Coventry and Warwickshire
Integrated Care Partnership

Integrated Care Partnership Meeting

Papers for the PUBLIC Meeting

Monday 31st October 2022

Committee Room 2, Shire Hall, Warwick

09.30 – 11.30

Integrated Care Partnership Meeting

To be held in PUBLIC on 31st October 2022
09.30-11.30
Committee Room Two, Shire Hall, Market Place, Warwick, CV34 4RL

A G E N D A

No.	Time	Item	Presenter	Attachment	Purpose
1.	09.30	Welcome and Apologies	Chair, Danielle Oum	Verbal	
2.	09.30	Confirmation of Quoracy	Chair, Danielle Oum	Verbal	
3.	09:30	Declaration of Interest	Chair, Danielle Oum	Enc A	Information
4.	09:35	Minutes of the Meeting held on 26th July 2022	Chair, Danielle Oum	Enc B	Approve
5.	09.40	Updated Terms of Reference	Chair, Danielle Oum	Verbal	Approve
Seeking and acting on feedback from citizens and staff/ **Developing strong partnerships**					
6.	09:40	Citizen Voice	Kate Hunt Orbit Housing	Enc C	Information
7.	09:55	Coventry and Warwickshire Integrated Health and Wellbeing Forum	Cllr Bell Cllr Caan	End D	Information
Working together to improve population health/**Tackle inequalities** in outcomes, experience and access					
8.	10:10	Healthcare Services for Asylum Seekers and Refugees in Coventry and Warwickshire	Dr Shade Agboola Dr Allison Duggall	Enc E	Discussion
Enabling people across Coventry and Warwickshire to start well, live well and age well, promoting independence and putting people at the heart of everything we do.					
9.	10:30	Integrated Care Strategy Development	Liz Gaulton	Enc F	Discussion and Approval
10.	11:15	Questions from members of the public about items on the Agenda	Chair, Danielle Oum	Verbal	Information
11.	11:25	Any Other Business	Chair, Danielle Oum	Verbal	

12.		Next Meeting Thursday 9th February 2023, Friarsgate, Coventry			
	11:30	MEETING CLOSES			

Declarations of Interest
Under the Health and Care Act 2022, there is a legal obligation to manage conflicts of interest appropriately. ***Where possible, any conflict of interest should be declared to the Chair of the meeting as soon as it is identified in advance of the meeting.*** *Where this is not possible, it is essential that at the beginning of the meeting a declaration is made if anyone has any conflict of interest to declare in relation to the business to be transacted at the meeting. An interest relevant to the business of the meeting should be declared whether or not the interest has previously been declared.*

Type of Interest	**Description**
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being: • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (of more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A consultant for a provider; • In secondary employment; • In receipt of a grant from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is: • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for the CQC or NICE; • A medical researcher.
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is: • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • A member of a political party; • Suffering from a particular condition requiring individually funded treatment; • A financial advisor.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include:

	• Spouse / partner; • Close relative e.g., parent, [grandparent], child, [grandchild] or sibling; • Close friend; • Business partner.

Coventry and Warwickshire Integrated Care Partnership- Register of Interests **ENCLOSURE A**

All actions in response to declared conflicts of interests at Integrated Care Partnership Meetings are at the discretion of the Chair

Current	First Name	Surname	Current position held	Declared Interest (name of the organisation and nature of business)	Type of Interest					Date of Interest	
					Financial Interest	Non-Financial Professional Interest	Non-Financial	Non-Financial Personal Interest	Indirect	Declared	To
Y	Shade	Agboola	Director of Public Health, Warwickshire	Nil						Jul-22	Current
Y	Mubasshir	Ajaz	Head of Health and Communities at West Midlands Combined Authority	Nil						Aug-22	Current
Y	Chris	Bain	Chief Executive of Healthwatch, Warwickshire	Nil						Jul-22	Current
Y	Matt	Baines	GP Member of the ICP	1. GP Partner is Coventry Practice	✓					Aug-22	Current
Y	Matt	Baines	GP Member of the ICP	2. Director of private medical company (Edenvale medical Ltd)	✓					Aug-22	Current
Y	Cllr Margaret	Bell	Warwickshire Health and Wellbeing Board Chair	1. Warwickshire County Council - Councillor	✓					Sep-22	Current
Y	Cllr Margaret	Bell	Warwickshire Health and Wellbeing Board Chair	2. North Warwickshire Borough Council - Councillor	✓					Sep-22	Current
Y	Cllr Kamran	Caan	Coventry Health and Wellbeing Board Chair	Nil							Current

Current	First Name	Surname	Current position held	Declared Interest (name of the organisation and nature of business)	Type of Interest					Date of Interest	
					Financial Interest	Non-Financial Professional Interest	Non-Financial	Non-Financial Personal Interest	Indirect	Declared	To
Y	Anne	Coyle	Chair of Warwickshire Care Collaborative	1. Leadership Centre Alumni Council - Member		✓				Sep-22	Current
Y	Anne	Coyle	Chair of Warwickshire Care Collaborative	2. Mini Digital Ltd - Spouse is Managing Director					✓	Sep-22	Current
Y	Stuart	Croft	Vice Chancellor of University of Warwick	Nil							Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	1. Member of QSAC (resigning from this Committee in July 2022)		✓				Jul-22	Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	2. Unit Leader - Girl Guides			✓			Jul-22	Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	3. Occasional Leader - Scouts			✓			Jul-22	Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	4. Association Director Public Health		✓				Jul-22	Current
Y	Peter	Fahy	Director of Adult Social Care and Housing (Coventry City Council), Chair of Coventry Care Collaborative	Nil						Aug-22	Current
Y	Russell	Hardy	Chair, George Eliot Hospital/South Warwickshire NHS Foundation Trust	Chair, George Eliot Hospital/South Warwickshire NHS Foundation Trust	✓					Aug-22	Current

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					Financial Interest	Non-Financial Professional Interest	Non-Financial	Non-Financial Personal Interest	Indirect	Declared	To
Y	Steven	Hill	Chief Executive of Coventry and Warwickshire MIND	VCSE Provider represenstative and CEO of Coventry and Warwickshire MIND	✓					Aug-22	Current
Y	Philip	Johns	Chief Executive Officer, Coventry and Warwickshire ICB	1. Member of Chartered Institute of Public Finance Accountants (CIPFA)		✓				Dec-20	Current
Y	Philip	Johns	Chief Executive Officer, Coventry and Warwickshire ICB	2. Member of Healthcare and Financial Management Association (HFMA)		✓				Dec-20	Current
Y	Philip	Johns	Chief Executive Officer, Coventry and Warwickshire ICB	3. Wife is employed as an Occupational Therapist at South Warwickshire General Hospital Foundation Trust					✓	Dec-20	Current
Y	Philip	Johns	Chief Executive Officer, Coventry and Warwickshire ICB	4. Wife is Director of Seren Melyn - providing OT services					✓	Dec-20	Current
Y	John	Latham	Vice Chancellor - Coventry University	1. Coventry University Corporate Services - Director	✓					Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	2. Health Education England - Non-Executive Director	✓					Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	3. Qualification Wales - Non-Executive Director	✓					Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	4.University Alliance - Director		✓				Sep-22	Current

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Y	John	Latham	Vice Chancellor - Coventry University	5. Coventry and Warwickshire Local Enterprise Partnership - Non Executive Board Member		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	6. Better Futures Multi Academy Trust Member		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	7. Coventry University Charitable Trust - Trustee		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	8. Coventry University Welfare Fund - Trustee		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	9. Palmer Foundation - Trustee		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	10. Technology One - Advisor		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	11. Chartered Management Institute - Companion		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	12. Coventry and Warwickshire ESIF Committee - Chair		✓				Sep-22	Current

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					Financial Interest	Non-Financial Professional Interest	Non-Financial	Non-Financial Personal Interest	Indirect	Declared	To
Y	John	Latham	Vice Chancellor - Coventry University	13. Universities West Midlands - Board Member		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	14. Institute of Directors - Member		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	15. British Computer Society- Honorary Member		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	16. UK Government National Growth Board - Board Member		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	17. National Centre for Universities and Business - Member		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	18. European Commission Evaluator and Programme Advisor - FP7/Horizon 2020		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	19. Universities UK Transformation Advisory Group - Member		✓				Sep-22	Current
Y	John	Latham	Vice Chancellor - Coventry University	20. The Knowledge Hub Egypt Universities - Board of Trustees		✓				Sep-22	Current

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					Financial Interest	Non-Financial Professional Interest	Non-Financial	Non-Financial Personal Interest	Indirect	Declared	To
Y	John	Latham	Vice Chancellor - Coventry University	21. Software Negotiations and Strategy Group - Universities UK/JISC - Chair		✓				Sep-22	Current
Y	Simon	Lieberman	Senior Placemaking and Partnerships Manager - Strategy at Orbit Housing	Nil							Current
Y	Stuart	Linnell	Chair of Healthwatch Coventry	Nil							Current
Y	Stella	Manzie	Chair of University Hospitals Coventry and Warwickshire	1. Associate, Global Partners Governance (no health related work)	✓						Current
Y	Stella	Manzie	Chair of University Hospitals Coventry and Warwickshire	2. Local Government Association executive support (no health related work)	✓						Current
Y	Stella	Manzie	Chair of University Hospitals Coventry and Warwickshire	3. Associate AS Associates (no health related work)	✓						Current
Y	Stella	Manzie	Chair of University Hospitals Coventry and Warwickshire	4. Various public sector management consultancy activity – not health related	✓						Current
Y	Stella	Manzie	Chair of University Hospitals Coventry and Warwickshire	5. Visiting Fellow Open University Business School		✓					Current

Current	First Name	Surname	Current position held	Declared Interest (name of the organisation and nature of business)	Type of Interest					Date of Interest	
					Financial Interest	Non-Financial Professional Interest	Non-Financial	Non-Financial Personal Interest	Indirect	Declared	To
Y	Stella	Manzie	Chair of University Hospitals Coventry and Warwickshire	6. Trevor McCarthy (Partner) Independent Consultant in Addictions					✓		Current
Y	Stella	Manzie	Chair of University Hospitals Coventry and Warwickshire	7. Trevor McCarty (Partner) Associate Consultant, Figure 8 Consultancy – health and social care					✓		Current
Y	Nigel	Minns	Strategic Director, Warwickshire City Council	Employee of Warwickshire County Council		✓				May-22	Current
Y	Kirston	Nelson	Chief Partnerships Officer/ Director of Education and Skills at Coventry City Council	Nil						Jun-22	Current
Y	Julie	Nugent	Executive Director for Economy, Skills and Communities at West Midlands Combined Authority	Nil						Aug-22	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	1. Chair of Birmingham and Solihull Mental Health FT		✓				Sep-22	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	2. Member of Healthwatch England Committee		✓				Sep-22	Current

Unconfirmed Minutes of the Coventry and Warwickshire Integrated Care Partnership Meeting Held in Public

On Tuesday 26th July 2022 at 13.00pm, by Microsoft Teams

Members	
Mr Danielle Oum	Chair, Coventry and Warwickshire Integrated Care Board
Mr Philip Johns	Chief Executive Officer, Coventry and Warwickshire Integrated Care Board
Mr Nigel Minns	Strategic Director for People, Warwickshire County Council
Councillor Margaret Bell	Warwickshire Health and Wellbeing Board Chair, ICP Deputy Chair
Councillor Kamran Caan	Coventry Health and Wellbeing Board Chair, ICP Deputy Chair
Mr Chris Bain	Chief Executive, Healthwatch, Warwickshire
Mr Stuart Linnell	Chair of Healthwatch, Coventry
Dr Allison Duggall	Director of Public Health, Coventry City Council
Ms Karen Winchcombe	Chief Executive, Warwickshire CAVA
Mr Steven Hill	Chief Executive, Coventry and Warwickshire MIND
Ms Anne Coyle	Warwickshire Care Collaborative Chair, South Warwickshire Foundation Trust
Mr Peter Fahy	Coventry Care Collaborative Chair, Coventry City Council Officer
Ms Deepika Yadav	GP, Primary Care
Mr Matt Baines	GP, Primary Care
Mr Russell Hardy	Chair, George Eliot Hospital NHS Trust and South Warwickshire NHS Foundation Trust

Mr Jagtar Singh	Chair of NHS Coventry and Warwickshire Partnership Trust
Mr Jeremy Gould	Non-Executive Director, University Hospital Coventry and Warwickshire NHS Trust
Mr Ajaz Mubasshir	Head of Health and Communities, West Midlands Combined Authority
Professor Caroline Meyer	Pro-Vice Chancellor (Research) University of Warwick (Deputing for Stuart Croft, Vice Chancellor)
Professor Lisa Bayliss-Pratt	Pro-Vice-Chancellor, Coventry University (Deputising for Professor Latham)
In Attendance:	
Mrs Anita Wilson	Director of Corporate Affairs, Coventry and Warwickshire Integrated Care Board
Mrs Cheryl Brand	Executive Assistant, Coventry and Warwickshire Integrated Care Board (minute taker)
Ms Rachael Danter	Chief Transformation Officer, Coventry and Warwickshire Integrated Care Board
Ms Liz Gaulton	Chief Officer Population Health and Inequalities, Coventry and Warwickshire Integrated Care Board
Mr Duncan Vernon	Consultant in Public Health, South Warwickshire Foundation Trust
Mr Daniel Taylor	Good Governance Institute
Apologies:	
Ms Kirston Nelson	Director of Education and Skills/Chief Partnership Officer, Coventry City Council
Ms Shade Agboola	Director of Public Health, Warwickshire
Ms Stella Manzie	Chair, University Hospital Coventry and Warwickshire
Mr Stuart Croft	Vice Chancellor, University of Warwick
Mr John Latham	Vice Chancellor, Coventry University

Item No:		Action
1.	**Welcome and Apologies** The Chair welcomed all attendees to the Integrated Care Partnership meeting. Apologies were noted as above.	
2.	**Confirmation of Quoracy** The meeting was confirmed as quorate.	
3.	**Declarations of Interest** There were no items raised. Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.	
4.	**ICP Establishment of the Integrated Care Partnership** Mr Johns introduced the paper which outlines the approach to meeting the statutory requirements for Integrated Care Partnerships (ICP). The paper notes that the Coventry and Warwickshire Integrated Care Partnership is established in line with the Health and Care Act 2022 and describes the background and work to date on establishing the ICP to provide assurance to members this has been done in line with guidance. ICP Members: **RECEIVED** and were **ASSURED** of the Establishment of the Integrated Care Partnership. **CONFIRMED** the appointments of the Chair and Deputy Chairs **NOTING** a review in 12 months in line with the Terms of Reference.	
5.	**Terms of Reference** Cllr Caan and Cllr Bell outlined the role of the Integrated Care Partnership; to bring partners together across the ICS area in order to agree collective objectives, enable place-based partnerships and opportunities for activity to address population health challenges. The aims of the ICP will be to: • Develop and agree the Integrated Care Strategy • Ensure the four aims of the ICSs are being delivered • Review performance and progress on delivery of strategy • Ensure effective integration of health and care services across the system • Focus on population health and system quality priorities and outcomes	

	• Ensure effective engagement with partners and stakeholders Cllr Caan and Cllr Bell spoke passionately about making changes to improve but noted there would be challenges. The work of the ICP will complement the work of the Health and Wellbeing Boards. The Chair thanked Cllr Caan and Cllr Bell for their inspiring words and emphasised the need to build on the solid partnership work that is in place. ICP Members: **APPROVED** the Integrated Partnership Terms of Reference	
6.	**Integrated Care Strategy Development** Ms Gaulton presented on the Integrated Care Strategy Development and explained the purpose is to set the strategic direction and priorities for the provision of health and care services across the ICS. Ms Gaulton continued to make the following key points: • The strategy will be grounded in the reality of now and be built bottom up from local assessments • The components of the strategy include describing the shared vision and how the system will integrate across a number of topics such as budgets, data sets, strategic plans, records, commissioning of services and provision • Inform the Integrated Care Boards five-year plan and influence partner and place plans and strategies • The timeline is challenging - six months to develop the strategy which must be formally submitted to NHSE by middle of December 2022. • An analysis of the Coventry and Warwickshire strategies against the ICS statutory guidance has been undertaken and in some cases there is insufficient information to fulfil the requirements • the ICP Working Group will lead the work to develop the strategy with partners • Shared a suggested cycle of business for 2022/23 The Chair thanked Ms Gaulton for her work on this and asked members for questions and comments: Mr Hardy noted that workforce is the biggest challenge, and it is important there is a feedback mechanism. Tasks can only be done if the workforce is there and as the work comes in, there will need to be a prioritisation process. It is important not to over promise and under deliver. Mr Minns acknowledged that the strategy will complement the Health and Wellbeing Boards. Work will need to take place to integrate all the work that is taking place. Professor Meyer asked if we were clear on where the workforce gaps are.	

	The Chair added that the One People One Plan work had been launched with the output on this work being available in the autumn. The Further Education sector was not in the plan and this will be important. Mr Johns will ask Theresa Nelson to link in with Professor Lisa Bayliss-Pratt and Professor Caroline Meyer. **Action: Mr Johns** Mr Gould asked about the Clinical Strategy and how could we maximise value for money in clinical pathways? Ms Gaulton reported that it is important these are aligned, however it will be a challenge. Mr Johns stated that there would be a process to run for the Clinical Strategy. The Chair explained that there will be a number of sub-strategies, with this strategy being the main strategy. Mr Fahy asked that carers are included when collaborating and engaging Mr Vernon added that the timescales were difficult as it required wide engagement. Mr Hardy noted that we need to be clear about whether there is more impact on patient outcomes through prioritising clinical transformation or through driving productivity. Mrs Winchcombe would like to raise the awareness of VCSE to find solutions about how volunteering can enable the ICS to move forward to enhance services. Understanding the data would be helpful; particularly in rural areas. The Chair stressed that involving the voluntary and community sector shaping the direction and approach was as important as drawing upon their ability to engage with communities and groups. Ms Coyle added that the Warwickshire Care Collaborative would be happy to support the connection into Warwickshire Place. Ms Gaulton reported that for the next steps, there would be a progress review of strategy development and initial proposals for engagement with some prioritisation. ICP Members: Noted for **INFORMATION** the purpose, contents, structure, responsibilities and requirements of the Integrated Care Strategy. **DISCUSSED** the proposed approach, working group structure and timeline. **APPROVED** the proposed working, reference and drafting group structure and membership. **APPROVED** the proposed outline development plan and timeline.	**PJ**
7.	**Engagement Plan for Strategy Development**	

	Mrs Wilson introduced this item and reiterated that by April 2023, Coventry and Warwickshire ICS must have developed an Integrated Care Strategy and the ICB, a five year joint forward plan. The involvement of communities and stakeholders is vital to ensure people are at the heart of the strategy and planning. Key points that were noted within the presentation: • The timescale for submission of the strategy is a national timeline. • It is clear that a single engagement process that meets the requirements of both the ICP and ICB would be required • The Engagement and involvement work must build on what we know already and deliver the priorities people have already shared • A proposal to undertake desk top research as well as - roadshows, online conversations, public consultation and a focus group panel The Chair asked members for their feedback and comments on the engagement plan: Ms Duggall asked that the work is coordinated with One Coventry and the equivalent in Warwickshire, otherwise the same questions are being asked. Mr Hardy added that the South Warwickshire Foundation Trust governors should be involved. Mr Singh asked how the impact of engagement would be evidenced and the importance of going back to inform people what has been agreed. Ms Winchcombe noted that it was important to be careful about duplication; and is there a way of bringing together datasets and integrating it together to form a robust picture. Mr Bain mentioned that it would be beneficial to learn from engagements that have previously taken place around the STP. As the STP was too big, it was broken down into smaller work programmes asking people what it means for their family and building trust does take time. Professor Meyer suggested it may be of benefit if there was a regional data repository. Mr Linnell stated that there needs to be a commitment to listen and to ask ourselves – how do we know if the information is being acted on to the standards of the ICP. It is also very important to make it understandable to the public and written in plain English. Mr Hill asked if there would also be a social media plan used. Mrs Wilson thanks members for their helpful contributions and next steps would be to build the engagement programme plan and come and speak to ICP Members. ICP members: Noted for **INFORMATION** the Engagement approach in developing the Integrated Care Strategy	

8.	**Coventry and Warwickshire Integrated Health and Wellbeing Forum** Mr Minns reported that the Coventry and Warwickshire Integrated Health and Wellbeing Forum will provide system leadership around the wider health and wellbeing agenda and will be a key mechanism to facilitate system leaders working together to identify and address health inequalities and variations in health and care provision. ICP Members: **NOTED** the establishment of Coventry and Warwickshire Integrated Health and Wellbeing Forum with the ICP as core members.	
9.	**Forward Plan** Mr Johns noted that further engagement work is required – particularly on strategy development, aligning the engagement work and engaging with our people. The strength of ICP members is very important as this will enable the system to engage, involve and empower the communities in the production of the strategy and the joint forward plan.	
10.	**Questions from Visitors** There were no questions raised.	
11.	**Any Other Business** There were no items raised.	
12.	**Dates of Next Meetings** 31st October 2022, 09.30-11.30 Shire Hall, Warwick 9th February 2023, 10.00-12.00, Face to Face, Venue TBC	

Coventry and Warwickshire
Integrated Care Partnership

Report Title:	Citizen Voice
Report From:	Kate Hunt, Independent Living Regional Manager, Orbit Housing
Author:	Kate Hunt, Independent Living Regional Manager, Orbit Housing
Previous Considerations and Engagement:	N/A
Purpose:	Information

Contribution to meeting the aims of the ICS:

Tackling unequal outcomes, experience and access

The article demonstrates the benefits of providing the best possible care close to home to enable citizens to maintain independent lives.

Supporting the broader social and economic development of C&W:

The article explains that citizens at Orbit Queensway Court independent living scheme have been improving their mobility as part of a British Gymnastics Foundation Programme. The Love to Move programme helps to develop coordination, balance, core strength and flexibility.

Declining health and mobility are huge barriers to people being able to remain in their own homes, so this programme enables citizens to continue to live independent lives for as long as possible.

Contribution to meeting the priorities of the ICP:

Accelerate preventative programmes and activities that target those at greatest risk, eg.pre-rehabilitation, mental health programmes

The Love to Move programme helps improve physical and mental issues for its citizens and reduces the need to access hospital services.

Protect the most vulnerable, ensuring inclusivity runs through everything we do

The Love to Move programme enables all citizens to reduce the disruption of care on their lives and reduces the stress and anxiety involved in being admitted to hospital.

Recommendation:
Members are requested to Members are requested to **NOTE FOR INFORMATION**

Implications							
Conflicts of Interest:	None						
Financial and Workforce:	Through reading this article, we see the financial benefits of citizens socialising, increased mobility, coordination and dexterity too, enabling citizens to maintain independent lives.						
Performance:	The exercise programme will reduce the requirement for Citizens to access hospital services.						
Quality and Safety:	None						
Inclusion: **The EQIA tool can be found in the EQIA policy here.]**	**Has an equality impact assessment been undertaken?** *(Delete as appropriate)*	**Yes** (attached or hyperlinked)		**No**		**N/A**	✓
Patient and Public Engagement:	To raise awareness of the importance of exercise sessions for citizens close to home.						
Clinical and Professional Engagement:	Exercise sessions give citizens the chance to get together and socialise, and also physical improvements occur such as mobility, coordination and dexterity.						
Risk and Assurance:	None						

Residents at Queensway Court Love to Move

12 Sep 2022

Older residents at Orbit's Queensway Court independent living scheme in Leamington Spa have been improving their mobility as part of a British Gymnastics Foundation programme.

Queensway Court residents Paul and Jeff are more mobile thanks to the British Gymnastics Foundation programme.

The Love to Move programme uses age and dementia friendly seated exercises to help develop coordination, balance, core strength and flexibility. The exercises are performed in time to music which has also been shown to help stimulate memory and recall in people living with dementia.

Orbit funded the training for Activities Coordinator, Deborah Harris to safely deliver the programme for residents, with sessions running at the scheme three times per week.

Deborah Harris Activities Coordinator for Orbit who is based at the scheme said: "This is a really enjoyable and accessible exercise programme aimed perfectly at our residents. Not only do the sessions give residents the chance to get together and socialise, but we've seen some real benefits in terms of mobility, coordination and dexterity too – all skills which are really important in maintaining the independent lives that our residents want to lead."

Resident Paul commented: "Before joining the programme I couldn't lift my arms. The difference after 8 months is incredible – my mobility has really improved and I'm finding it much easier to look after myself and do day to day activities."

Queensway Court is an extra care housing scheme specially designed for people aged over 55. Residents have the independence of their own apartments, with the opportunity to socialise and get involved with the community if they wish. Extra care and support are available to them should their needs and requirements change over time.

Louise Roberts from the British Gymnastics Foundation added: "It's fantastic to see how Deborah has embraced the Love to Move programme enabling residents at Queensway Court to benefit from the sessions. As well as the strength, flexibility and co-ordination exercises, the programme includes social and cognitive elements designed to support memory, engagement and socialisation as people grow older. Most of all, you can see the participants at Queensway just have fun!"

A survey of Orbit's independent living customers in 2019 identified that declining health and mobility were huge barriers to people being able to remain in Orbit accommodation, as they may need to move into care homes to get the support they need.

As part of a new Health and Wellbeing Strategy launched in April, Orbit will offer a greater range of preventative health services to independent living residents to address that barrier and improve the wellbeing of customers so that they can continue to live independent lives for as long as possible.

As well as more services such as Love to Move which are delivered in partnership with other organisations, Orbit will be piloting the provision of new 'in-house' Health and Wellbeing Coaches who will directly deliver sessions including nutrition, falls prevention and mindfulness in half of Orbit's independent schemes in the Midlands. If the pilot is successful then Orbit will increase resource to cover all schemes in the Midlands, East and South regions too.

Queensway Court residents Paul and Jeff are more mobile thanks to the British Gymnastics Foundation programme

End D

Coventry and Warwickshire
Integrated Care Partnership

Report Title:	Coventry and Warwickshire Integrated Health and Wellbeing Forum
Report From:	Councillor Margaret Bell, Warwickshire Health and Wellbeing Board Chair and Deputy Chair of the ICP Councillor Kamran Caan, Coventry Health and Wellbeing Board Chair and Deputy Chair of the ICP
Author:	Debbie Dawson, Population Health Transformation Officer, Coventry and Warwickshire Integrated Care System
Previous Considerations and Engagement:	Coventry and Warwickshire Integrated Health and Wellbeing Forum, 13 October 2022
Purpose:	For information

Contribution to meeting the aims of the ICS:

The Coventry and Warwickshire Integrated Health and Wellbeing Forum provides system leadership around the wider health and wellbeing agenda, and as such contributes to achievement of the aims of the ICS, specifically tackling inequalities in outcomes, experience and access, and helping the NHS support broader social and economic development.

Contribution to meeting the priorities of the ICB:

The Coventry and Warwickshire Integrated Health and Wellbeing Forum is a key mechanism to facilitate system leaders working together to identify and address health inequalities and variations in health and care provision. It has a specific role in accelerating preventative programmes and activities that target those at greatest risk.

The Forum has a wider role in embedding a population health approach and raising the profile of inequalities and prevention, to inform and underpin all of the priorities of the ICS, focusing particularly on influencing the Integrated Care Strategy to this end at its first meeting.

Recommendation:

Members are requested to

- **NOTE FOR INFORMATION** the outcomes of the first meeting of the Integrated Health and Wellbeing Forum.

Implications							
Conflicts of Interest:	None						
Financial and Workforce:	None						
Performance:	Not applicable						
Quality and Safety:	Not applicable						
Inclusion: **The EQIA tool can be found in the EQIA policy here.]**	**Has an equality impact assessment been undertaken?** *(Delete as appropriate)*	**Yes** (attached or hyperlinked)		**No**		**N/A**	✓
Patient and Public Engagement:	Coventry and Warwickshire Integrated Health and Wellbeing Forum has a role in reflecting the voice of communities into the ICS.						
Clinical and Professional Engagement:	Not applicable						
Risk and Assurance:	Not applicable						

End D

Coventry and Warwickshire
Integrated Care Partnership

Executive Summary

1.1 The first meeting of the new Coventry and Warwickshire Integrated Health and Wellbeing Forum took place on 13 October 2022. This paper updates the Partnership on the outcomes of that meeting.

1.2 A key focus of this meeting was to inform the development of the Integrated Care Strategy and ensure that this is shaped by leaders from across the wider system, with an emphasis on population health, inequalities and prevention.

2. Background

2.1 On 14 July 2022 the Integrated Care Partnership (ICP) endorsed the establishment of Coventry and Warwickshire Integrated Health and Wellbeing Forum, with membership including members of the Health and Wellbeing Boards and the ICP, as well as Care Collaborative / Place representation.

2.2 The purpose of the Forum is to play an advisory role for the ICS and to reflect a breadth of views informed by working with local communities from across Coventry and Warwickshire. It is intended that the Forum will meet 2-3 times per year.

3. Integrated Health and Wellbeing Forum meeting, 13 October 2022

3.1 The first meeting of the Integrated Health and Wellbeing Forum was held in Coventry on 13 October, with around 30 members attending.

3.2 The aims of this session were to:

- Reconnect as an integrated forum face to face
- Update on recent changes to the system and reflect on the role of the Forum in relation to this current context
- Take an active role in engaging in the development of the C&W Integrated Care Strategy and contribute to identifying what is most critical
- Identify a shared ambition for the ICS and the opportunities this presents, building on the success of partnership working to date.

3.3 The meeting was supported by independent facilitators from NHS Elect – Chief Executive, Caroline Dove and Associate, Jan Samuel. This external facilitation helped to

ensure the meeting provided a genuine opportunity for engagement of and between system leaders.

4. Outcomes and next steps

4.1 The meeting reflected on the opportunities and benefits of the statutory Integrated Care System, building on the legacy and ambitions of the former Coventry and Warwickshire Joint Place Forum around improving population health outcomes, tackling inequalities, and embracing the wider determinants of health. It was noted that the core principles of the ICP are based on the joint health and wellbeing concordat agreed by Place Forum partners.

4.2 Group discussions focused on development of the Integrated Care Strategy, and on how partners could contribute to and collectively hold each other to account for its delivery and impact. Members were invited to provide feedback on the draft priorities and enablers – whether they are the right ones, what is most critical for our system now, and how partner organisations might contribute to delivering the strategy.

4.3 Key messages from the meeting include:

- There needs to be a collective commitment to investment in preventative approaches, irrespective of immediate pressures, and an agreement and clarity about what we mean by this (eg. primary prevention, secondary prevention, early intervention etc).
- Agreement that tackling health inequalities is a key driver that runs through everything we do, and something that all partners can commit to.
- The need to identify specific, practical actions that partners can coalesce around, and the importance of using data and evidence to inform priorities and spending decisions and to evaluate the impact of collective action.
- The significance of culture, relationships and trust, and the importance of the ICP principles as the basis for this – especially in face of uncomfortable and challenging decisions.
- People and communities should be at the heart of everything we do and core to how we hold ourselves to account collectively. We should measure our success in terms of impact on communities and use personal stories to engage partners in understanding the impact of collective action.
- There are some particularly burning issues that partners need to focus on together, which include
    - the health and care workforce (including the informal workforce);
    - the wider determinants of health (impacting 80% of people's health and wellbeing); and

- the role of social care in supporting system resilience and enabling people to live independently at home.

4.4 The following specific next steps in the development of the Integrated Care Strategy were noted:

- **31 October**: Integrated Care Partnership meeting to agree outline content of Integrated Care Strategy drawing on outcomes from Forum discussions
- **November**: further development / refinement of Strategy with content leads, informed by engagement activity
- **December**: Integrated Care Partnership approve final Strategy for submission to NHSE
- **January**: Health and Wellbeing Boards meet. Opportunity to align Health and Wellbeing Strategy development process with Integrated Care Strategy and 5-Year Integrated Care Plan development and engagement
- **March**: ICB approve 5-Year Integrated Care Plan.

4.5 Members commented on the value of meeting together in this format and suggested that more frequent meetings might be considered. It is intended that the Forum will next meet in person in March 2023 in Warwick (date and location to be confirmed).

Conclusion

The successful first meeting of Coventry and Warwickshire Integrated Health and Wellbeing Forum demonstrated its value as a mechanism for continued collaboration that recognises, embraces and enhances the role and contribution of all partners and provides system leadership around the wider health and wellbeing agenda.

Recommendation

Members are requested to **NOTE FOR INFORMATION** the outcomes of the first meeting of the Integrated Health and Wellbeing Forum.

End of Report

Enc E

Coventry and Warwickshire
Integrated Care Partnership

Report Title:	Healthcare Services for Asylum Seekers and Refugees in Coventry and Warwickshire
Report From:	Dr Allison Duggal, Director of Public Health and Wellbeing, Coventry City Council Dr Shade Agboola, Director of Public Health, Warwickshire County Council
Author:	Peter Barnett, Head of Service Libraries and Migration, Coventry City Council Gemma Stainthorp, Health Protection Programme Manager, Warwickshire County Council
Previous Considerations and Engagement:	NHS Coventry and Warwickshire CCG, May 2022
Purpose:	For Discussion

Contribution to meeting the aims of the ICS:

- Improving outcomes in population health and healthcare: this paper describes how more suitable care can be delivered to a vulnerable group in our population
- Tackling unequal outcomes, experience and access: this vulnerable group currently does not have access to suitable services
- Enhancing Productivity and value for money: any primary care services provided for this population will help prevent disease and avoid attendance in urgent care. It will also ensure prompt public health actions for any cases of communicable disease.
- Supporting the broader social and economic development of C&W: the provision of a service for this group will contribute to the Core 20 plus 5 programme and should reduce health inequalities

Contribution to meeting the priorities of the ICP:

State how the content of the paper and the recommendation meets one or more of the following:

Accelerate preventative programmes and activities that target those at greatest risk, eg. pre-rehabilitation, mental health programmes

This is a population at greater risk of mental and physical health issues, including communicable diseases and primary care will help early identification of issues

Work together, as partners, at system and Place to identify and address health inequalities and variations in health and care provision

This paper identifies a population at significant risk of health inequalities and suggests a way forward to address this.

Protect the most vulnerable, ensuring inclusivity runs through everything we do

Migrants and asylum seekers are amongst the most vulnerable people in our society and are at risk of significant health issues including and not limited to mental illness and communicable diseases.

Recommendation:

Members are requested to

1. Provide support for the proposal to appoint an ICB lead/SRO for Migrant Health
2. Endorse the recommendation that the Asylum Seeker and Refugee Health (ASRH) Partnership Group is re-configured as an NHS-led group to focus on key issues for this expanding population group - a priority group identified in the NHS Health Inequalities strategy
3. Consider the need to identify/pool/coordinate resources across the system with the aim of providing a coherent primary care and mental health offer to these groups.
4. Approve the recommendation to collaborate, via the ASRH group, with wider system partners (including the voluntary sector and place partnerships in Warwickshire) to develop and embed a sustainable system of healthcare for newly arrived communities.

Implications							
Conflicts of Interest:	None						
Financial and Workforce:	The cost of any additional service will need to be discussed						
Performance:	This project will improve access to a vulnerable population and reduce health inequalities						
Quality and Safety:	N/A						
Inclusion: **The EQIA tool can be found in the EQIA policy here.]**	**Has an equality impact assessment been undertaken?** *(Delete as appropriate)*	**Yes** (attached or hyperlinked)		**No**		**N/A**	✓

Patient and Public Engagement:	Not Applicable
Clinical and Professional Engagement:	This has been discussed by the Directors of Public Health, was presented to the CCG Board and has been discussed with Liz Gaulton and Philip Johns.
Risk and Assurance:	The main risk is an increase in health inequality due to a lack of investment in migrant health. There is also a communicable disease risk if this community is not able to access appropriate healthcare.

Enc E

Coventry and Warwickshire
Integrated Care Partnership

Executive Summary

1.1 This paper is intended to share the latest position regarding asylum seeker and refugee populations currently residing in or due to arrive in Coventry and Warwickshire and to prompt a discussion regarding their healthcare needs, with several recommendations also made to the Partnership.

2. Asylum and Refugee Status

2.1 Refugees are people who have established a well-founded fear of safely being able to return 'home'. Asylum seekers are people who have arrived in the UK and sought to establish such a case.

2.2 Often data provides a snapshot of a moment in time, and the asylum population is constantly shifting with people moving from being 'asylum seekers' to refugees once cases are concluded satisfactorily. Data on asylum seekers unsuccessful in their claims is very difficult to ascertain as these individuals become classed as 'no recourse to public funds'.

2.3 Similarly, refugees are often counted as they arrive – for example through refugee resettlement programmes but how long people consider themselves to be 'refugees' varies from family to family and essentially once someone has indefinite leave to remain (normally 5 / 6 years after arrival) integration into the host community accelerates.

3. Current programmes / patient groups

3.1

	Prior to 2020 Pandemic	**Current**
Warwickshire Asylum Seekers	0	578 (inc 80 unaccompanied children)
Warwickshire Resettled Refugees (Syrian*, Afghan**, Ukrainian)	124 individuals (Syrian)	255 (Syrian, Afghan, (including previous refugees)) 1492 Ukrainian expected (931 arrived)
Warwickshire Hong Kong BNO's	0	Approx. 200 families
Coventry Asylum seekers	534	c 2000
Coventry Resettled Refugees (Syrian, Afghan,)	887 (Syrian, Afghan)	1141 (Syrian, Afghan)
Coventry Hong Kong British Nationals Overseas	0	400
Ukrainian	0	231 - Homes for Ukraine 109 - Family Scheme

3.2

	Number of U18's - Coventry
Hotels	10
UKRS/Afghan	332 UKRS 115 ARAP
Hong Kong BNO's	70
Homes for Ukraine	56
Family Scheme	41

3.3

	Number of U18's - Warwickshire
Asylum Hotels	206 (inc 80 unaccompanied children)
UKRS/Afghan	9 UKRS 61 Afghan
Hong Kong BNO's	Approx. 150 estimate
Homes for Ukraine	541

4 Dispersal of Asylum Seekers

4.1 Coventry

Asylum seekers in Temporary Initial Accommodation (TIA):
Hotels: 534 individuals to date
Dispersed accommodation 1500 – in Serco provided properties.
The city is currently in dialogue with SERCO regarding Quadrant Hall as to whether this will open as new Initial Accommodation (IA) for 105 single asylum seekers. As IA this will include additional health provision funded separately.

4.2 Warwickshire

Asylum seekers in Temporary Initial Accommodation (TIA):
Hotels: 578 individuals to date (including 80 unaccompanied children)

Numbers of asylum seekers in Warwickshire has increased over the past few months due to the opening of the Grosvenor Hotel in Stratford on Avon District and the unaccompanied asylum-seeking children (UASC) hotel in Rugby Borough.

Primary care and public health have raised formal concerns to the Home Office regarding primary care capacity to support individuals in Rugby Borough. Since then, the unaccompanied children hotel was stood up as well as proposals to extend capacity at Dunchurch Park Hotel – both hotels in Rugby Borough, causing serious concerns for health provision.

- **‘Full Dispersal’ of Asylum Seekers**

5.1 In June the government started the introduction of ‘full dispersal’ a policy intended to open the possibility of asylum seekers being dispersed to every UK local authority, based on regional agreements. These agreements are providing very difficult to achieve, this is a complex area, but the likelihood is that traditional asylum dispersal areas will continue to see high levels of asylum seekers whilst procurement is now also possible in other areas.

5.2 Refugee Resettlement Clients

There are two main schemes currently in operation, which both provide year 1 of funding for healthcare directly to the CCG at £2,600 per patient:

1. UKRS (United Kingdom Resettlement Scheme) – covers clients from Syria, Iraq, Sudan etc
2. ARAP (Afghan Relocation and Assistance), ACRS (Afghan Citizens Resettlement Scheme), plus eligible British Nationals.

22/23 Annual arrivals:

Coventry	-	125 - 150
Warwickshire	-	80*

*Estimated based on pledge of maximum 20 families per year. Note there are also approximately 88 individuals at a bridging hotel for Afghan refugees in Warwickshire who will be settled within Warwickshire and elsewhere.

5.3 Local authorities have been encouraged to provide as much accommodation for Afghan clients as possible due to the lengthy stays in ‘bridging hotels’ currently being experienced. Councils are funded for 5 years for UKRS arrivals, and 3 years for Afghan arrivals. A new Private Rental Scheme is being introduced to reduce time in ‘bridging hotels’ is currently being introduced but is not yet achieving significant results.

Many individuals in the resettlement schemes are identified as the most vulnerable due to significant health needs of either one of the adults or children in family groups. Some families struggle with wider integration goals (e.g., learning English) due to health issues which dominate the families’ concerns.

Coventry’s Refugee Wellbeing Service currently provides some support to clients through assessments and trauma informed therapy, but this capacity is stretched, and staff vacancies has been an issue, and clinical time limited to supporting only Syrian clients in Coventry. This contract is currently being extended to Warwickshire. The therapeutic services provided by Coventry Refugee and Migrant Centre (CRMC) are also under significant pressure.

CRMC have agreed to support Ukrainian arrivals in Warwickshire on a 'spot purchase' basis following recruitment of another counsellor; however, it is worth noting CRMC are only able to support adults, leaving a trauma support need in under 18 asylum seekers and refugees across Coventry and Warwickshire. This has been raised strategically with ICB colleagues and CWPT who continue to attempt to absorb this as much as possible through RISE services. However, services are stretched, and this is not able to absorb the need, especially for those with complex war trauma.

There are cultural barriers to some mental health services and ideally more activity-based therapy, particularly for the children arriving under these schemes would be valuable.

The Meridien Practice in Coventry, and primary care services in Warwickshire are under considerable pressure meeting the general health needs of all these clients.

It is important that we achieve confidence in all available central funding being claimed for the local healthcare system (for Coventry £390,000 and for Warwickshire £208,000 predicted for 22/23 – but was significantly more for Coventry in 21/22).

6 Ukrainian Residents Fleeing the Current Conflict

6.1 There are two principal ways that Ukrainian nationals can arrive in the UK post-February 2022.

1. **Ukrainian Family Scheme** – visas can be granted to family members of people already living in the UK – local authorities are NOT significantly involved in this scheme and information is currently scarce regarding numbers. In Coventry, we think at least 109 people have arrived under this route, but it could be significantly more (140?). In Warwickshire, this programme is also in place.
2. **Homes for Ukraine Scheme**– visas granted to 'sponsors' who are matched with 'guests' who then come to stay with them in their homes. This scheme is due to be extended to include 'community sponsorship' by businesses, faith groups or charities and will be the route most likely to be used by most Ukrainians. At present Coventry has 231 arrivals under this scheme, with visas granted to a similar number already. In total more than 600 people have expressed an interest in hosting a Ukrainian refugee or family. In Warwickshire, we are expecting over 1400 Ukrainian guests. This scheme is currently under increased scrutiny due to concerns about safeguarding of Ukrainian guests.

6.2 People are also travelling independently, and Councils are usually notified by 'sponsors' after arrival. It is difficult to predict precise numbers and the scheme is 'uncapped'. Councils are funded for 'wraparound' support and Ukrainian guests are normally registered with their 'sponsors' GP practice, often in parts of the city/county less well used to receiving migrant patients.

6.3 The health needs of Ukrainians are being better understood as more people arrive in the city, but already there is a clear need for mental health services to facilitate individuals coming to terms with their experiences. Experience from other resettlement programmes also indicates that some refugees will need time to process their feelings and may not show the impact of the trauma they have experienced until the coming months.

6.4 In addition, it is known that even before the invasion, there were poor public health services in Ukraine. Immunisation rates are low and rates of some infections such as TB are relatively high (Ukraine has the highest rates of multi-drug resistant TB in the world), as are smoking rates.

7 Hong Kong BNO (British National Overseas) visa holders

7.1 Since 2021 The UK Government has allowed residents of Hong Kong with BNO status to move to the UK with ease. At present Coventry City Council believes around 400 individuals have arrived thus far in Coventry. This programme is much more like an economic visa programme and individuals have no recourse to public funds (compared to resettled refugees and Ukrainians). They have access to healthcare, and a limited destitution provision is available, but most of the interactions with clients have centred on work and business start-ups. This programme is also in place in Warwickshire

7.2 Hong Kong nationals arrive independently, and numbers are uncapped. Health needs are not considered high, but some individuals exhibit many of the characteristics of refugees. The Council is only funded to provide limited support, particularly with language tuition. Individuals are registering with GPs independently, and residences are more normally in parts of the city (in Coventry) less well used to registering migrant groups.

8 Additional Health issues of Asylum Seekers and Refugees

8.1 There is considerable evidence of additional health needs in the asylum seeking and refugee populations. These cohorts have often travelled substantial distances under less-than-ideal circumstances and may have been residing in refugee camps prior to arrival.

- Mental health issues – particularly depression associated with lengths of time for claims to be determined and inappropriate accommodation (in particular, hotel accommodation). Post-traumatic stress due to the circumstances that led them to leave their original homes and due to their journeys to the UK (see briefing note Appendix 1 re mental health service provision for asylum seekers and refugees)
- Difficulty accessing primary care – the Meridien Centre in Coventry does an excellent job of supporting asylum seekers and refugees in the city, but the City of Coventry Health Centre is in a central location and two of the hotels are remote. Service users have real difficulties accessing face to face appointments and this can cause additional stress. They are also at times accessing services inappropriately e.g., for paracetamol. There is no current specialist primary care service in Warwickshire, and support is provided via routine primary care services, which are significantly stretched.
- Serious Infectious Disease Cases and concerns, especially in unvaccinated populations. For example, current concerns around potential Diphtheria and Monkeypox cases. Isolation in these cases brings mental distress to individuals. Primary care capacity is already over-stretched and there is a risk of an outbreak of this nature pushing services over the edge.

- Hotels are being used by some service users for 6 - 8 months or longer. Cases of vitamin D deficiency and scabies have become more common in hotel accommodation.
  Service users have difficulties accessing laundry services, often having to wash clothes in their rooms by hand. This is clearly inappropriate as current guidance on the control of scabies recommends that clothes are washed regularly at a temperature above 50 degrees Centigrade.
- Access to over-the-counter medicines is difficult due to asylum seekers being extremely short of money and a reluctance by Serco to provide medicine for health and safety reasons. A small project linked with a local pharmacy near to the hotel is currently being considered, alongside a health session ran by Meridian and Coventry City Councils' Migration Team's Local Authority Asylum Support Liaison Officers (LASSLLO's) to ensure services are accessed appropriately.
- Whilst many asylum seekers are spending extended periods in initial accommodation, they can be moved at very short notice, and for those referred into secondary care or in extended primary care interventions, continuity of care can be disrupted.
- Local authorities do not currently receive recurrent funding to provide support to Asylum Seekers (this is provided by Serco and Migrant Help). From May however, one-off payments were received as a 'thank you' from the Government. In Coventry's case this was £497k.
- It is likely that the Councils will receive funding for those arriving in the local authority area in the future after a "new burdens assessment", and for each new asylum seeker bedspace procured by the contractor a one-off payment of £3,500 per place is paid to the local authority and can be used flexibly. The introduction of 'full dispersal' for asylum seekers is currently an issue of some contention between central and local government.
- This is linked to the Nationality and Borders Act (2022) which includes provisions related to male asylum seekers being forcibly removed to Rwanda.

Currently, the highest priority action for asylum seekers relates to capacity in mental health services, especially support to children where there is currently a treatment gap.

9 Local planning and leadership for Migrant Health

The Asylum Seeker and Refugee Mental Health and Wellbeing Steering Group was set up initially with a Coventry focus on the launch of the Refugee Wellbeing Service (The Swan Centre) and was used to reflect on the changing demands on this service and provide a link between clinicians, health leaders and local council reps. This group was stepped down in June and moved to an implementation group when funding was agreed to expand the service to Warwickshire, given the additional demands placed on the Warwickshire locality from dispersed asylum seekers and resettled refugees (particularly Afghans). This is chaired by Coventry and Warwickshire ICB Transformation Manager.

The Newly Arrived Communities Multi-Agency Group was set up several years ago by the then Director of Public Health to act as a forum for planning and discussion around issues related to newly arrived communities. With the cessation of refugee resettlement arrivals in 2019 the Group has only met a couple of times since the start of the COVID-19 pandemic, and with the additional pressure of several concurrent work streams related to this client group, now is an appropriate time to think about leadership and particularly health representation in planning for integrated services.

The Asylum Seeker and Refugee Health Partnership group (Coventry & Warwickshire) is currently chaired by Warwickshire Public Health, but would be better served if but could be an established as an NHS-led group to focus on key issues for this expanding population group - a priority group identified in the NHS Health Inequalities strategy

A Coventry and Warwickshire working group was recently established chaired by Coventry and Warwickshire ICB Transformation Manager to look at the needs of children and young people as anecdotical evidence suggested a gap in provision.

Coventry is currently developing its first citywide integration strategy for newly arrived communities and migrants which health colleagues will be asked to input into.

10 Recommendations

1. That Members provide support for the proposal to appoint an ICB lead/SRO for Migrant Health

2. That members endorse the recommendation that the Asylum Seeker and Refugee Health (ASRH) Partnership Group is re-configured as an **NHS-led group** to focus on key issues for this expanding population group - a priority group identified in the NHS Health Inequalities strategy

3. That consideration be given to the need to identify/pool/coordinate resources across the system with the aim of providing **a coherent primary care and mental health offer** to these groups.

4. That members approve a recommendation to collaborate, via the ASRH group, with wider system partners (including the voluntary sector and place partnerships in Warwickshire) to **develop and embed a sustainable system of healthcare for newly arrived communities.**

End F

Coventry and Warwickshire
Integrated Care Partnership

Report Title:	Integrated Care Strategy Development
Report From:	Liz Gaulton, Chief Officer Population Health and Inequalities, NHS Coventry and Warwickshire Integrated Care Board
Author:	Debbie Dawson, Population Health Transformation Officer, Coventry and Warwickshire Integrated Care System
Previous Considerations and Engagement:	Coventry and Warwickshire Integrated Health and Wellbeing Forum, 13 October 2022 Integrated Care Strategy working group (a working group of the ICP) – meeting every 3 weeks Population Health, Inequalities and Prevention Board (acting as Integrated Care Strategy reference group) – 13 September 2022 Integrated Care Strategy Engagement Task and Finish Group – meeting every 2-3 weeks
Purpose:	For discussion and approval

Contribution to meeting the aims of the ICS:
The paper updates the Partnership on progress with developing the system's Integrated Care Strategy, following the approach agreed by the Partnership in July. This is a crucial system document that will establish a vision of integration and collaboration for the system and set the strategic direction and priorities for the provision of health and care services to achieve the ICS aims of:- Improving outcomes in population health and healthcare Tackling unequal outcomes, experience and access Enhancing Productivity and value for money Supporting the broader social and economic development of C&W.
Contribution to meeting the priorities of the ICS:
The development and approval of a system integrated care strategy will provide a vision for health and care in Coventry and Warwickshire 5 years from now that leverages the benefits of the system, enables greater collaboration across partners and to which the ICB will have due regard when developing its 5 Year Forward Plan.
Recommendation:

Coventry and Warwickshire
Integrated Care Partnership

Members are requested to

- **NOTE FOR INFORMATION** the progress made in the development of the Integrated Care Strategy, including the engagement activity to date and planned
- **DISCUSS** proposals for the final content and structure of the strategy and **APPROVE** a preferred option; and
- **APPROVE** request for an extraordinary meeting of the ICP in December to approve the final strategy for publication and submission to NHS England.

Implications							
Conflicts of Interest:	None						
Financial and Workforce:	The inclusive approach to development of the strategy means that around 40-50 senior officers from across the integrated care system are contributing to this work as drafting leads, working group and engagement task and finish group members. The ICB is also drawing on external expertise through its engagement with the Good Governance Institute to support this work.						
Performance:	The paper is about development of the Integrated Care Strategy, an element of which will be about assurance of the impact of the strategy on improving health outcomes.						
Quality and Safety:	Not applicable						
Inclusion: **The EQIA tool can be found in the EQIA policy here.]**	**Has an equality impact assessment been undertaken?** To be completed for the final strategy document.	**Yes** (attached or hyperlinked)		**No**	✓	**N/A**	
Patient and Public Engagement:	The report details patient and public engagement undertaken or planned to support development of the strategy.						
Clinical and Professional Engagement:	Clinical and professional colleagues are engaged in the development of the strategy through the reference group (role fulfilled by the Population Health Inequalities and Prevention Board), the Integrated Health and Wellbeing Forum and the wider engagement plan.						
Risk and Assurance:	The scope of the strategy and the breadth and complexity of the planned engagement presents a risk to timely production of a fit for purpose strategy to comply with national deadlines and inform development of the ICB 5-year integrated care plan.						

Enc F

Coventry and Warwickshire
Integrated Care Partnership

Executive Summary

1.1 This report provides an update on progress in the development of the integrated care strategy, which is a statutory responsibility of the ICP. A supporting presentation will be made at the meeting, inviting members to consider proposals for the final content and structure of the strategy. The strategy will be further developed during November ahead of a proposed extraordinary meeting of the ICP in December to approve the final document for publication and submission to NHS England.

1.2 The strategy is a crucial system document that will establish a vision of integration and collaboration. It will set the strategic direction and priorities for the system to improve population health and wellbeing, reduce disparities and provide health and care services to meet the assessed needs of the population. It will inform the ICB 5-year integrated care plan, which must be agreed by March 2023.

2. Background

2.1 At its meeting on 26 July the ICP approved an outline approach and plan for development of the Strategy by December 2022, including establishment of a working, reference and drafting group structure to take the work forward, and a task and finish group to oversee the aligned engagement activity.

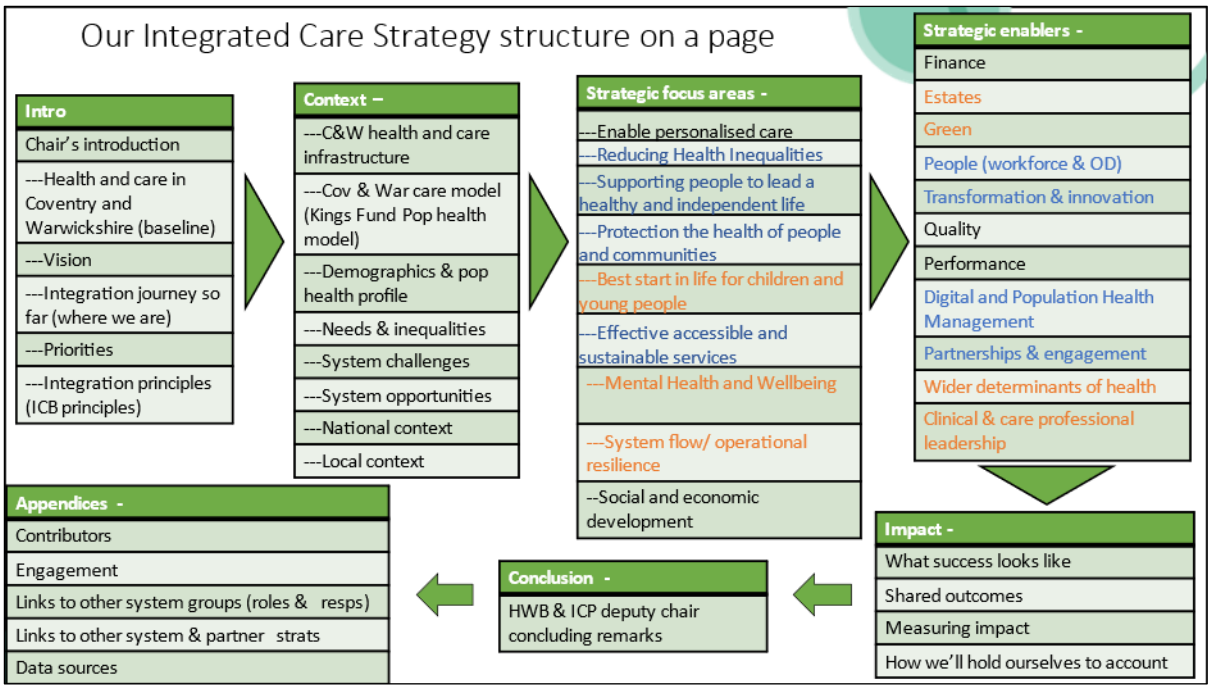
2.2 Statutory guidance on the preparation of integrated care strategies was published on 29 July 2022 and can be found here: https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies.

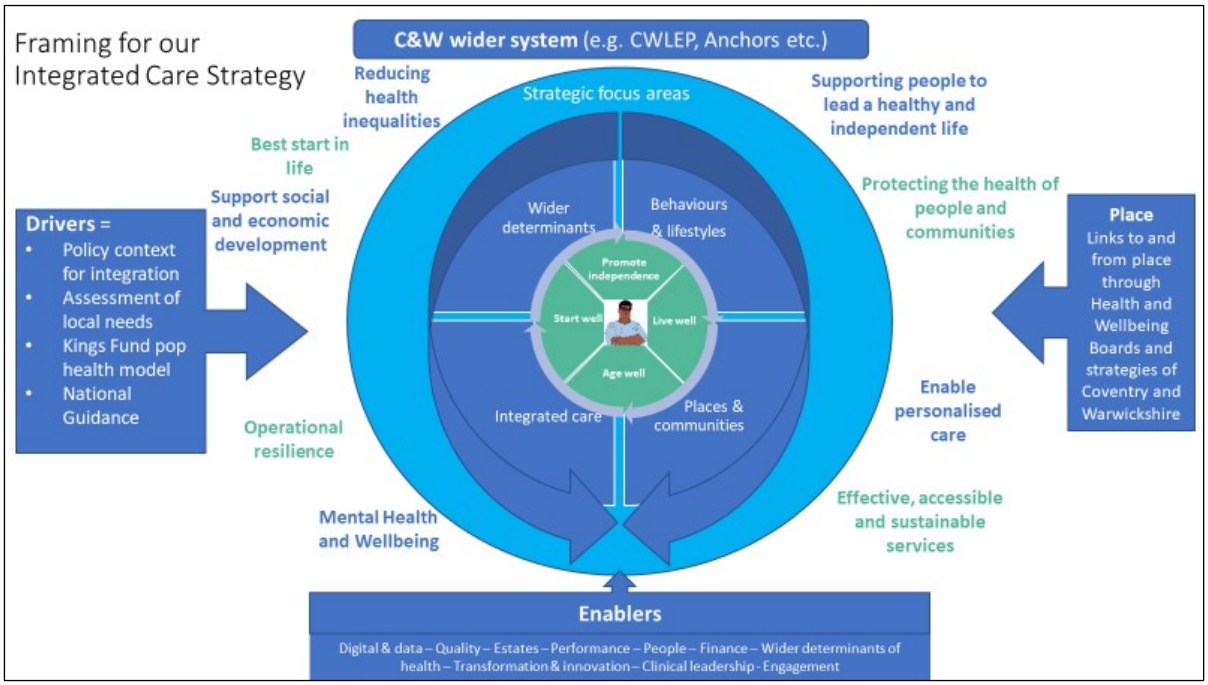
2.3 The guidance recognises that time restraints in this transition year may limit the breadth and depth of the initial strategy, which will mature and develop over time. ICPs will develop and refine the integrated care strategy as part of an annual cycle of planning and review.

3. Developing the strategy

3.1 The intention is that the strategy will be short and concise (around 30 pages), recognising and building upon work already in place by signposting to existing strategies. Since July, the working group has completed a mapping exercise of existing and emerging system and partner strategies that will support delivery of this overarching strategy, capturing the breadth of determinants of health. Needs data from across the system has also been collated to inform the strategy.

3.2 An initial outline content structure and framework for the strategy has been developed (below), including identification of a number of proposed priority or 'strategic focus' areas, drawn from health and wellbeing strategy priorities, a prioritisation exercise by the Shadow ICP and recommendations from the national guidance. A number of system enablers have also been identified, which will support our vision for integration.





3.3 The approach to drafting the strategy aims to be as inclusive as possible. We have identified lead 'owners' from across the system for each of the focus areas and enablers. Workshops have been held with these leads, and all have completed a simple slide template, summarising key themes, priorities and strategy links for each focus area and enabler. There has been further work to develop a vision for integration for each, identify what success will look like and detail how this will be achieved. A summary of content developed through this drafting exercise is attached at appendix 1.

3.4 The Integrated Health and Wellbeing Forum met on 13 October and members were invited to consider the draft priorities and enablers – whether they are the right ones, what is most critical for our system now, and how partner organisations might contribute to delivering the strategy. Key messages from the meeting include:

- Most of the right priorities have been identified, but they need to be distilled further, with some prioritisation of what we do first.
- Some of the priority areas and enablers are actually drivers / commitments that should run through the whole strategy – eg. tackling inequalities, prevention, green agenda.
- There are some areas that should be brought front and centre of the strategy. These include:
    - workforce (including informal workforce);
    - social care and supporting people to live independently at home;
    - wider determinants of health.
- We need to agree what we mean by 'prevention' and 'early intervention' and be clear about the difference between primary and secondary prevention.
- The importance of using data and evidence to inform priorities and spending decisions and to evaluate the impact of collective action.
- Value of using a person's journey / story to engage partners in understanding and measuring the impact of collective action on people and communities.
- The significance of culture to the success of integration.

4. Engagement activity

4.1 As a system we need to make sure that the development of the Integrated Care Strategy and the Joint Forward Plan is done in an aligned and connected way, given how one must inform the other, with all of those with a stake communicated with, engaged and involved as necessary throughout. It must also be aligned and coordinated with other engagement and involvement planned by local authorities, NHS organisations and others in the system to avoid the burden of engagement falling on the local population too heavily.

4.2 The overall intention of the approach is therefore that we only ask our public and stakeholders to become involved in the development of the Integrated Care Strategy and Joint 5-year Plan when it is meaningful, and we strive to only ask for input when we know that we have a gap in our knowledge.

4.3 An Engagement Task and Finish Group has been established, made up of representatives from ICS partner organisation and ICP members to take this work forward and ensure that it is inclusive and reaches as many of our local residents as possible, utilising all of our available channels.

4.4 A significant piece of system wide mapping and analysis has already taken place to determine the insight already available within the system in order to avoid duplication and asking people to share information they have already shared within the ICS. All ICS partners have contributed to this desktop research phase and the resultant information has been shared with all those who are contributing to writing the various elements.

4.5 An engagement calendar has been developed to enable us to talk to residents of Coventry and Warwickshire and to hear their priorities for health and care and what integration means to them. Across the engagement period we have 26 different events currently scheduled to speak to groups, and we continue to develop more. These opportunities focus on both those groups who are within the 'Core 20 plus 5' groups, as well as those who are seldom heard or who may not be able to access online services. These include attending groups already in place, community gatherings and bringing together specific groups through community based contacts. A summary of some of the findings so far can be found in appendix 2.

4.6 For those who are able to access online services but may not attend groups or local events we have launched an online survey. This survey is being promoted through all ICS and ICP networks via email and posters with QR codes linking directly to the survey have also been circulated widely to increase our reach further. This survey will remain open for a month, with weekly findings circulated to those developing content for the strategy.

4.7 Stakeholder engagement also continues, with regular updates circulated to stakeholders. We will attend Scrutiny meetings at both Upper Tier Local Authorities in November and December to give them the full opportunity to feed into the process.

5. Next steps

5.1 Since the Integrated Health and Wellbeing Forum meeting, the working group has reviewed the proposed strategy content and structure in light of the feedback received and the draft content prepared by focus area and enabler leads. Proposals have been developed for consideration by the ICP and will be presented at the meeting for discussion and decision about the final priorities and enablers, and overall structure.

5.2 The strategy document will be further developed during November, in consultation with the identified area drafting leads. It is intended to include one worked up example of an area of focus and how it is supported in practice by integration enablers, to bring the strategy to life.

5.3 The strategy must be submitted to NHS England by December 2022. It is therefore proposed that the ICP meets by exception in early December to approve the final strategy.

Conclusion

Good progress has been made in the development of the integrated care strategy and the ICP is well placed to fulfil its statutory responsibility to prepare and publish its strategy by December 2022.

Recommendation

Members are requested to

- **NOTE FOR INFORMATION** the progress made in the development of the Integrated Care Strategy, including the engagement activity to date and planned;
- **DISCUSS** proposals for the final content and structure of the strategy and **APPROVE** a preferred option; and
- **APPROVE** a request for an extraordinary meeting of the ICP in December to approve the final strategy for publication and submission to NHS England.

End of Report

Integrated Care Strategy – Focus areas and enablers content development

Drafting Exercise I: Summary

Introduction

- We have identified lead ‘owners’ from across the system for each of the focus areas and enablers.
- The first drafting exercise with identified leads involved a workshop and completion of a slide template for each focus area and enabler.
- The slide summarised the key themes, priorities and strategy links.
- Through this exercise some key initial actions and priorities have been identified, a summary of which are provided in the following slides.
- As demonstrated, some areas are more developed than others and there may be a need for some streamlining or merging of focus areas/enablers.
- The specific titles of focus areas and enablers may also change. Alternative headings are italicised.

Focus Areas

Enable Personalised Care

- Seeking to promote and develop a passion for personalised care (“what matters to me”) across our workforce and to reflect personalised care in our integrated care pathways and commissioned services through:
  - Supporting service leads to identify opportunities to embed personalised care approaches
  - Supporting our workforce training : Develop the workforce and culture to enhance awareness of what personalised care is and how to apply in day-to-day interactions with patients
  - Supporting our people and patients to share “what matters to them” in their health care interactions
  - Evaluating the impact for people/patients, staff and our system
  - Embedding the philosophy and culture of the universal personalised care model in existing programmes and areas of focus for the system and priority cohorts, and with place partnerships.

Reducing Health Inequalities

- Ensure that reducing health inequalities becomes Business as Usual and core to decision-making
- Take a wider perspective of health and the drivers of health when considering services – King's Fund model of population health
- Make health inequalities everyone's business, and recognise the contribution that all partners can make through collaboration
- Promote proportionate universalism
- Shift resources upstream to prevention and reducing inequalities. Focus on primary, secondary, tertiary prevention.
- Ensure equity of access, experience and outcomes
- Establish a process to collect and share data and intelligence about health inequalities efficiently and effectively across the system and use this to plan service provision and preventative work

Prevention as everyone's business - Supporting People to Lead a Healthy and Independent Life

- Ensure a strong focus on prevention being business as usual across all programme areas and the life course, making it everyone's business, being a key element in investment decisions and resource allocation.
- Shift investment upstream - prevention and early intervention provide good value for money.
- Explore how services or staff can be integrated to be efficient e.g. tobacco dependency services/community smoking services
- Ensure health services are integrating across 4 quadrants kings fund model
- Integrate health and care activity, ensuring both support prevention, early intervention, action on wider determinants of health and reduction in health inequalities.
- Recognise the need for broad partnerships, and the contribution that all partners can make, including academic institutions and the VCSO
- Organisations adopt policies that promote health and wellbeing and support people with the rising cost of living, as major local employers
- Maximise the interplay between prevention and health inequalities approaches and the interconnectivity between mental health and wider health and wellbeing

Protecting the Health of People and Communities

- Ensure focus is given to the 7 priority areas (TB & BBV, Infection Control, Screening & Imms, Migrant Health, Outbreak Response, Commissioning)
- Maintain an effective local PH response to local area outbreaks, taking a population health and multi-agency approach, using best practice and lessons learnt following the pandemic.
- Increase vaccination coverage for our CORE20+5 populations including transient populations and inclusion health groups
- Ensure that migrant, refugee and asylum seeker populations receive appropriate mental health support and access to services(adults and children)
- Reduce reliance on cars across our Warwickshire estates and anchor institutions, encouraging people to use active travel and public transport opportunities more, thereby reducing traffic and associated pollution
- Ensure that services are integrated and able to signpost effectively e.g. around fuel poverty and housing etc.
- Focus on the Drug and Alcohol Strategic Partnership
- Promote the correct and reduced usage of antibiotics across the whole ICS landscape

Best Start in Life for Children and Young People

- Ensure greater focus and attention is given to the children and young people agenda, in particular their mental health and wellbeing
- Provide an integrated offer and ensure information sharing across Health, Children's Services & Education – Pre-maternity and maternity care, peri-natal mental health, health visiting, Early Help, Early Education and Special Educational Needs & Disability
- Ensure clear pathways for communication and identification of need, with sufficient capacity in the right place, knowledge and information sharing, SEND pathway identification and a collaborative and evidence informed approach
    - Establish a process to collect and share data and intelligence about the needs of children and young people efficiently and effectively across the system, using this to plan service provision and preventative work
- Utilise The CHILDS Framework: a model to deliver a proportionate universal service through an integrated system
- Pool resources through joined up planning and integrated working around children and their families
- Ensure the voices of children, young people and their families are heard through co-production of services
- Ensure that all partners in the system have a shared understanding of health inequalities and the needs of children and young people
- Adopt a strengths-based approach to working with children and families across all services

Effective, Accessible and Sustainable Services

- Ensure accessible and equitable services delivered as close to patients as possible
- Promote digital enabled services, including digital inclusion
- Focus on:
  - Future PCN and primary care services development
  - Elective recovery including addressing inequalities relating to access and variation of service delivery
  - Community Diagnostic Hubs development
  - Out of hospital care and community based services
  - Children and young people's services, including maternity
  - Urgent care transformation
  - Care Market development and transformation
- Support self management and prevention

Mental Health and Wellbeing

- Ensure a system wide Public Mental Health strategy is developed
- Shift investment upstream so that a greater proportion is spent on preventative initiatives
- Ensure parity of esteem for mental health services
- Ensure genuinely integrated services across health, local authorities and the voluntary sector.
- Promote equitable access to MH services
- Ensure strategy and transformation plans are produced with experts by experience.
- Take a system wide approach to community resilience
- Develop a commissioning plan and oversee priorities identified are being delivered.
- Develop models to reduce health inequalities for people with MH needs.
- Support the development of the MH provider collaborative within the ICS
- Ensure a comprehensive approach is taken to suicide prevention across system partners

Operational Resilience

- Capture and maximise learning from Covid
- Effectively manage winter, including Covid and Flu vaccination programmes
- Provide better support for people at home
- Focus on:
  - Elective care recovery
  - Emergency Preparedness, Resilience and Response (EPRR) – particularly changing major incidents such as cyber attacks
  - Workforce

Support Social and Economic Development *or* *Economic Growth / Inclusive Growth*

- Ensure that the opportunity to link up the overall C&W Integrated Care Strategy with the C&W Economic Growth strategies at the macro level is optimised. This requires appropriate timing to allow for a genuine health-wealth join up at the C&W strategy level.
- Focus on:
  - The renewed national focus on growth including investment zones etc and links to wider determinants of health within the 12 Levelling Up missions, including:
    - Link to future skills policy and funding
    - Research & Innovation
    - Infrastructure and investment
    - Digital connectivity
  - Addressing the links to C&W Anchors and their work on growth and health and wellbeing
  - Taking a life course approach, including Start well – Skills, Live well – Jobs, Age well – retirement, future planning
- Address the Levelling Up principles and approaches

Enablers

Estates

- Ensure that Estates are an integral discussion in all parts of strategy development and delivery.
- Focus on:
  - Sustainable estates and alignment to the wider ICS Green Plan
  - Disposals and Void management
  - Effective Asset management
  - Capital prioritization
- Ensure effective **integration** for estates, that allows the priorities to be delivered through appropriate workstream and resource allocation to support estate delivery and co-ordination of best practice/shared learning, whilst realising ICB specific estate opportunities.

Green Plan

- Embed sustainability and low carbon practice in the way that the system delivers vital healthcare services (CWICS Green Plan).
  - The Green Plan allows the ICS to set out the current position in addition to goals for the next three years, with a view to helping the NHS to become the first health service in the world with net zero greenhouse gas (GHG) emissions.

There are three objectives in place in order to achieve the overarching Green Strategy:

- Net Zero: resource consumption and Greenhouse Gas (GHG) emission reductions that align with NHS net zero targets and mitigate against climate change
- Resilience: adaptation strategies that strengthen our ability to maintain quality care and provide a basis for us to become a climate change resilient system.
- Social Value: actions that influence the collective social wellbeing of patients, staff and surrounding community

System People Plan

- Make inclusion and diversity a common thread through all people workstreams
- Transform nurse education pathways to meet growth targets
- Develop system leaders who put health equalities at the centre of their work
- Support VCS communities to develop and recruit to gaps
- Ensure we have an effective and affordable workforce plan for the future.
- Focus on:
  - Local recruitment opportunities into health and social care careers
  - A recruitment strategy to fill gaps across the system and ensure resilience in services
  - A health and wellbeing plan to keep our workforce mentally and physically well and able to provide services
  - An Employability Programme supporting those from disadvantaged groups and maximizing step into work programmes
  - Education transformation to develop the workforce, working with local university partners to develop education pathways to educate our future workforce

Transformation and Innovation

- Focus on:
  - Digital transformation
  - Transformation programme
  - Transformation of Primary Care (including Fuller Report)

Clinical and Care Professional Leadership (CCPL)

- Ensure that **shared learning and collaboration** are habitual and natural within the system to promote the best possible outcomes and care for our citizens.
- Ensure that **quality and safety** are intrinsic to all that the Clinical and Care Professional Leadership programme does.
- **Governance:** expanding Clinical Forum to a wider group of health and care professionals and into more wide-spread, adaptive models throughout the system.
- **Clinical and Care Professional Networking:** Use mapping to answer and depict questions such as 'If you were going to engage with Phlebotomy, how would you?' to ensure clear routes for clinical and care professional governance to flow through the system. Mapping also provides the opportunity to build a network for clinical transformation and for CCPL.
- **Comms & Engagement**: Develop mechanisms for connecting work with the Digital workstream, to explore opportunities for the use of digital platforms and initiatives to connect colleagues such as Clinical and Care Professionals MS Teams, WhatsApp Groups etc. With the mechanisms in place, focus on engagement activities such as Clinical and Care Professionals summits and open question sessions and explore ideas around popular new-age mediums such as blogs and podcasts.
- **Leadership Development** (including the development of a mentorship programme as part of the Clinical and Care Professional Leadership Plan): Build a joint system offer across all partners with the intention of building a cycle of Identify > Learn > Lead > Teach, transforming the new talent into the future leaders.

Quality

- Establish a Quality Governance Framework which operates across the system, including PCN, Place and ICS level
- Embed the new patient safety strategy to ensure a move from serious incident management to Patient Safety Incident Response Framework and establish safe systems to operate within
- Embed a strategic and operational plan for health improvement
- Deliver system quality strategy, ensuring involvement from broader health partners and develop empowered communities
- Triangulate quality improvement and establish an approach which focuses on prevention and health inequalities
- Embed and develop an approach that triangulates the wider determinants of health with quality, safety and effectiveness of services
- Establish strong safeguarding partnerships, focusing on working with communities
- Ensure that the System Quality Group works collaboratively across the system on continuous improvement, supporting system learning and development.

Performance

- Four key objectives which align to the aims of the ICS and the wider vision:
    - Develop a single oversight framework which includes broader than traditional health metrics with a focus on outcome measures to transform and improve population health
    - Support the ICB and ICP to deliver on their priorities through identification of challenges and effective performance improvement strategies
    - Continue to develop a mature assurance process routed in principles of mutual accountability and equal partnership to collaboratively tackle challenged areas and achieve the Integrated Care Aims
    - Develop robust monitoring and tracking of performance to evidence improvement and reduce variation and inequalities
- Enable members of the ICB and ICP to access a single oversight framework with up to date information from all organisations to support achievement of the aims to improve healthcare and population health and to tackle inequalities in outcomes, experience and access.
- Ensure integrated performance management and monitoring to enable transformation of services and evidence-based interventions that will improve outcomes across all focus areas.

Digital, *Data and Technology* & Population Health Management

Digitise

- Well led: Ensure an agreed strategy for digital transformation and collaboration is in place, with collective ownership of the digital transformation journey. Ensure digital and data expertise and accountability are incorporated into leadership and governance arrangements, with delivery of the system-wide digital and data strategy.
- Smart foundations: Ensure digital, data and infrastructure operating environments are reliable, modern, secure, sustainable and resilient, with well-resourced teams across the ICS.
- Safe Practice: Ensure organisations across the ICS maintain standards for safe care, as set out by the Digital Technology Assessment Criteria for health and social care (DTAC) and that they routinely review system-wide security, sustainability and resilience.

Connect

- Supporting People: Ensure the workforce is digitally literate and are able to work optimally with data and technology.
- Empowering Citizens: Place citizens at the centre of service design, ensuring they have access to their healthcare information and a standard set of digital services that suit all literacy/digital inclusion needs.

Transform

- Improving Care: Ensure ICS embeds digital and data within their improvement capability to transform care pathways, reduce unwarranted variation and improve health and wellbeing.
- Healthy Populations: Promote the use of data to design and deliver improvements to population health and wellbeing, making best use of collective resources.

Wider Determinants of Health (WDoH)

- Ensure that this is everyone's business, recognising the contribution that all partners can make towards health and wellbeing by using the King's Fund model when considering services
- Includes education, employment, transport, planning, housing and homelessness, economy.
- Specific activities and opportunities of integration include:
  - A one stop shop for rough sleepers including MH, physical health nurses
  - Shifting resources upstream with a focus on prevention and reducing inequalities in all population plans / policies / strategies; all clinical pathways should start with a prevention plan that is culturally appropriate and improves health and wellbeing
  - All services striving to improve accessibility
  - Services for migrants and asylum seekers including primary care - GP, Mental Health services etc.
  - Ensuring integrated care records that link GP/Hospital data with Local Authority data on WDoH
  - Health services being able to appropriately signpost to services related to WDoH
  - Health services being available from local buildings and joined up with voluntary sector services and local authority services
  - Services for children and young people and their families being co-ordinated via family hubs
  - Population Health Management and WDoH, for example around fuel poverty and housing
  - Ensuring that this is a key element in terms of decisions on prioritisation of investment (money and people), including S106 and Community Infrastructure Levy
  - Ensuring that the JSNA process includes WDoH to ensure considerations can be embedded within all commissioning of services and wider partnership working.
  - Ensure Health and Wellbeing Partnerships act as delivery for WDoH
  - Recognising the need for broad partnerships, and the contribution that all partners can make including academic institutions and the VCSO.
  - Utilising approaches that are evidence based, appropriately shaped by community co-production and encourage innovation.

Partnerships and Engagement

- Three key objectives which align to the aims of the ICS and the wider vision.
    - Develop involvement functions and networks across the ICS to support the delivery of the ICS vision and become a system where working collaboratively with each other and the local population is the default.
    - Support the ICB and ICP to deliver on their priorities through effective engagement and involvement.
    - Continue to develop the current routes of involvement of individuals and communities in governance and workstreams, based on the 10 principles for involvement, developing and embedding co-production and other techniques. Identify the areas for further growth and associated actions.

Finance and Value or *Finance and Value based decision making to create a sustainable future for our population.*

- Embed a culture of stewardship throughout our system, with investment and disinvestment decisions being subject to a robust value-based decision making process.
- Delegate decision making responsibility to a more local level where appropriate, ensuring the same approach to delivering and demonstrating sustainability and value.
- Ensure that financial sustainability is everyone's business and integrate financial sustainability discussions both within the organisation (for example, with quality, activity, workforce etc) and at system level.
- Ensure that high-level planning assumptions reflect guidance from the ICB, ICP and NHSE&I. Any ambiguity should be resolved or the board informed of the risk. Assumptions should be sense tested for accuracy and appropriateness and communicated to everyone involved in the planning process, including consultation with system partners.
- Consider what impact decisions have on other organisations or departments, rather than thinking about financial sustainability in isolation, and consider how other system partners may impact on them; Planning should not be done in individual silos but developed in an integrated way, so that the consequences of a development in one are communicated and understood by all other areas.
- Ensure that financial assumptions are consistent with those used for setting performance targets, demand and capacity analysis, work force planning, contractual agreements etc.

Group work 1 – reflections on the integrated care strategy

In groups, please can you reflect on the following 3 questions:

1.Have we identified the right priorities and enablers? Any surprises, anything missing?
2.What is my organisation's contribution to delivering the strategy?
3.What is most critical for our system now?

You have 20 minutes for your discussion. Please make some notes on the flipcharts and choose someone to feedback key points (3 minutes)

We will ask groups 1&2 to lead the feedback on Q1, groups 3&4 to lead the feedback on Q2 and groups 5&6 to lead the feedback on Q3.

Groups we've engaged so far

- Inini group
- The Carers Trust
- Good Neighbours Coventry and Bedworth
- Hope Coventry Church Network
- Social Prescribing CRGPA
- Stour Health and Wellbeing Partnership
- Coventry Muslin Forum
- Cultural Inclusion Network
- Volunteer Diabetes
- Coventry and Warwickshire LGBGTi support group
- Ekta-Unity
- Laugh and Chat Group
- Hindu Temple
- Warwickshire Vision
- Saheli Group
- CARAG

With more planned and we're running a broader survey for all Coventry and Warwickshire residents

What they told us (1/4)

You need to make health care services more accessible and easy to navigate

Greater diversity in our health and care workforce "it would be helpful if we could see clinicians from the same ethnic/ cultural background as us"

More needs to be done to address mental health and especially in BAME communities

We need more personalised care derived from listening to patient and community needs - "one size does not fit all!"

More needs to be done to address inequalities and disparities in care

We need more social events and engagement to tackle isolation among elderly, disabled and cut off groups

Need to improve how information about health and care is shared with communities

A more consistent approach is needed and more needs to be done to support people with mental health, Autism, Dementia and Alzheimers

Can we support those most in need to help them get to health & wellbeing appointments

Engage with and listen to carers!

We need to fund and support grassroots voluntary and community organisations and make more of them – they have access to so many people

What they told us (2/4)

For some groups, like refugees and asylum seekers, who are particularly at risk of mental and physical health issues and inequalities, services aren't accessible enough

Greater diversity in our health and care workforce "it would be helpful if we could see clinicians from the same ethnic/ cultural background as us"

More investment in housing outreach services to check on quality and conditions

More population health education around food safety and hygiene

Clearer information and better support about how to register at a GP practice

Pharmacists need to be upskilled and get more training on access to broader health services (i.e. HC2 form)

We need more social events and engagement to tackle isolation among elderly, disabled and cut off groups

Better linguistic and translation support services at hopsitals to help those with speech impediments, hearing issues and for whom English is a foreign language

A return to pharmacists organising medication into pill trays

We need more access to screening and more screening for things like HPV

More financial support to those most in need to access the health services they need

What they told us (3/4)

A return to more face to face GP appointments

More focused support for people with long term health conditions

Better patient confidentially and privacy at GP reception desks

Greater access to specialists

More focus on prevention and individual prevention plans and strategies for those most at risk

Greater equality of access and fairness in treatment for Black people accessing health care services – an end to being treated differently

We need to recruit more GPs!

More training opportunities for and better access routes for people from BAME communities into healthcare roles

More population health education around food safety and hygiene

Use of NHS facilities for broader health and wellbeing activities by communities when those buildings or rooms aren't in use

More access to health care services in our communities provided by people more representative of our communities

A return to pharmacists organising medication into pill trays

What they told us (4/4)

Quality of care and service provision is too variable across areas

Basic medical training for GP receptionists would be really helpful

Better patient confidentially and privacy at GP reception desks

Greater access to specialists

More needs to be done to improve the conditions of health and care workers and especially around retention of nurses and GPs

Greater equality of access and fairness in treatment for Black people accessing health care services – an end to being treated differently

More access to blood test services

Free walking groups to get more people active and in a social way would be good

GP practices should do more to look at how they can collaborate with VCSE organisations and make greater multipurpose use of their facilities to provide a broader range of services

We need more pharmacists and advanced care nurse practitioners

There are still issues around digital access and literacy which creates barriers to accessing GP appointments

We need more population and community orientated nutrition lessons and training

Coventry and Warwickshire
Integrated Care Partnership

For Enquiries regarding these papers please email icb.cwgovernance@nhs.net

www.happyhealthylives.uk