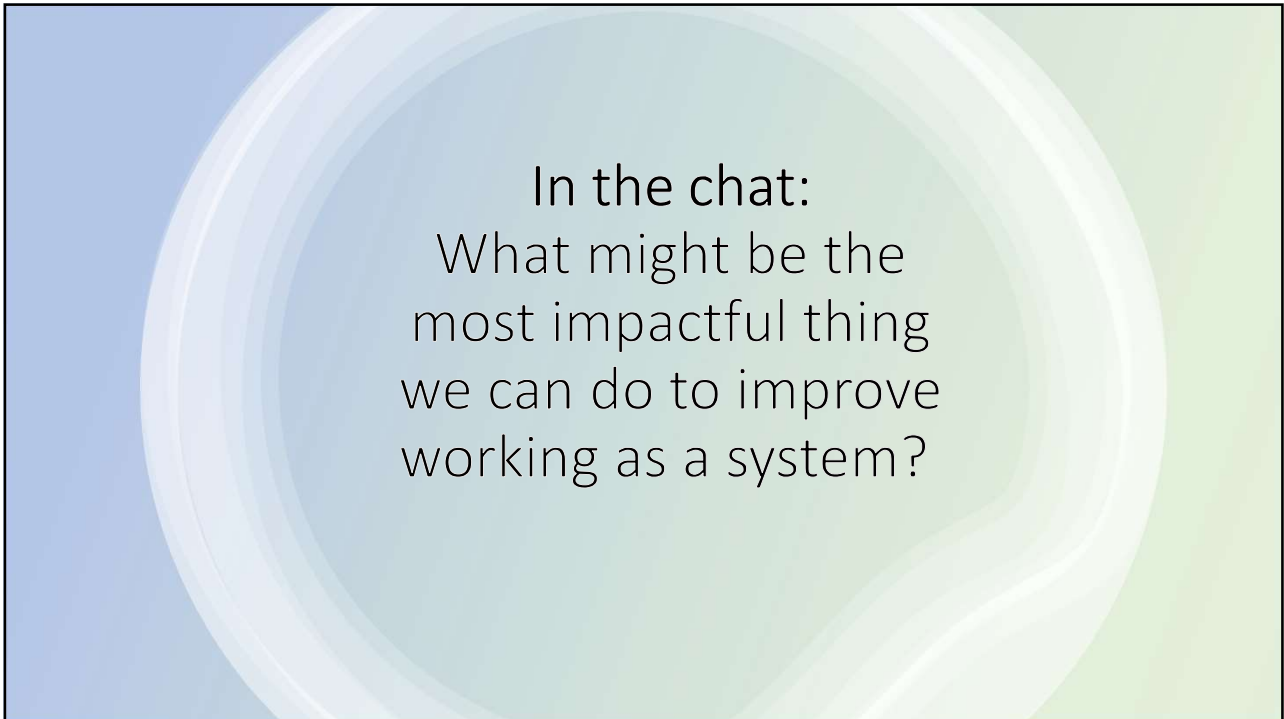
What is our role as HWBB members in supporting the next steps for population health across Warwickshire to best serve the people in our local communities?

- Group 1 – facilitated by Emily van de Venter
- Group 2 – facilitated by Dr Gordana Djuric
- Group 3 – facilitated by Duncan Vernon

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Feedback from
groups

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TheKingsFund>

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

Closing remarks from Cllr Bell

