

# Coventry and Warwickshire Joint Health and Wellbeing Board

8<sup>th</sup> January 2024

**Facilitated by:** Julie Wood and Anita Parkin, Local Government Association (LGA)

**Welcome from:** Councillor Kamran Caan, Chair of Coventry Health and Wellbeing Board

**Closed by:** Councillor Margaret Bell, Chair of Warwickshire Health and Wellbeing Board



## Aims and outcomes of the day

- To **develop** a shared understanding about the unique role that HWBBs play within the wider system context across the country and HWBBs respective roles, purpose and alignment with the C&W system
- To **utilise** the C&W mental health concordat as an example to work through and understand the role that the Joint HWBB could play in taking this work forward; and
- To **agree** on whether, based on the above, the JHWBB should continue to meet



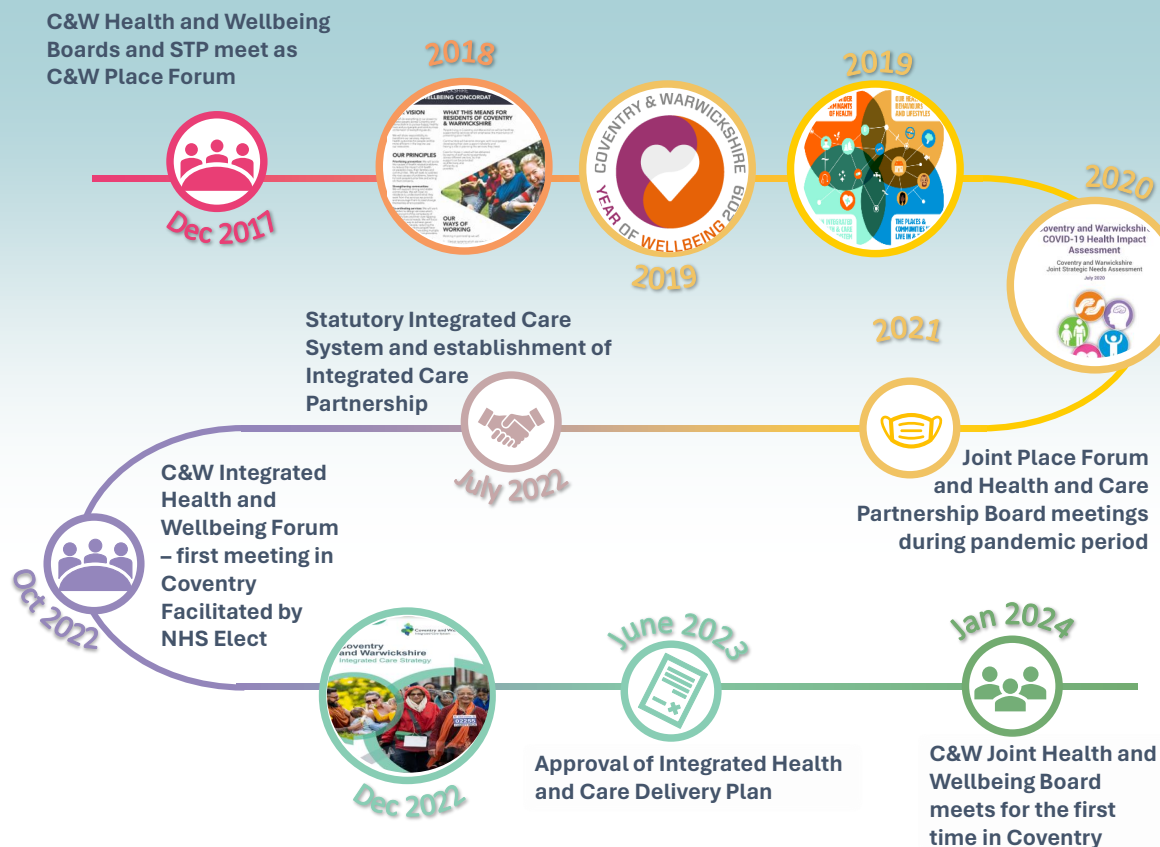
# Getting the very best out of our time together today – some suggested ground rules for how we will work together today...

- Park distractions & stay mentally & physically present throughout the whole afternoon
- Respect time
- Let everyone participate with everyone being equal
- Listen with an open mind
- Challenge with respect
- Think before speaking
- Tackle the problem not the person
- Discuss 'undiscussable' issues / consider what's NOT being said
- Own the actions & be committed to follow up on them
- Give permission to speak out if these ground rules are not being followed

• ..... Do we agree with these – any changes? / additions?



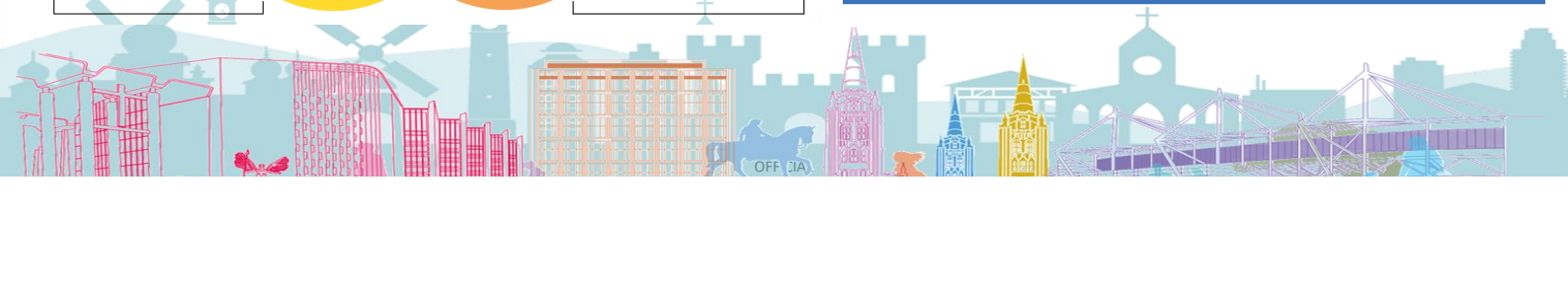
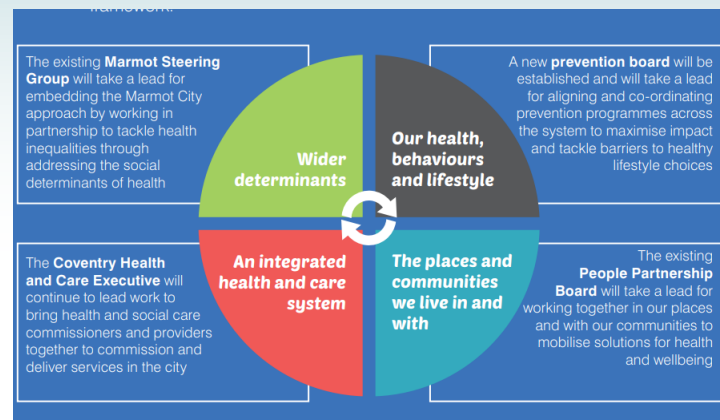
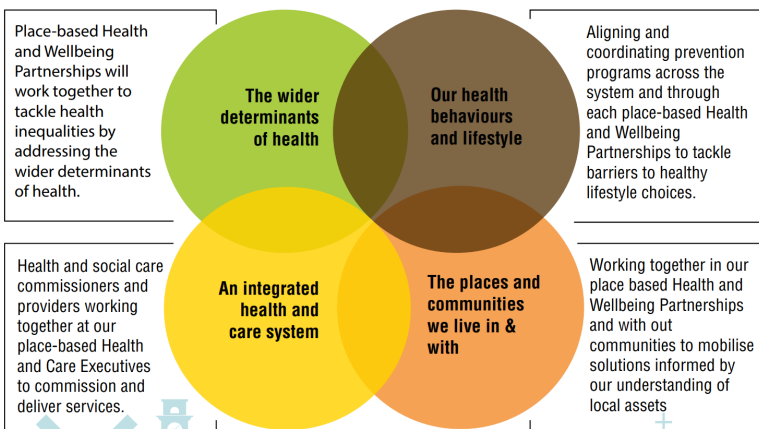
## Our journey to Joint C&W Health and Wellbeing Board



# Our Health and Wellbeing Strategies



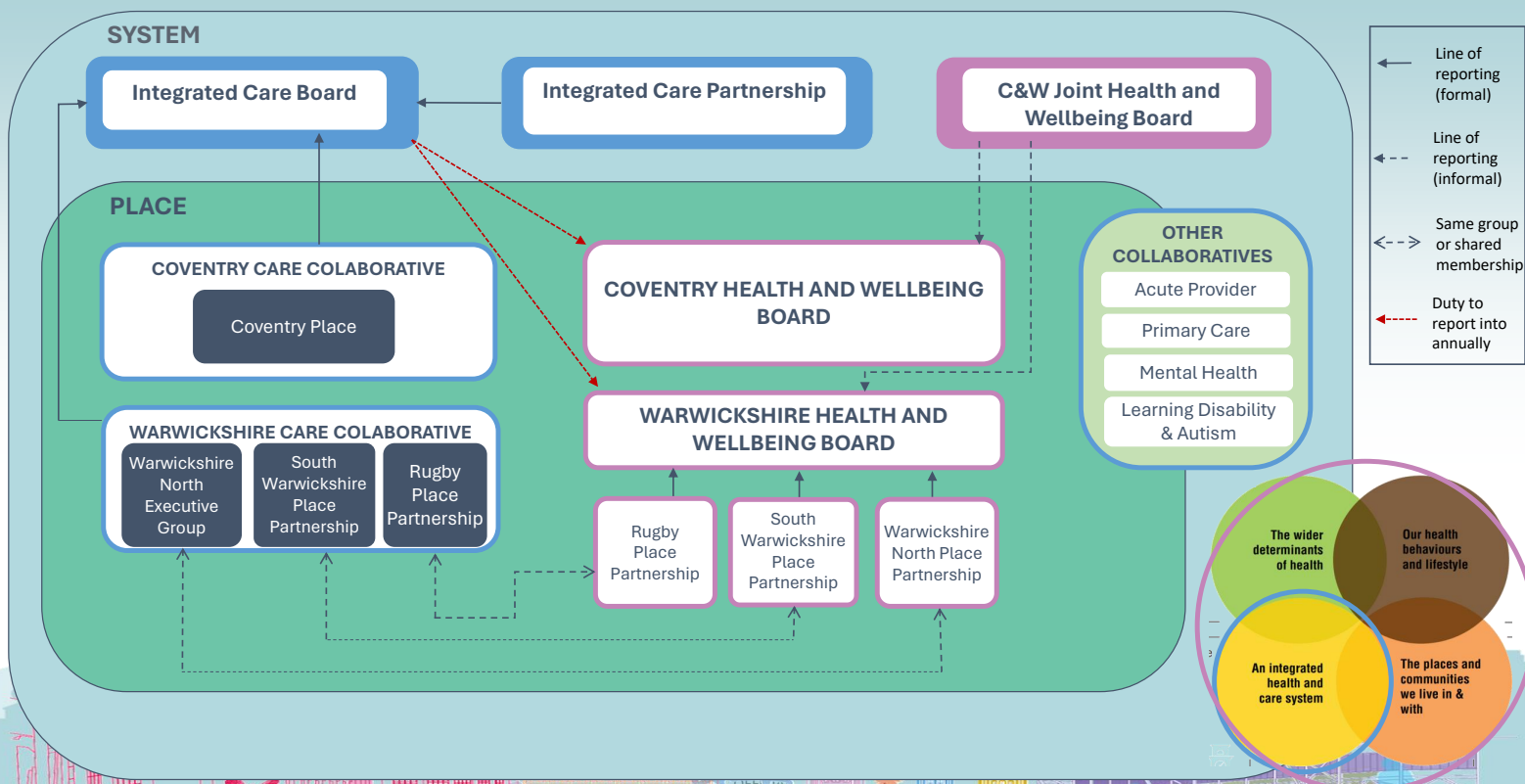
# Our Health and Wellbeing Strategies



# Our Priorities – Alignment and Differences

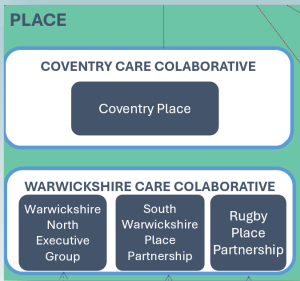
Warwickshire HWBB Strategy	Coventry HWBB Strategy	Integrated Care Strategy
Ambition: people will lead a healthy and independent life	Ambition: people are healthier and independent for longer	
Ambition: people will be a part of a strong community	Ambition: people live in connected, safe and sustainable communities Priority: strengthen work with communities	
Ambition: people will experience effective and sustainable services		Priority: improving access to health and care services and increasing trust and confidence
Priority: help children and young people to have the best start in life	Ambition: children and young people fulfil their potential	Priority: prioritising prevention and improving future outcomes through tackling inequalities
Priority: help people improve their mental health and wellbeing, with a focus around prevention and early intervention	Priority: improving mental health for all Priority: tackling loneliness and isolation	
Priority: reduce inequalities in health outcomes and the wider determinants of health	Priority: focus on employment and homelessness as a prevention opportunity	Priority: prioritising prevention and improving future health outcomes through tackling inequalities
	Priority: The need for co-production to achieve the priorities	Priority: tackling immediate system pressures and improve resilience

## Joint HWBB within wider ICS





# Current (Health) System Arrangements



## Geographical Collaboratives (Warks and Cov)

- Delegated commissioning responsibility and budget for specific portfolio from April 24
- Make collaborative decisions about delivery and work together to move resource around to meet need
- Responsible for geographical population

## Provider Collaboratives (Specialisms)

- Make collaborative decisions about delivery within scope of commissioning arrangements and work together to manage risk and move resource around to meet need
- Decision shaping – including strategy development and delivery
- Coventry and Warwickshire wide
- Currently not commissioning responsibility and budget

# Why move to a Care Collaborative?

- Set the conditions for greater collaboration, removing barriers to integrated care to allow local partnerships to thrive
- Empower the right group of people with the expertise and capabilities to make decisions on how to redesign and reorganise services by transferring resources (budget allocations) allowing providers to take on more commissioning power
- Take collective decisions closer to the patient, based on shared understanding of the local population and how people live their lives (wider determinants)
- Agility and pace in decision making
- Initial Scope:
  - Urgent and emergency care
  - Out of Hospital
  - Continuing Health Care
  - Better Care Fund

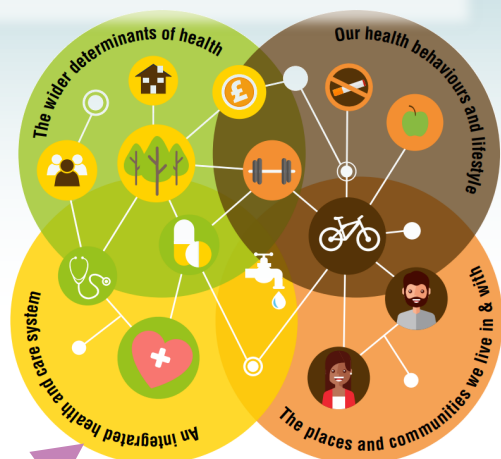


Figure 2: Population health model (Kings Fund, 2019)

Care Collaborative Focus

Health and Wellbeing Board

Place partnerships focus on all four quadrants

# Development of the Care Collaboratives in Coventry and Warwickshire

## STAGE 1 – NOW

### Consultative Forum

- ICB holds commissioning responsibility and budget
- Decisions made by the ICB
- Decision shaping – ie The ICB ensures they consider views of the Consultative Forum
- Consultative Forum includes 30+ representatives of the partners at Place

## STAGE 2 – 2024/25

### Committee of the ICB

- ICB holds commissioning responsibility and budget
- Decisions made by the Committee and ratified by the Integrated Care Board for UEC, OOH, CHC and BCF
- Committee includes approx. 12 members who represent the ICB, Council and 3 places in Warwickshire

## STAGE 3 – TBC

### Committee of the Host Provider SWFT / UHCW

- Host Provider holds delegated commissioning responsibility and budget
- Provides assurance to the ICB
- TBC...

# Mental Health Collaborative

## MHC Shared Vision

Our vision is to improve the mental health and wellbeing of children, young people and adults in C&W by working together (at scale and at pace).

Through our work together and in partnership with local people, we will support staff across our communities to:

- Improve outcomes for all and reduce inequalities
- Ensure those who wait feel helped and heard while waiting
- Reduce waits and improve clinical quality and experience for our children, young people, and adults, and
- Work with communities to build resilience and focus on prevention for future generations.



# The national context for Health & Wellbeing Boards

- HWBs were originally established in 2013 and have been a key mechanism for driving joined up working across health and care, providing a *single point of continuity* in a constantly shifting health & care landscape
- The Health & Care Act 2022 introduced new architecture to the health & care system, with the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs) but HWBs continue to play an important statutory role in *‘instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and well being of people locally’* (at place level)
- HWBs remain a formal statutory committee of the local authority and provides a forum where *political, clinical, professional and community leaders* from across the health & care system come together to improve the health & wellbeing of their local population and reduce health inequalities.



## The national context contd.

- HWBs continue to be responsible for:
  - Assessing the health & wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA)
  - Publishing a joint local health & wellbeing strategy (JLHWS), which should directly inform, the development of joint commissioning arrangements (under section 75) and the co-ordination of NHS and LA commissioning, including BCF Plans
  - Developing a Pharmaceutical Needs Assessment (PNA)
- The HWB should be a forum for discussions about strategic and operational co-ordination in the delivery of services already commissioned.
- The core statutory membership of the HWB is unchanged (an elected member, a representative from Healthwatch, an ICB member, the LA DCS, DASS and DPH) but membership should be reviewed following the establishment of the ICB and ICP and their associated functions and duties and establishment of additional forum / groups – for eg Collaboratives

..... so the national picture remains the same but you have considerable freedoms to decide what works for you and what makes sense at each level across YOUR system



# The national context contd.

- Integrated Care Systems vary considerably in terms of size, complexity and ambitions for how they see the architecture of their HWBs developing to meet the needs of the residents/ patients they serve
- Options being worked on elsewhere include
  - Where there is more than 1 LA across the system, establishing joint HWBs across their system and in effect managing 'down' the ind LA focus
  - Using the ind LA focus of the HWB to act as the 'place' committee of the system and build up a clear service delivery (and potentially accountability) focus at that level.
  - Keeping the ind LA focus of HWBs and focusing responsibility on wider determinants' of health rather than on delivery of system priorities
  - Some are still letting the systems 'bed in' before making changes
- The important thing is to work out what will work best for your system and to give it a clear focus and sort the leadership, membership, governance and accountability, avoiding duplication, confusion and multiple repeated 'talking shops' at all levels across your system

## Development activity 1

- Group work

So, in your groups we would like you to reflect on your understanding and clarity about respective roles, purpose and alignment between all the groups you have across the Coventry and Warwickshire Integrated Care System.

Are you clear about roles, purpose and alignment of all the groups?

What works, what doesn't?

At the individual level, as some one involved in these groups are you clear about your role, and how are you feeling about it?

We will invite brief feedback from groups on these 3 areas – pop brief thoughts on post it notes please

YOU HAVE 15 MINUTES



## Development activity 1 – Feedback

Discussion on the feedback in plenary

15 MINUTES



# Break

# Prevention Concordat for Better Mental Health

Jane Fowles, Consultant in Public Health, Coventry City Council

## Overview



The National Prevention Concordat for Better Mental Health was launched in 2017 and refreshed in 2020 with the ambition of supporting work to improve mental health and wellbeing in every local authority and Integrated Care System (ICS) across England



It is endorsed by the Association of Directors of Public Health, Local Government Association, NHS England and the Faculty of Public Health



The Prevention Concordat Consensus Statement describes the shared commitment of signatories to work collaboratively to prevent mental illness, tackle inequalities and promote better mental health.



Partnership approach across the public sector, local employers and the wider community & voluntary sector



Spans the life course and focuses on key settings including local communities, schools, workplaces & health services

# Local Prevention Concordat Commitment

- Coventry City Council and Warwickshire County Council previously signed up to the Prevention Concordat pre pandemic, now there is a national drive for system level sign up
- Shared commitment evidenced by submission of an application to Office of Health Improvement and Disparities (OHID) – focus is system level action plan across 5 key domains
- Application draws on and aligns existing work undertaken systemwide and reflected in our local strategies and delivery plans including:
  - The Integrated Care Strategy
  - Integrated Health and Care delivery plan
  - ICB Healthcare Inequalities Strategy
  - Coventry & Warwickshire Health & Wellbeing Strategies
  - Coventry & Warwickshire Suicide Prevention Strategy
  - Mental Health Collaborative strategic priorities.
- Application approved by the National Office for Health Improvement and Disparities on 15th November 2023 with extremely positive feedback and emphasis placed on our application being an example of good practice at system level.

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## Prevention Concordat Programme 5 domain framework

**1 Effective use of data and intelligence.**  
Having a clear understanding of the key mental health issues affecting local communities, and which interventions should be prioritised to best meet local needs.

**2 Partnership and alignment.**  
Local organisations and populations working together across sectors to align plans and undertake joint or complementary programmes of work.

**3 a) Translate need into deliverable commitments**  
Ensuring that high-level strategic aims to promote better mental health are translated into actions and integrated into operational plans across a range of organisations and across the life course.

**b) Tackle inequalities**  
Ensuring that tackling mental health inequalities is incorporated in all actions. This should include discrimination, racism and stigma, vulnerable groups and those at greater risk, with a focus on disadvantaged faced by local communities

**4 Defining success outcomes**  
Having a clear understanding of how to measure outcomes in preventing mental ill-health and promoting good mental health, and which would be most relevant to local communities.

**5 Leadership and accountability**  
Ensuring that the wide range of organisations are involved in better mental health and are held to account for jointly agreed actions, with clear leadership and direction.

Tried and tested evidence-based framework to:

- Support local action planning around:
  - Population mental health,
  - Galvanise local support,
  - Collaboration,
- Focus action on the groups facing the greatest health inequalities.

# Key benefits



Provides vehicle for the delivery of our local system strategic priorities linked to improving mental health and wellbeing, preventing suicides, and tackling inequalities across the life course.



Supports place-based population mental health through co-ordination of work at System, Place, and Neighbourhood levels.



Uses existing and emerging needs assessments in partnership with local stakeholders, communities and people with lived experience, all of whom know what matters most.



We will have an evidence-based framework to structure our local approach to improving mental health and monitor and evaluate impact and outcomes



Gain access to a community of practice, webinars, specialist resources including evidence guidance, business case guidance, case studies, learning from the Better Mental Health Fund, as well as national and regional OHID support.

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## Next steps

- A new Coventry and Warwickshire Mental Health Concordat Partnership (Delivery) Group will be established, reporting into the Coventry and Warwickshire Mental Health Collaborative.
- Representatives working on the Concordat will provide further information on plans to take forward the Concordat and to engage further with groups, including with:
  - Coventry and Warwickshire’s VCSE Mental Health Alliance.
  - Coventry and Warwickshire’s Mental Health Collaborative.
  - Mental Health Long Term Plan Programme Delivery Board.
  - Children and Young People’s MHWB Board.
  - Integrated Care Partnership Board.

**January & February 2024**

MH Concordat Partnership Group meetings scheduled to focus on delivery, measuring success and governance

**Spring 2024**

Delivery of agreed actions  
Engaging with teams, groups, Alliances, Boards etc to lead / support delivery

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## Development activity 2

Prevention concordat for better mental health - major piece of work

Data/partnership/deliverables/inequality/outcomes/leadership

Is this the right place...JHWBB...will it work...fit elsewhere?

You will not solve this in 15 minutes!

This is about putting an example through the organisational theory we have been pondering

## Development activity 2 – Feedback

Discussion on the feedback in plenary

15 MINUTES

**What does this all mean?**



**Thank you and close.**

