

# Integrated Care Partnership Meeting

To be held on 26<sup>th</sup> July 2022  
13:00-15.00 via Microsoft Teams

## A G E N D A

No.	Time	Item	Presenter	Attachment
1.	13.00	Welcome and Apologies	Danielle Oum	Verbal
2.	13.00	Confirmation of Quoracy	Danielle Oum	Verbal
3	13:00	Declaration of Interest	Danielle Oum	Verbal
4	13:05	ICP Establishment of the Integrated Care Partnership	Phil Johns	Enc A
5.	13:10	Terms of Reference	Cllr Kamran Caan Cllr Margaret Bell	Enc B
6.	13:20	Integrated Care Strategy Development	Liz Gaulton	Enc C
7.	14:10	Engagement Plan for Strategy Development	Liz Gaulton Anita Wilson	Presentation
8.	14:30	Coventry and Warwickshire Integrated Health and Wellbeing Forum	Nigel Minns	Enc D
9.	14:40	Forward Plan	Phil Johns	Verbal
10.	14:50	Questions from visitors	Danielle Oum	Verbal
11.	14:55	Any Other Business	Danielle Oum	Verbal
12.		Next Meetings October 2022 February 2023		

## 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
<b>Financial Interests</b>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> <li>• A consultant for a provider;</li> <li>• In secondary employment;</li> <li>• In receipt of a grant from a provider;</li> <li>• 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</li> <li>• 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).</li> </ul>
<b>Non-Financial Professional Interests</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, acupuncture etc.</li> <li>• 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);</li> <li>• An advisor for the CQC or NICE;</li> <li>• A medical researcher.</li> </ul>
<b>Non-Financial Personal Interests</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• A voluntary sector champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> <li>• A member of a political party;</li> <li>• Suffering from a particular condition requiring individually funded treatment;</li> <li>• A financial advisor.</li> </ul>
<b>Indirect Interests</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• Spouse/ partner;</li> <li>• Close relative e.g., parent, [grandparent], child, [grandchild] or sibling;</li> <li>• Close friend;</li> <li>• Business partner.</li> </ul>

<b>Report Title:</b>	Establishment of the Integrated Care Partnership
<b>Report From:</b>	Phil Johns, Chief Executive Officer, Coventry and Warwickshire Integrated Care Board
<b>Author:</b>	Anita Wilson, Director of Corporate Affairs Coventry and Warwickshire Integrated Care Board
<b>Previous Considerations and Engagement:</b>	ICP working Group ICB Board Meeting 1 July 2022
<b>Purpose:</b>	For Decision

### Contribution to meeting the aims of the ICS:

The paper outlines the approach to meeting the statutory requirements for Integrated Care Partnerships. Ensuring the Coventry and Warwickshire Integrated Care Partnership (ICP) is established in accordance with the Health and Care Act 2022 will ensure that the ICP is able to 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.

### Key Points:

The paper describes the background and work to date on establishing the ICP to provide assurance to members this has been done in line with guidance

**Recommendation:** Members are asked to **NOTE** the contents of the report and be **ASSURED** that the Coventry and Warwickshire ICP has been established in line with statutory requirements.

**CONFIRM** appointments to the Chair and Deputy Chair positions **NOTING** a review in 12 months in line with the terms of reference.

### Implications

<b>Conflicts of Interest:</b>	Conflict of interest will be declared at the beginning of every meeting and a register kept
<b>Financial and Workforce:</b>	There will be resource implications to facilitate the delivery of the Integrated Care Strategy

<b>Performance:</b>	There is a statutory requirement for the ICP to produce an Integrated Care Strategy, an element of which will be about assurance of the impact of the strategy on improving health outcomes.						
<b>Quality and Safety:</b>	Not applicable						
<b>Inclusion:</b> The EQIA tool can be found in the EQIA policy here.	<b>Has an equality impact assessment been undertaken? (Delete as appropriate)</b>	<b>Yes)</b>		<b>No</b>	✓	<b>N/A</b>	
<b>Patient and Public Engagement:</b>	There will be considerable engagement with communities on the integrated Care Strategy						
<b>Clinical and Professional Engagement:</b>	There will be considerable engagement with clinical and professional colleagues on the Integrated Care Strategy. Primary Care are members of the ICP						
<b>Risk and Assurance:</b>	None identified as part of this paper.						

# Executive Summary

The Health and Care Act 2022 sets out the following statutory requirements for Integrated Care Partnerships:

- (1) An integrated care board and each responsible local authority whose area coincides with or falls wholly or partly within the board's area must establish a joint committee for the board's area (an "integrated care partnership").
- (2) The integrated care partnership for an area is to consist of— (a) one member appointed by the integrated care board, (b) one member appointed by each of the responsible local authorities, and (c) any members appointed by the integrated care partnership.
- (3) An integrated care partnership may determine its own procedure (including quorum).
- (4) An integrated care partnership must prepare a strategy (an "integrated care strategy") setting out how the assessed needs in relation to its area are to be met by the exercise of functions of (a) the integrated care board for its area, (b) NHS England, or (c) the responsible local authorities whose areas coincide with or fall wholly or partly within its area.

This paper will detail how the Coventry and Warwickshire ICP meets the above and provides assurance to the ICP that processes have been followed.

## 1. Establishment of a Joint committee

In March 2022 an ICP working group was established that consisted of Coventry City Council and Warwickshire County council representation, the Chair Designate of the ICB, designate Chief Executive Officer of the ICB, and the Director of Corporate Affairs at the ICB. We were supported by the Good Governance Institute who the ICB secured as their strategic partner to support the former Coventry and Warwickshire Clinical Commissioning Group in meeting the requirements of transition to an Integrated Care system.

Throughout April and May 2022 the group developed a Member role outline and a draft terms of reference for the ICP. Legal teams across the local authorities were engaged to ensure appropriate governance was followed within the County Council and City Council.

## 2. Membership considerations

The Shadow Integrated Care Board had endorsed a proposal in December 2021 that the Chair Designate of the ICB also be the appointed founding member of the Integrated Care Partnership and assume the Chair position. This was put to the working group as well as the Chief Executives of the local authorities and support was gained with a review of both membership of the ICP and the chair after 12 months.

In addition, the Chair of Coventry Health and Wellbeing Board, Councillor Kamran Caan and the Chair of the Warwickshire Health and Wellbeing Board Councillor Margaret Bell were asked to be Deputy Chairs, ensuring the links back to the Health and Wellbeing boards were made.



On the 1<sup>st</sup> July the Chair of the ICB was confirmed as the founding member of the ICP. The partnership are asked today to confirm the Chair of the ICB as the Chair of the ICP, and the Health and Wellbeing Board Chairs as ICP deputy Chairs for a period of 12 months after which membership and roles will be reviewed in line with the terms of reference.

In addition, Coventry City Council has confirmed appointment of, and membership to, the ICP for  
 Ms Kirston Nelson, Chief Partnerships Officer & Director of Education and Skills  
 Dr Allison Duggal, Director of Public Health and  
 Mr Pete Fahy Director of Adult Services and Housing (representing the Coventry Care Collaborative)

Warwickshire County Council has confirmed appointment of, and membership to the ICP for  
 Mr Nigel Minns , Strategic Director for People  
 Dr Shade Agboola, Director of Public Health

Discussions by the ICP working group regarding wider membership were considerate of the need to have a ‘workable’ committee and to ensure that there was representation across sectors whilst also considering the role of partners on the Coventry and Warwickshire Integrated Health and Wellbeing Forum. It was agreed that a letter from the Chair Designate of the ICP would be sent inviting membership and a further discussion.

Representation for Primary Care Colleagues followed the process set out in the ICB constitution for the recruitment of Partner members – primary medical services that involved GP practices supporting nominations to sit on the ICP. As at July the membership (excluding those mentioned above) includes

Name	Job title
Dame Stella Manzie	Chair of University Hospitals Coventry and Warwickshire
Jagtar Singh	Chair of Coventry and Warwickshire Partnership Trust
Russell Hardy	Chair, George Eliot Hospital and South Warwickshire Foundation Trust
Stuart Linnell	Chair of Healthwatch, Coventry
Chris Bain	Chief Executive of Healthwatch Warwickshire
Anne Coyle	Warwickshire Care Collaborative Chair - South Warwickshire NHS Foundation Trust
John Latham	Vice-Chancellor, Coventry University
Julie Nugent/Mubasshir Ajaz	West Midlands Combined Authority
Stuart Croft	Vice-Chancellor, University of Warwick
Dr Matt Baines	GP
Dr Deepika Yadav	GP
Stephen Hill	Chief Executive, Coventry and Warwickshire Mind
Karen Winchcombe	Chief Executive, Warwickshire CAVA



### **3. ICP Procedure and Development of the Integrated Care Strategy**

The terms of reference including ways of working has been drafted and was engaged on at the meeting of the Shadow ICP on the 9 June. Any feedback that was received was incorporated and the final is part of the papers for the meeting on the 26<sup>th</sup> July , for approval. In addition, a paper on the purpose, content and structure of the ICP strategy is part of papers for the 26<sup>th</sup> July.

#### **Conclusion**

The establishment of the integrated Care partnership has been done in line with national guidance and commended by NHS England following the submission of our working documents as part of the national ICS readiness to operate framework.

#### **Recommendation**

Members are asked to NOTE the contents of the report and be ASSURED that the Coventry and Warwickshire ICP has been established in line with statutory requirements.

CONFIRM appointments to the Chair and Deputy Chair position NOTING a review in 12 months in line with the terms of reference

#### **End of Report**



<b>Report Title:</b>	Terms of Reference
<b>Report From:</b>	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
<b>Author:</b>	ICP working Group
<b>Previous Considerations and Engagement:</b>	ICP Working Group Shadow ICP Meeting 9 June
<b>Purpose:</b>	For Decision

### Contribution to meeting the aims of the ICS:

Our Integrated Care Partnership (ICP) exists to align the ambition, purpose and strategies of partners across the system to integrate care and improve the health and wellbeing outcomes for the population of Coventry and Warwickshire.

As set out in the ICS Design Framework and in the ICP Engagement document (updated 20 September 2021) the Integrated Care Partnership will operate as a forum to bring partners – local government, NHS and others – together across the ICS area in order to agree collective objectives, enable place-based partnerships and opportunities for scale activity to address population health challenges.

The Integrated Care Partnership's purpose is to facilitate joint action and support inclusive integration across places 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.

### Key Points:

- The document sets out the terms of reference and the agreed principles and ways of working for the Coventry and Warwickshire ICP.
- The ICP is a joint committee between Coventry City Council, Warwickshire County Council and Coventry and Warwickshire Integrated Care Board (ICB).
- The ICP was formally established on the 1 July when the ICB became a statutory organisation and has authority under the Health and Care Act to exercise its function as a statutory committee.
- The ICP will develop an integrated care strategy for Coventry and Warwickshire Integrated Care System (ICS) for which all partners will be accountable.



- The ICP will complement and not duplicate the work of the Coventry and Warwickshire Health and Wellbeing Boards and provides an opportunity to strengthen the alignment of the ICS and Health and Wellbeing Boards

**Recommendation:**

Members are requested to **APPROVE** the Terms of Reference

Implications						
<b>Conflicts of Interest:</b>	Any conflicts of interest will be declared at the beginning of every meeting of the ICP					
<b>Financial and Workforce:</b>	There will be resource implications to facilitate the delivery of the Integrated Care Strategy					
<b>Performance:</b>	The Committee will undertake an annual evaluation of its performance, membership and terms of reference against its key objectives					
<b>Quality and Safety:</b>	Not applicable					
<b>Inclusion:</b> The EQIA tool can be found in the EQIA policy here.]	<b>Has an equality impact assessment been undertaken?</b> <i>(Delete as appropriate)</i>	<b>Yes</b> (attached or hyperlinked)		<b>No</b>	<b>N/A</b>	✓
<b>Patient and Public Engagement:</b>	Not for this report but the proposed work to develop and engage on the Integrated Care Strategy includes a significant element of patient and public engagement.					
<b>Clinical and Professional Engagement:</b>	Engagement on this terms of reference was undertaken via the shadow meeting of the 9 June 2022					
<b>Risk and Assurance:</b>	None identified with the content of this paper.					



**Coventry and Warwickshire**  
Integrated Care System

# **Coventry and Warwickshire Integrated Care Partnership**

**Terms of Reference**  
**26th July 2022**



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## **Introduction and context**

This document sets out the terms of reference, agreed principles and ways of working for the Coventry and Warwickshire Integrated Care Partnership (ICP).

The ICP is a joint committee between Coventry City Council, Warwickshire County Council and NHS Coventry and Warwickshire Integrated Care Board (ICB). It was formally established on 1 July 2022, when the ICB moved on to a statutory footing under the new Health and Care Bill.

The ICP's work and role will be shaped by:

- The four key aims of Integrated Care Systems (Appendix I)
- The five national guiding expectations for Integrated Care Partnerships, set by the Department Health and Social Care (DHSC), Local Government Association (LGA) and NHS England (NHSE) (Appendix II)
- The ICP's own principles, developed and agreed by the ICB and Coventry City and Warwickshire County councils, based on the Coventry and Warwickshire Health and Wellbeing Concordat 2018 (Appendix III).

## **Constitution**

- 1.1 The Integrated Care Board and Coventry City and Warwickshire County councils have established the Integrated Care Partnership (the ICP or the Committee), as per NHSEI guidance and the Health and Care Bill 2022. The Integrated Care Partnership is a statutory committee of the ICB. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.
- 1.2 The Committee is a joint committee of the ICB and Coventry City Council and Warwickshire County Council, as the two local authorities with responsibility for social care. Its members are governed by the agreed ways of working and the responsibilities of the committee set out in this Terms of Reference.
- 1.3 The Terms of Reference for the Committee outlined below are defined by the ICB and Coventry City and Warwickshire County councils and may be amended by them at any time.
- 1.4 These Terms of Reference set out the membership, the remit, responsibilities, and reporting arrangements of the Committee.

## **Aims**

The primary aims of the Committee are to:

- Develop and agree the Integrated Care Strategy for the Coventry and Warwickshire ICS
- Ensure that the four key aims of ICSs are being delivered



- Review performance and progress on delivery of strategy and working with regulators
- Ensure effective integration of health and care services across the system
- Focus on population health and system quality priorities and outcomes e.g., across pathways/settings with particular emphasis on reducing inequities in access, experience, and outcomes
- Ensure effective engagement with partners and stakeholders

## **Authority**

The Integrated Care Partnership has authority under the Health and Care Act to exercise its function as a statutory committee of the ICB.

The Integrated Care Partnership holds only those powers as described in these Terms of Reference.

The Committee is authorised to:

- Investigate any activity within its Terms of Reference.
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these Terms of Reference.
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation but may not delegate any decisions to such groups. In addition Local Authority legal and governance teams will be engaged with.

## **Duties of the ICP**

The ICP will develop an integrated care strategy for Coventry and Warwickshire ICS, for which all partners will be accountable.

It will do this using the best available evidence and data, covering health and social care (both children's and adult social care) and addressing the wider determinants of health and wellbeing including for example, employment, environment and housing issues.

In addition to developing the integrated care strategy, the ICP key duties of the ICP are to:

- challenge all partners to demonstrate progress in reducing inequalities and improving outcomes



- agree a plan for consulting and engaging the public and communicate to stakeholders in the development of the strategy
- seek assurance that the integrated care strategy has been developed in an inclusive and transparent way and elements of the strategy have been co-produced with people with lived experience and expertise from professional, clinical, social, political and community leadership
- work with the Integrated Health and Wellbeing Forum to enhance relationships between leaders across the health and care system in order to consider best arrangement for its local area
- submit the integrated care strategy it develops to the ICB, local authorities and NHS England
- monitor the ICBs performance against the strategy
- continually review and ensure its effective in all aspects of its role and appropriately focused on the four core purposes, to: improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS support broader social and economic development
- champion the new governance arrangements, collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary sector.

### **Working arrangements**

The ICP will complement, not duplicate, the work of the Coventry and Warwickshire Health and Wellbeing Boards and provide an opportunity to strengthen the alignment of the ICS and Health and Wellbeing Boards.

The ICP's working arrangements, developed in partnership by the ICB and Coventry City and Warwickshire County councils, and with input from ICP members, set out in detail how the ICP will work and the expectations of ICP members.

The full detail of the ICP's working arrangements can be seen in Appendix IV.

These have been jointly developed by the ICB Chair, Chief Executive and senior executives from Coventry City Council and Warwickshire County Council. They build on the Coventry and Warwickshire Health and Wellbeing Concordat, as well as taking inspiration from NHS England (NHSE) guidance.

### **Membership**

The Integrated Care Partnership membership is:

- ICB Independent Chair
- ICB Chief Executive Officer
- CE / a deputy from Warwickshire County Council



- CE / a deputy from Coventry City Council
- 3 x NHS Provider Chairs
- 3 x LA elected members (Coventry HWB Chair & Warwickshire HWB Chair, West Midlands Combined Authority representative)
- 2 x Primary Care Representatives
- 2 x Directors of Public Health (Warwickshire County Council, Coventry City Council)
- 2 x Care Collaborative Chairs
- 2 x Healthwatch
- 2/3 x VCSE representatives
- 2 x Academic institution representatives (Coventry University & University of Warwick)
- 2 x Faith Representatives

It is expected that sub-groups operating on a task and finish basis alongside dedicated workshops, dedicated public meetings and other methods to be used for broader stakeholder participation and to include views and needs of patients, carers, the social care sector.

## **Chair and Deputy Chairs**

The Chair of the Integrated Care Partnership is the ICB chair, appointed on account of their specific knowledge skills and experience and to provide a strong link across the ICB and ICP, making them suitable to chair the Committee.

The Deputy Chairs are the chairs of the Coventry and Warwickshire Health and Wellbeing Boards to provide strong links into place.

In the absence of the Chair and Deputy Chairs, or if the Chair and Deputy Chairs have a conflict of interest, the remaining members present shall elect one of their number to Chair the meeting.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

The Chair will also be part of the Health and Wellbeing Boards of Coventry and Warwickshire, to facilitate system working and so as to ensure that the agenda of the Committee complements and builds on assurances that Board Committees at individual organisations have gained.

## **Meetings**

The Integrated Care Partnership will meet four times a year:





- (i) to agree the strategy,
- (ii) to review performance and progress at 4 months
- (iii) to review performance and progress at 8 months
- (iv) to review progress at the end of the year and initiate the development of the strategy for the next year.

Extraordinary meetings may be held at the discretion of the Chair. A minimum of two working days' notice should be given when calling an extraordinary meeting.

In accordance with the Standing Orders, the Committee may meet virtually and members attending using electronic means will be counted towards the quorum.

## **Transparency**

All meetings will be held in public and papers made available online.

Where minutes and reports identify individuals, they will not be made public.

## **Attendance**

Committee members are expected to make every effort to attend meetings and come prepared.

Where a member or any attendee of the Committee is unable to attend a meeting, a suitable alternative (deputy) may be agreed with the Chair. In the case of members the deputy may speak and vote on their behalf and will count towards the quorum where necessary.

If unable to attend, members must send their apologies to the Chair and Secretary prior to the meeting and, if appropriate, seek the approval of the Chair to send a deputy to attend on their behalf.

## **Attendees**

Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff and individuals to attend the meeting (for all or part of a meeting) as necessary in accordance with the business of the Committee. Such attendees will not be eligible to vote.

Opportunities will be created for members of the public to attend and be given opportunity to speak at select meetings of the Committee.

## **Quoracy**

The quorum of the Committee is a minimum of 12 members including at least one representative from the ICB and one from each Coventry City Council and Warwickshire County Council as the statutory partners.

If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.



If the Committee is not quorate then the meeting may proceed if those attending agree, but no decisions may be taken, or the meeting may be postponed at the discretion of the Chair.

## **Decision making and voting**

Decisions will be guided by national NHS policy and best practice.

Decisions will be taken by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting and it is not appropriate to call an extraordinary meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.

## **Conflicts of Interest**

All members and those in attendance must at the start of the meeting, declare any conflicts of actual or potential conflicts of interest (even if such a declaration has previously been made). This will be recorded in the minutes.

Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

## **Equality and diversity**

Members must demonstrably consider the equality and diversity implications of decisions they make.

## **Secretariat and Administration**

The Committee shall be supported with a secretariat function. Which will include ensuring that:

- The agenda and papers are prepared and distributed in good time before meetings having been agreed by the Chair with the support of the relevant executive lead. Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements
- Records of members' appointments and renewal dates
- Good quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept



- The Committee is updated on pertinent issues/ areas of interest/ policy developments
- Action points are taken forward between meetings

## Accountability and reporting arrangements

The Committee is accountable to the ICB and local authorities and shall report to them on how it discharges its responsibilities.

## Review of the Committee

The Committee will undertake an annual evaluation of its performance, membership, and Terms of Reference against its key objectives.

These Terms of Reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the appropriate Board(s) for approval.

## Appendices

### Appendix I

The four key aims of ICSs are:

- **Improve outcomes** in population health and healthcare
- **Tackle inequalities** in outcomes, experience and access
- **Enhance productivity** and **value for money**
- Help the NHS **support broader social and economic development.**

### Appendix II

The 5 expectations are:

- ICPs are a core part of ICSs, driving their direction and priorities.
- ICPs will be rooted in the needs of people, communities and places.
- ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences.
- ICPs will support integrated approaches and subsidiarity.
- ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.



## Appendix III

Principles	What this means
<b>Championing better health for everyone</b>	<ul style="list-style-type: none"> <li>• We will champion better, patient-centred, care for everyone and support subsidiarity throughout the system and putting people at the heart of decision making.</li> </ul>
<b>Providing strategic leadership</b>	<ul style="list-style-type: none"> <li>• We will provide collective strategic leadership for the ICP, aligned to and driven by the four key aims of ICSs.</li> <li>• We will lead with a strong, collective, moral purpose.</li> </ul>
<b>Prioritising prevention</b>	<ul style="list-style-type: none"> <li>• We will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities.</li> <li>• We will seek to address the root causes of problems, listening to local people's priorities and acting on their concerns.</li> </ul>
<b>Strengthening and empowering communities</b>	<ul style="list-style-type: none"> <li>• We will support strong and stable communities.</li> <li>• We will support the voice of communities and people in the planning and delivery of the services they need.</li> <li>• We will ensure our work is connected to the communities we serve.</li> </ul>
<b>Championing integration and co-ordinating services</b>	<ul style="list-style-type: none"> <li>• We will work together to design services which take account of the complexity of people's lives and their overlapping health and social needs.</li> <li>• We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people have with our services and avoiding multiple interventions from different providers.</li> <li>• We will champion care for those in need being delivered by teams of staff working seamlessly across different sectors, so that support can be provided as efficiently and effectively as possible.</li> </ul>
<b>Sharing responsibility and accountability</b>	<ul style="list-style-type: none"> <li>• We will treat each other with respect and equality and value the distinct contributions made by all the organisations that are part of the ICP.</li> <li>• We will maintain partnerships between the public sector, voluntary and community sector, local businesses and residents, recognising that we share responsibility to transform the health and well-being of our communities.</li> <li>• We will pool resources, budgets and accountabilities where it will improve services for the public.</li> </ul>



Principles	What this means
<p><b>Engaging, listening and learning</b></p>	<ul style="list-style-type: none"> <li>• We will actively engage the people and communities of Coventry and Warwickshire on the strategic work of the ICP.</li> <li>• We will foster a culture of engagement, learning and sharing across the ICS.</li> <li>• We will engage with, listen to and learn from the expertise of professional, clinical, political and community leaders at the forefront of the ICP's strategic thinking and help promote strong clinical and professional system leadership.</li> </ul>

#### Appendix IV

Working arrangements	What this might look like
<p><b>We will work together in alliance with each other, operating with mutual respect and accountability.</b></p>	<ul style="list-style-type: none"> <li>• Working together as equals to effectively exercise the ICPs core strategic role in the ICS in a way that best meets the four key aims.</li> <li>• Working collaboratively as the ICP and with key partners and stakeholders to champion the strategic work of the ICP and build a partnership approach to key health and care issues across Coventry and Warwickshire.</li> <li>• Coming to meetings of the ICP briefed, engaged and prepared to make active contributions and recommendations.</li> <li>• Demonstrating commitment by prioritising attendance at meetings, development sessions and activity in between meetings, such as responding to email communications and providing information within set deadlines.</li> </ul>
<p><b>We will design systems which are easy for everyone to understand and use.</b></p>	<ul style="list-style-type: none"> <li>• Ensuring that there are communication mechanisms in place within the partner organisations and across communities to enable information about the ICP's work are disseminated and appropriate action is taken to ensure the shared objectives are met.</li> <li>• Ensuring systems are accessible to all and take account of different needs and barriers to access.</li> </ul>
<p><b>We will agree a common set of outcomes to be delivered.</b></p>	<ul style="list-style-type: none"> <li>• Agreeing a set of outcomes and objectives for the ICP strategy, informed by the existing strategies of the Coventry and Warwickshire Health and Wellbeing Boards, local authorities, trusts and other partners and building on the Joint Strategic Needs Assessments for both areas.</li> </ul>



Working arrangements	What this might look like
	<ul style="list-style-type: none"><li>• Conducting regular performance and progress checks against the delivery of the integrated care strategy and conducting annual reviews.</li></ul>
<b>We will streamline system governance to enable decisions to be taken at scale and pace.</b>	<ul style="list-style-type: none"><li>• Supporting and facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development.</li><li>• Operating a collective model of decision-making that seeks to find consensus between system partners.</li></ul>
<b>We will make evidence-based commissioning decisions focused on the best way to achieve good results.</b>	<ul style="list-style-type: none"><li>• Actively participate in discussions at ICP meetings bringing the views of partner organisations and communities.</li></ul>
<b>We will Learn from others and from our own experiences.</b>	<ul style="list-style-type: none"><li>• Listening to and learning from best practice across partners in the system.</li><li>• Engaging with people and communities about their experience of care at system, place and neighbourhood level.</li><li>• Shaping a positive culture across the ICS, a culture of a learning system, innovation, bravery, ambition and willingness to learn from mistakes.</li></ul>

<b>Report Title:</b>	Integrated Care Strategy Development
<b>Report From:</b>	Liz Gaulton, Chief Officer Population Health and Inequalities, NHS Coventry and Warwickshire Integrated Care Board
<b>Author:</b>	Daniel Taylor, Engagement Consultant, Good Governance Institute
<b>Previous Considerations and Engagement:</b>	Integrated Care Strategy working group (a working group of the ICP) and Integrated Care Strategy reference group
<b>Purpose:</b>	For Information and with items for Approval

### Contribution to meeting the aims of the ICS:

The paper outlines the approach to developing the system's Integrated Care Strategy, which 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.

### Key Points:

The paper describes the development and work to date on the Integrated Care Strategy for the system which will provide the strategic frame for the delivery against and realisation of the Integrated Care Board's priorities and its Five-year plan.

**Recommendation:** To -

**Members are requested to:**

### NOTE FOR INFORMATION

- The briefing on the purpose, contents, structure, responsibilities and requirements of Integrated Care Strategy

**DISCUSS**



- The proposed approach, working group structure and timeline

### APPROVE

- approve the proposed working, reference and drafting group structure and membership
- approve the proposed outline development plan and timeline

give the working group sign off to take forward finalising and delivering its plan for the development of the strategy

Implications						
<b>Conflicts of Interest:</b>	None					
<b>Financial and Workforce:</b>	There will be resource implications to facilitate the delivery of this work, primarily for those involved directly in the working and drafting groups but also those in the reference group and others brought in to support. The engagement aspects will likely have financial implications but it is too early to know in detail what these might be.					
<b>Performance:</b>	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.					
<b>Quality and Safety:</b>	Not applicable					
<b>Inclusion: The EQIA tool can be found in the EQIA policy here.]</b>	<b>Has an equality impact assessment been undertaken? (Delete as appropriate)</b>	<b>Yes</b> (attached or hyperlinked)		<b>No</b>	✓	<b>N/A</b>
<b>Patient and Public Engagement:</b>	Not for this report but the proposed work set out in the report includes a significant element of patient and public engagement.					
<b>Clinical and Professional Engagement:</b>	Clinical and professional colleagues have been engaged so far in the work set out in the report, primarily through the Integrated Care Strategy reference group. The proposed work set out in the report will include more substantial engagement with clinical and professional leaders.					
<b>Risk and Assurance:</b>	The deadline of submission of 14 December presents a very tight timeline.  The scope of the work and the breadth and complexity of the expected engagement.					

	<p>Both of which are a risk to timely production – in line with the NHS E deadline – of a fit for purpose strategy which will have implications for the development of the system’s operational Five-year Plan.</p>
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# Executive Summary

## Purpose

To provide the Integrated Care Partnership (ICP) with:

- a briefing on the purpose, content and structure of the Integrated Care Strategy
- the proposed approach and working, reference and drafting group structure for their consideration
- an update on the Integrated Care Strategy development work that has been taken forward by the strategy working group established at the Shadow ICP meeting on 13 June.

The proposed engagement plan that will support the development work is covered separately.

## Key points

The key points of this report are:

- there is a challenging timescale for achieving the development of the Integrated Care Strategy ahead of formal submission to NHS E on 14 December
- there are lots of interfaces with other pieces of system work, especially around engagement and strategy development, that need careful planning and managing
- the working, reference and drafting group structure has been proposed as the best way to manage the effective development of the strategy and the coordination of the engagement and involvement of various key stakeholders, including the ICP itself
- although there is guidance about what the strategy should include, a lot has been left to local determination – and what works best for local systems
- good progress has already been made, including a comparative analysis of the Coventry and Warwickshire Health and Wellbeing strategies which are already quite aligned, providing a solid foundation and giving momentum to this important work
- the ICS is ahead of most others in this work.

The Integrated Care Strategy is a crucial system document which establishes a vision of integration and collaboration for the system and sets the strategic direction and priorities for the provision of health and care services to achieve the ICS aims. The ICB priorities and 5-year plan must pay due regard to it.

This paper supports the achievement of the Integrated Care Strategy aims and the achievement of the ICB priorities by setting out the task of developing the strategy and the proposed approach to it.



## 1. Purpose, content, structure of the Integrated Care Strategy

### 1.1 Purpose of the Integrated Care Strategy

The purpose of the Integrated Care Strategy is to:

- set the strategic direction and priorities for the health and care services across the system
- provide a vision for integration across the system to achieve the four key aims of integrated care
- leverage the benefits of the system and greater collaboration between system partners
- establish how the assessed needs of the people and communities will be addressed.

### 1.2 Contents

The strategy must include the following content components as per [NHS E guidance](#):

- shared vision and purpose
- integrated provision
- integrated records
- integrated strategic plans
- integrated commissioning of services
- integrated budgets
- integrated data sets.

### 1.3 Responsibilities and requirements

Developing the Integrated Care Strategy is the responsibility of the Integrated Care Partnership.

The strategy must:

- be developed from the Joint Strategic Needs Assessments and Health and Wellbeing strategies
- be shaped by consultation of Healthwatch and people who live and work in the system
- show regard for the mandate published by the Secretary of State and relevant NHS guidance.

The Integrated Care Board must pay due regard to the strategy in developing the 5-year plan for the system.

These requirements are being built into the strategy development plan.



The ICP will exercise its duty through the working group, through involvement in the process, especially around the engagement aspects, as well as by reviewing the progress in September and October and signing off the final draft strategy for submission in November / December.

## 2. Development timeline

### 2.1 Development timeline

The timeline for the development of the Integrated Care Strategy is challenging, especially given the expectations around engagement and its interfaces with other system work, like the development of the clinical strategy and the various other public and community engagements around system strategies. It therefore needs to be carefully planned and managed.

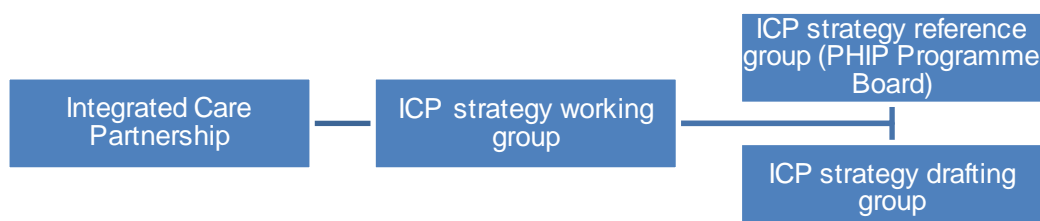
Here is the outline overarching timeline for the development:

Timeline	Requirements
July - August 2022	<ul style="list-style-type: none"> <li>• Establish Integrated Care Strategy working and reference groups and hold first meetings</li> <li>• Map out strategy development process, key stakeholders to engage and develop an approach</li> <li>• Conduct and finish mapping and analysis (incl. interfaces with) key system and system partner strategies</li> <li>• Produce the Integrated Care Strategy development and engagement plans</li> <li>• Produce a draft frame of the strategy</li> <li>• Take proposed approach and outline development and engagement plans to ICP for sign off</li> <li>• Begin engaging key stakeholder across the system on the development of the Integrated Care strategy (including HWBs, Healthwatch and service users)</li> <li>• Begin strategy development workshops with key stakeholders to establish strategy vision, key priorities and around core content areas</li> </ul>
September - October 2022	<ul style="list-style-type: none"> <li>• Hold working, reference and drafting group meetings</li> <li>• Hold strategy development workshops and stakeholder engagement sessions</li> <li>• Provide update on progress to ICP, ICB and HWBs and other key stakeholders</li> <li>• Have first draft of ICS strategy in place by late Sept to share with ICP for review</li> <li>• Engage and consult with stakeholders (incl. Healthwatch and system workers and service users) on draft outline strategy</li> <li>• Present and get feedback on the draft strategy with key groups (ICB, Integrated Health and Care Forum, HWBs)</li> <li>• Discuss draft strategy with NHSE and benchmark against other ICSs</li> </ul>
November - December 2022	<ul style="list-style-type: none"> <li>• Final working, reference and drafting group meetings</li> <li>• Final workshop to review strategy following updates from engagement and consultation</li> <li>• Final engagement and progress updates to key stakeholders</li> <li>• ICP sign off of the strategy</li> <li>• Submission to NHSE 14 December</li> </ul>

## 3. Proposed approach

### 3.1 Working, reference and drafting group

To ensure the strategy in the most effective way, the following is proposed:





Reference group	Working group	Drafting group
<ul style="list-style-type: none"> <li>Rachael Danter, Chief System Transformation Officer, Coventry &amp; Warwickshire ICB</li> <li>Allison Duggal, Director of Public Health &amp; Wellbeing, Coventry</li> <li>Shade Agboola, Director of Public Health, Warwickshire</li> <li>Pete Fahy, Director of Adult Services, Coventry City Council &amp; Care Collaborative Chair</li> <li>Anne Coyle, Managing Director, South Warwickshire NHS FT &amp; Care Collaborative Chair</li> <li>Angela Brady, Chief Medical Officer, Coventry &amp; Warwickshire ICB</li> <li>Liz Flavell-Smith, Director of Finance – Strategy, Coventry and Warwickshire ICB</li> </ul> <p>Will all feed in via the PHIP and through the working group as necessary</p>	<ul style="list-style-type: none"> <li>Liz Gaulton, Chief Officer Population Health and Inequalities, Coventry &amp; Warwickshire ICB</li> <li>Debbie Dawson, Population Health Transformation Officer, Coventry &amp; Warwickshire ICS</li> <li>Daniel Taylor, Engagement Consultant, Good Governance Institute</li> <li>Mason Fitzgerald, Senior Consultant, Good Governance Institute</li> <li>Anita Wilson, Director of Corporate Affairs, Coventry &amp; Warwickshire ICB</li> <li>Steve Jarman-Davies, Director of Intelligence, Planning and Performance, Coventry &amp; Warwickshire ICB</li> <li>Rose Uwins, Communications &amp; Engagement Lead, Coventry &amp; Warwickshire ICS</li> <li>Amy Parker, Public Health Registrar (in post from 1 August)</li> <li>Hannah Willetts, Director of Primary Care, Coventry &amp; Warwickshire ICB</li> </ul>	<ul style="list-style-type: none"> <li>Debbie Dawson</li> <li>Amy Parker</li> <li>Rose Uwins</li> </ul>

## 4. Progress

### 4.1 Progress to date

Although there is lots to do, a lot has already been done, representing good progress at this point and providing good foundations and momentum:

Date:	Event:	Engagement
April - June 2022	<ul style="list-style-type: none"> <li>Conduct HWB strategy comparative analysis</li> <li>Commence stakeholder analysis and mapping</li> <li>Establish joint working group for integrated care strategy development</li> <li>Conclude stakeholder analysis and mapping including mapping of engagement forums and platforms for each key stakeholder</li> <li>Agree engagement plan for ICS strategy</li> </ul>	<ul style="list-style-type: none"> <li>Begin conversations with key stakeholders on the Integrated Care Strategy</li> <li>Engagement with Shadow ICP on their responsibilities around and the work ahead on the Integrated Care Strategy and some initial visioning and <b>prioritisation</b> exercises with them</li> <li>Float idea of ICP strategy working group to ICB chair, CE and LA execs</li> <li>Get sign off for ICP strategy working group at Shadow ICP</li> <li>Identify and engage with members of the joint working group – purpose of group, why them, what needs doing &amp; approach</li> <li>Briefing session at ICP establishment meeting about ICS strategy work</li> </ul>

### 4.2 Coventry and Warwickshire Health and Wellbeing Board strategies

A thorough analysis of the existing Coventry and Warwickshire Health and Wellbeing Strategies has been conducted to understand the existing alignment of the strategies, especially around their priorities, and the foundations in the strategies against the key content components set out for the Integrated Care Strategy as a basis to develop from:





ICP strategy requirements	C&W ICS HWB's strategy alignment to each other	HWB strategy as basis for ICP strategy	Comments
1. Shared vision and purpose	4	4	<ul style="list-style-type: none"> <li>• Good alignment</li> <li>• <u>Fulfill</u> ICP requirements</li> </ul>
2. Integrated health and care services	2	2	<ul style="list-style-type: none"> <li>• Varied level of info &amp; intent</li> <li>• Neither strategies fulfil ICP requirements</li> </ul>
3. Integrated health and care records	1	1	<ul style="list-style-type: none"> <li>• Insufficient information in all HWB strategies</li> </ul>
4. Integrated strategic plans	1	2	<ul style="list-style-type: none"> <li>• Variation across HWB plans</li> <li>• Neither strategies fulfil ICP requirements</li> </ul>
5. Integrated commissioning	1	2	<ul style="list-style-type: none"> <li>• Insufficient information in all HWB strategies to fulfill ICP requirements</li> </ul>
6. Integrated budgets	1	0	<ul style="list-style-type: none"> <li>• Insufficient information in all HWB strategies to fulfill ICP requirements</li> </ul>
7. Integrated data sets	1	1	<ul style="list-style-type: none"> <li>• Insufficient information in all HWB strategies to fulfill ICP requirements</li> </ul>

An additional exercise is also underway to map out and conduct similar analysis of other key system and system partner strategies.

## Conclusion

There is much to do but the appropriate actions are being taken and there is already good progress and momentum on this work.

The proposed working, reference and drafting group structure as well as structure and approach provide the best possible basis for the effective delivery of the strategy.

The system is in a good place, at this point in time, on this work.

## Recommendation

To enable the working group to progress with this work, it is recommended that the following decisions need to be taken:

- The ICP approves the proposed working, reference and drafting group structure and membership
- The ICP approves the proposed development plan and timeline
- The ICP gives the working group sign off to take forward finalising and delivering its plan for the development of the strategy

## End of Report



<b>Report Title:</b>	<b>Coventry and Warwickshire Integrated Health and Wellbeing Forum</b>
<b>Report From:</b>	Nigel Minns, Strategic Director, Warwickshire County Council
<b>Author:</b>	Debbie Dawson, Population Health Transformation Officer, Coventry City Council
<b>Previous Considerations and Engagement:</b>	Coventry and Warwickshire Joint Place Forum, 17 November 2021 and 9 March 2022 Coventry Health and Wellbeing Board, 24 January 2022 and 4 April 2022 Warwickshire Health and Wellbeing Board, 12 January 2022
<b>Purpose:</b>	For information and discussion

**Contribution to meeting the aims of the ICS:**

The Coventry and Warwickshire Integrated Health and Wellbeing Forum will provide system leadership around the wider health and wellbeing agenda, and as such will contribute 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.

**Key Points:**

The Coventry and Warwickshire Integrated Health and Wellbeing Forum will be a key mechanism to facilitate system leaders working together to identify and address health inequalities and variations in health and care provision.

The predecessor C&W Joint Place Forum led the Coventry and Warwickshire Year of Wellbeing in 2019, and the refreshed Forum will continue to play a key role in accelerating preventative programmes and activities that target those at greatest risk.

The Forum will play 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.

**Recommendation:**

**Members are requested to**

- NOTE AND ENDORSE the establishment of Coventry and Warwickshire Integrated Health and Wellbeing Forum as outlined in the report, with the Integrated Care Partnership as core members.**

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

# Executive Summary

- 1.1 This report outlines proposals for the establishment of Coventry and Warwickshire Integrated Health and Wellbeing Forum, which will replace the Coventry and Warwickshire Joint Place Forum.
- 1.2 The Forum will provide system leadership around the wider health and wellbeing agenda, and as such will contribute 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.

## 2. Background

- 2.1 In 2016 the two Health and Wellbeing Boards in Coventry and Warwickshire took the decision to work together collaboratively to drive improvement in health outcomes and the reduction of health inequalities. The Boards committed to meeting together as a 'Place Forum' to create the necessary system conditions and leadership for an uplift in prevention. They articulated a shared vision and principles for place-based system leadership in a joint Concordat, which underpinned their commitment to a programme of work around wellbeing. A key early achievement of the Place Forum was delivery of the Coventry and Warwickshire Year of Wellbeing in 2019, to raise the profile of local prevention opportunities and encourage people to be proactive about their own health and wellbeing.
- 2.2 In 2019 a new Health and Care Partnership Board was established to provide the formal leadership and set strategic direction for the Health and Care Partnership. This worked alongside the Place Forum, which continued to provide leadership on population health and wellbeing. The work of the Place Forum was developmental and took the form of informal workshops, under the leadership of the Health and Wellbeing Board chairs and with independent facilitation. The Health and Care Partnership Board met in public, chaired by the independent chair of the Health and Care Partnership.
- 2.3 Throughout the pandemic there were joint online meetings of the Place Forum with the Health and Care Partnership Board. These meetings were well-supported and valued as a key collaborative space for partners to progress a shared agenda around inequalities and population health. New connections were established, for example with Coventry and Warwickshire Local Enterprise Partnership, with increasing recognition of the need for an integrated response to the impact of the pandemic.
- 2.4 The collaboration between the Health and Wellbeing Boards and the work of the Place Forum has been recognised nationally as good practice by the Local Government Association and The King's Fund.




### 3. Future of the Place Forum

- 3.1 In November 2021 an online development session was held for Place Forum members to understand the statutory changes to the Integrated Care System and to consider the future role of the Place Forum in this context – alongside a new statutory Integrated Care Partnership. The meeting considered the added value that the Place Forum offered to the system, and how to shape its role and format within the emerging ICS governance arrangements.
- 3.2 Members expressed a desire to build on the strong partnership working in place through the Place Forum and Health and Care Partnership Board, and a continued commitment to working collaboratively. They valued the Place Forum and regarded its wide and inclusive membership as a key strength. They also identified a need for greater clarity about roles, responsibilities and accountability within the system, so that governance is coherent and can be described to the public, so they can understand where decisions are made and by whom.
- 3.3 There was consensus that:
- there is a continuing role for an advisory/consultative forum for the ICS
  - the forum has a role in capturing a breadth of views and perspectives from system partners, including those informed by local residents, and leading the agenda around engagement and co-production
  - a return to face-to-face meetings would support the networking aspect of the forum.
- 3.4 In March 2022 the final meeting of the Place Forum in its current guise was held, pending the new statutory governance arrangements to be established for the Integrated Care System. It was an opportunity to reflect on the Place Forum journey to date and share proposals for future arrangements

### 4. Coventry and Warwickshire Integrated Health and Wellbeing Forum

- 4.1 Reflecting the outcomes of the Place Forum discussions, proposals were developed regarding the future of the Place Forum. It was suggested that it should be refreshed as follows:
- Name: C&W Integrated Health & Wellbeing Forum
  - Purpose: Advisory role for the ICS and to reflect a breadth of views informed by working with local communities from across C&W
  - Initial membership: Health and Wellbeing Boards (and Exec); ICP members; Care Collaborative and Place representatives
  - Meeting frequency: 2-3 times per year
- 4.2 As the Integrated Care Partnership was established on 1 July, it was decided to defer the first meeting of the new Forum until early October. (Work is in progress to identify a date.) A subsequent meeting will be arranged for early February 2023. In future years it is expected that



there may be three meetings of the Forum, however scheduling will be reviewed as the cycle of business is developed.

- 4.3 Reflecting the developmental, system leadership role of the Forum, it is proposed that an independent facilitator is secured, who can provide external support and challenge to ensure that meetings add value to the system and provide a genuine opportunity for engagement of and between system leaders. This is a model that served the Place Forum well prior to the pandemic.
- 4.4 Work is in progress to develop the cycle of business, to ensure alignment between the work of the Integrated Care Partnership, ICB Board, the Health and Wellbeing Boards and the new Forum. This will provide clarity about the respective governance role and responsibilities of each of these groups and ensure a meaningful flow of business. The cycle of business will be developed in discussion with the chairs of the Health and Wellbeing Boards and the ICS, and senior executives from the local authorities and ICB, as part of their regular agenda-setting meetings for the Forum.
- 4.5 It is expected that a core part of the business of the Forum in October will be to contribute to the development of the Integrated Care Strategy.

## Conclusion

Coventry and Warwickshire Place Forum established the conditions for strong partnership working between our Health and Wellbeing Boards and health and care partners. This collaborative approach is key to addressing the ICS ambitions for tackling health inequalities and improving population health outcomes. The proposed Coventry and Warwickshire Integrated Health and Wellbeing Forum offers a mechanism for continued collaboration that recognises, embraces and enhances the role and contribution of all partners. This wider partnership representation in the Forum is important as a guide for the Integrated Care Partnership in developing its Integrated Care Strategy.

## Recommendation

Members are requested to **NOTE AND ENDORSE** the establishment of Coventry and Warwickshire Integrated Health and Wellbeing Forum as outlined in the report, with the Integrated Care Partnership as core members.

## End of Report