

Governance Arrangements for the Coventry and Warwickshire Health and Care Partnership

Background and Context

- 1.1 In preparing to become an accredited Integrated Care System (ICS), it was agreed that there would be a review of governance arrangements in the Coventry and Warwickshire Health and Care Partnership. The objective of this review was to ensure that any future architecture would enable efficient and effective decision making (as close to our communities as possible) and that there was alignment across the system with regards to our agreed vision and purpose.
- 1.2 In order to undertake this review, a Task and Finish group was established comprising the following membership:
 - a) Chair – the Independent Chair of the Partnership
 - b) North Warwickshire and Coventry & Rugby CCG Accountable Officer
 - c) Coventry and Warwickshire Partnership Trust (CWPT) CEO
 - d) Officers deputising for the CEOs of Coventry City Council and Warwickshire County Council
 - e) Chair of the Clinical Design Authority
 - f) Chief Strategy Officer, University Hospitals Coventry and Warwickshire (UHCW)
 - g) System Transformation Director
- 1.3 The group has held 4 formal meetings, supplemented with several informal conversations being undertaken between the Chair and various leaders across the system to ensure that a wide range of views and experiences were fed into the discussions. The proposals in this paper have been discussed at the Coventry and Warwickshire Joint Health and Wellbeing Board (the Place Forum) and at the Better Health, Better Care, Better Value board.
- 1.4 The group agreed the following principles to inform and steer the discussions:
 - a) there will be no change to the legal powers or duties of partner organisations
 - b) we will build on and utilise existing work and structures where possible and not ‘re-invent the wheel’;
 - c) we will learn from the experience of other ICSs and use their learning to inform our discussions and proposals;

- d) future governance should be based on the principle of subsidiarity with the Partnership focusing only on those issues that cannot better be dealt with in the four places that make up Coventry and Warwickshire
- e) each of the four places will establish its own governance arrangements to support partnership working
- f) governance across the system and in the four places should be transparent and inclusive of relevant organisations and interests

2 Building on our existing arrangements to develop new, collaborative relationships

- 2.1 Our approach begins in each of the 19 neighbourhoods/primary care networks which make up Coventry and Warwickshire, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.
- 2.2 Neighbourhood services sit within each of our four local Places (Coventry, Rugby, South Warwickshire and Warwickshire North). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services.
- 2.3 The focus for these partnerships will be to increasingly move away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment. Place-based partnerships, overseen by the Coventry and Warwickshire Health and Care Partnership Board, are key to achieving the ambitious improvements we want to see.
- 2.4 We recognise that there are clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for Coventry and Warwickshire as a whole. System working is likely to be beneficial in order to:
 - a) achieve better outcomes for people by tackling issues that require action at scale, such as delivering some specialist services and implementing a shared care record
 - b) collaborate on issues of common concern that would benefit from collective action, such as workforce planning and the use of the estate
 - c) use all the resources in the system to achieve common goals and support each other in improving health and care for our population

d) speak with one voice to regulators and agree a single version of the truth about the performance of the Coventry and Warwickshire Partnership

2.5 The arrangements described below highlight how we propose to organise ourselves, at the Coventry and Warwickshire level, to provide the best health and care, ensuring that decisions are always taken in the interest of the patients, communities and populations we serve.

3 Partnership Governance

3.1 The proposed Partnership governance arrangements build on existing system arrangements, particularly the work undertaken by the Place Forum.

3.2 The Coventry and Warwickshire Partnership Board does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains independent and Councils remain directly accountable to their electorates. The proposed Partnership Board provides a mechanism for collaborative action and common decision-making for those issues which are best tackled on a wider scale.

4 Partnership Board

4.1 A new Partnership Board will be established to provide the formal leadership for the Partnership. This will be strongly aligned to and heavily influenced by the Health and Wellbeing Boards, their Concordat and the Place Forum. The Partnership Board will meet in public at least four times each year.

4.2 The Partnership Board will be responsible for setting strategic direction. It will provide oversight for all Partnership business, and a forum to make decisions together as Partners on the range of matters which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.

4.3 It is proposed that The Partnership Board works alongside the Place Forum which provides leadership across Coventry and Warwickshire on population health and wellbeing. The developmental work of the Place Forum will continue under the leadership of the chairs of the two Health and Wellbeing Boards.

4.4 The Partnership Board will oversee the emergence of the Coventry and Warwickshire Integrated Care System and will be chaired by the independent chair of the Partnership. It is proposed that meetings of the Place Forum and the Partnership Board take place on the same day and in the same place with separate agendas to signify their distinctive but complementary roles.

- 4.5 The Partnership Board will be made up of the chairs and chief executives from all NHS organisations, elected member Chairs of Health and Wellbeing Boards, and chief executives, or their designated deputies, of Local Authorities. Other members will include senior representatives of other relevant Partner organisations such as Healthwatch, voluntary and community sector organisations, NHS England, NHS Improvement, Health Education England, and Public Health England.
- 4.6 The Partnership Board has no formal delegated powers from the organisations in the Partnership. It will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.

5 Partnership Executive Group

- 5.1 The current Better Health, Better Care, Better Value board will be replaced by a new Partnership Executive Group (PEG) whose members will be drawn from NHS organisations, Warwickshire County Council and Coventry City Council. PEG will report to the Partnership Board.
- 5.2 Each organisation will be represented by its chief executive or accountable officer. Members will be responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. PEG will also require attendance from the System Clinical Lead, the System Finance Lead and the System Transformation Director and NHSE/I representation.
- 5.3 Members of PEG will be expected to recommend that their organisations support agreements and decisions made, always subject to each Partner's compliance with internal governance and approval procedure.

6 Place Based Partnerships

- 6.1 Partnerships arrangements for the four places that make up Coventry and Warwickshire bring together the councils, voluntary and community sector organisations, and NHS commissioners and providers in each Place, including GPs and other primary care providers, to take responsibility for the cost and quality of care for the whole population.
- 6.2 The extent and scope of these arrangements is a matter for local determination. They should provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided much closer to where people live in primary and community settings. They will be a means of involving elected members, members of NHS boards and others in providing local leadership of the Partnership with the support of executive leaders.

- 6.3 Arrangements at place build on existing partnership working by bringing those commissioning and providing services into even stronger alignment with each other and with a wide range of other partners. The four places are where most of the ambitions of the Coventry and Warwickshire Health and Care Partnership will be delivered. The four places will report to the Partnership Board.

7 Clinical Forum

- 7.1 Clinical leadership is central to all we do. Clinical leadership is built into each of our programmes, and our Clinical Forum provides formal clinical advice and expertise to all of the workstreams. The Forum will supersede the Clinical Design Authority and will report to the PEG and the Partnership Board.
- 7.2 The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.
- 7.3 The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.
- 7.4 The Clinical Forum operates at two levels with a core Executive membership overseeing the development of all proposals that are shared with either place or the system and a wider membership who provide the clinical expertise and input into designing any proposals. The wider membership includes clinical leaders from NHS trusts, CCGs and primary care networks together with public health and social care leaders from local authorities. It will include clinicians from a wide range of backgrounds.

8 Other governance arrangements between Partners

- 8.1 The three local CCGs in Coventry and Warwickshire have established a Joint Strategic Commissioning Committee, which has delegated authority to take decisions collectively. The Joint Committee is a sub-committee of the CCGs, and each CCG retains its statutory powers and accountability. The Collaborative Commissioning Forum brings together CCGs with local authority commissioners.
- 8.2 NHS providers meet together as the Provider Alliance which is governed by a Memorandum of Understanding (MOU) which defines the objectives and principles for collaboration. The arrangement provides the forum for working together and making

recommendations that are then formally approved by each Trust Board individually in accordance with their own internal procedures. Coventry and Warwickshire providers also meet with providers in Hereford and Worcestershire to discuss issues of common concern.

9 Next Steps

- 9.1 Subject to the agreement of Health and Wellbeing Board and NHS boards, it is suggested that these new arrangements are adopted from September 2019, alongside the 5-year system plan and the overarching System Framework (currently being developed by the Proactive and Preventative Group). The new arrangements will be reviewed after 12 months to ensure that they are fit for purpose.

Professor Sir Chris Ham

Independent Chair

Coventry and Warwickshire Health and Care Partnership

20 June 2019.