

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	

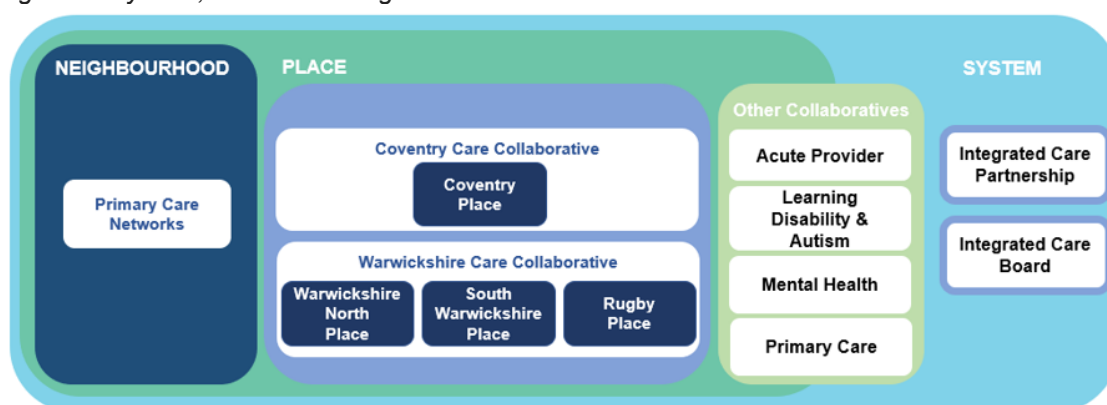
- 1.4 There is nominated place representatives on each of the collaboratives listed in Table 1. Within Warwickshire, this means that Warwickshire North, Rugby and South Warwickshire are all represented, as highlighted in Table 2. Each of the three Places has developed a mechanism for feeding to and from 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: