Coventry and Warwickshire
Integrated Care Partnership

Integrated Care Partnership Meeting

Papers for the PUBLIC Meeting

Tuesday 4th July 2023

Committee Room Two, Shire Hall,
Market Place, Warwick, CV34 4RL

14.00-16.00

Coventry and Warwickshire
Integrated Care Partnership

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To be held in PUBLIC on Tuesday 4th July 2023
14.00-16.00
Committee Room Two, Shire Hall, Market Place, Warwick, CV34 4RL

A G E N D A

No.	Time	Item	Presenter	Attachment	Purpose
1.	14.00	Welcome and Apologies	Danielle Oum	Verbal	
2.	14.00	Confirmation of Quoracy	Danielle Oum	Verbal	
3.	14.00	Declarations of Interest	Danielle Oum	Enc A	Information
4.	14.00	Minutes of the Meeting held on 9th February 2023	Danielle Oum	Enc B	Approval
5.	14.05	Actions/Matters Arising	Danielle Oum	Enc C	Approval
Seeking and acting on feedback from citizens and staff/ **Developing strong partnerships**					
6.	14.10	Citizen Voice	Anita Wilson	Enc D	Information
7.	14.30	Revisions to ICP Terms of Reference	Danielle Oum	Enc E	Approval
8.	14.35	Coventry and Warwickshire Anchor Alliance Purpose and links to the ICP	Gereint Stoneman	Presentation Paper to follow	Discussion
Working together to improve population health/**Tackle inequalities** in outcomes, experience and access					
9.	15.00	Integrated Care Strategy: Publication and Measuring Impact	Liz Gaulton	Enc F	Approval
10.	15.20	Integrated Health and Care Delivery plan	Phil Johns	Enc G	Assurance
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.					
11.	15.30	Integrated Care Strategy in action case study	Liz Gaulton	Enc H	Information and Discussion
12.	15.50	Questions from members of the public about items on the	Danielle Oum	Verbal	Information

		Agenda*			
13.	15:55	Any Other Business	Danielle Oum	Verbal	
14.		Next Meeting 19th October 2023 Committee Room 3, Coventry Council House, Earl Street, Coventry, CV1 5RR			
	16:00	MEETING CLOSES			

*Asking a question

This meeting is a business meetings which, for transparency, we hold in public, and publish the papers on our ICP Meetings - Happy Healthy Lives. It is not a 'public meeting' for consulting with the public – we do this in a variety of different ways which we set out on our Your Voice - Happy Healthy Lives. Only questions about items on the agenda submitted by midday the day before* the meeting will be considered and answered** during the meeting. *Questions submitted after will receive a written response. **where time permits. Where this is not the case, a written response will be provided after the meeting.

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

INTEGRATED CARE PARTNERSHIP
Quoracy

Quorum
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.

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	Michael	Atkin	Group Manager Prevention, Warwickshire Fire and Rescue Service	Nil						Jun-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

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					Financial Interest	Non-Financial Professional Interest	Non-Financial	Non-Financial Personal Interest	Indirect	Declared	To
Y	Adam	Carson	Managing Director of South Warwickshire University Foundation Trust	Managing Director of South Warwickshire University Foundation Trust	✓					Apr-23	Current
Y	Stuart	Croft	Vice Chancellor of University of Warwick	Nil							Current
Y	Emma	Daniell	Deputy Police and Crime Commissioner, Warwickshire	Nil						Apr-23	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	Chairman of SWFT and GEH	Chairman, South Warwickshire University Foundation Trust	✓					Aug-22	Current

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Y	Russell	Hardy	Chairman of SWFT and GEH	Chairman, George Eliot Hospital NHS Trust	✓					Aug-22	Current
Y	Russell	Hardy	Chairman of SWFT and GEH	Chairman, Wye Valley NHS Trust	✓					Aug-22	Current
Y	Russell	Hardy	Chairman of SWFT and GEH	Chairman and Majority Owner of Maranatha 1 Ltd (trading as Fosse Healthcare Limited and Fosse ADPRAC	✓					Apr-23	Current
Y	Russell	Hardy	Chairman of SWFT and GEH	Chairman of Cherished	✓					Apr-23	Current
Y	Russell	Hardy	Chairman of SWFT and GEH	Son is employed by Deloitte LLP (SWFT's External Auditors)					✓	Apr-23	Current
Y	Steven	Hill	Chief Executive of Coventry and Warwickshire MIND	VCSE Provider represenstative and CEO of Coventry and Warwickshire MIND	✓					Aug-22	Current

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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
Y	John	Latham	Vice Chancellor - Coventry University	5. Coventry and Warwickshire Local Enterprise Partnership - Non Executive Board Member		✓				Sep-22	Current

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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
Y	John	Latham	Vice Chancellor - Coventry University	13. Universities West Midlands - Board Member		✓				Sep-22	Current

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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
Y	John	Latham	Vice Chancellor - Coventry University	21. Software Negotiations and Strategy Group - Universities UK/JISC - Chair		✓				Sep-22	Current

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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
Y	Stella	Manzie	Chair of University Hospitals Coventry and Warwickshire	6. Trevor McCarthy (Partner) Independent Consultant in Addictions					✓		Current

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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	Scott	Moultrie	Area Manager Prevention, Warwickshire Fire and Rescue Service	Nil						Jun-23	Current
Y	Kirston	Nelson	Chief Partnerships Officer/ Director of Education and Skills at Coventry City Council	Nil						Jun-22	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	1. Vice-Chancellor's Health Advisory Board, Coventry University		✓				Mar-23	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	2. Member of Healthwatch England Committee	✓					Sep-22	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	3. Director of a limited company providing rented accommodation	✓					May-22	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	Expired 31 March 2023 - to be removed 30 September 2023. 4. Close relative is a Coventry City Council employee					✓	Sep-22	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	5. National Support Line Volunteer for Rape and Sexual Abuse Support Centre			✓			Mar-23	Current

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Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	6. Befriending and Activity Volunteer for Trident Housing, homelessness Service			✓			Mar-23	Current
Y	Jagtar	Singh	Chair of Coventry and Warwickshire Partnership Trust (CWPT)	1. Chair of Coventry and Warwickshire Partnership Trust	✓						Current
Y	Jagtar	Singh	Chair of Coventry and Warwickshire Partnership Trust (CWPT)	2. Jagtar Singh Associates Ltd, Consultancy Business to Fire, Police, NHS Bodies	✓					2005	Current
Y	Jagtar	Singh	Chair of Coventry and Warwickshire Partnership Trust (CWPT)	3. Chair of Bedford Police Audit	✓					2015	Current
Y	Jagtar	Singh	Chair of Coventry and Warwickshire Partnership Trust (CWPT)	4. Trustee of NHS Providers		✓				2017	Current
Y	Peter	Wilson	Head of Prevention, West Midlands Fire Service	Nil						Jun-23	Current
Y	Karen	Winchcombe	Chief Executive of CAVA	Funding ICB to CAVA	✓					Sep-22	Current
Y	Deepika	Yadav	GP	1. Clinical Director for Integrated care UHCW	✓					Sep-22	Current

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Y	Deepika	Yadav	GP	2. Clinical Director for Strategic Partnership CWPT	✓					Sep-22	Current
Y	Deepika	Yadav	GP	3. GP partner Willenhall Primary Care centre, Coventry	✓					Sep-22	Current
Y	Deepika	Yadav	GP	4. RCGP Midland tutor	✓					Sep-22	Current
Y	Deepika	Yadav	GP	5. LMC member	✓					Sep-22	Current
Y	Deepika	Yadav	GP	6. Elected GP representative from Coventry on Coventry and Warwickshire ICS Primary Care Collaborative	✓					Sep-22	Current
Y	Deepika	Yadav	GP	7. Husband is a locum GP in Coventry and Warwickshire					✓	Sep-22	Current

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Y	Deepika	Yadav	GP	8. Non-Executive Director at Birmingham Community Healthcare Trust	✓					Mar-23	Current

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

On Thursday 9th February 2023, 10.00-12.00 One Friargate, M1.3, M1.4, Coventry, CV1 2GN

Members	
Ms Danielle Oum	Chair, Coventry and Warwickshire Integrated Care Board, Integrated Care Partnership
Councillor Margaret Bell	Warwickshire Health and Wellbeing Board Chair, ICP Deputy Chair
Mr Nigel Minns	Strategic Director for People, Warwickshire County Council
Mr Chris Bain	Chief Executive, Healthwatch, Warwickshire
Dr Allison Duggal	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	Managing Director, South Warwickshire University NHS Foundation Trust
Ms Kirston Nelson	Interim Chief Executive Officer, Coventry City Council
Dame Stella Manzie	Chair, University Hospital Coventry and Warwickshire NHS Trust
Dr Matt Baines	GP, Primary Care
Mr Russell Hardy	Chair, the Foundation Group, South Warwickshire University NHS Foundation Trust, George Eliot Hospital NHS Trust and Wye Valley NHS Trust
Mr Jagtar Singh	Chair of NHS Coventry and Warwickshire Partnership NHS Trust
Dr Deepika Yadav	GP, Primary Care, Coventry

Mr Simon Lieberman	Regional Place Manager - Midlands, Orbit Housing
Ms Kerry Jones	Director of Education and Transformation, Coventry University (Deputising for Professor John Latham)
Ms Ruth Light	Healthwatch, Coventry (Deputising for Stuart Linnell)
Ms Liz Gaulton	Chief Officer Population Health and Inequalities, Coventry and Warwickshire Integrated Care Board (Attendee)
Mr Ajaz Mubasshir	Head of Health and Communities, West Midlands Combined Authority
In Attendance:	
Mrs Cheryl Brand	Executive Assistant, Coventry and Warwickshire Integrated Care Board (Minute Taker)
Dr Angela Brady	Chief Medical Officer, Coventry and Warwickshire Integrated Care Board
Ms Kate Hunt	Independent Living Lead (People), Orbit Housing
Ms Debbie Dawson	Population Health Transformation Officer, Coventry City Council, NHS Coventry and Warwickshire ICB and Warwickshire County Council
Ms Rose Uwins	Head of Communications and Public Affairs – Coventry and Warwickshire Integrated Care Board
Mrs Anita Wilson	Director of Corporate Affairs, Coventry and Warwickshire Integrated Care Board
Ms Amy Parker	Public Health Registrar - NHS Coventry and Warwickshire Integrated Care Board and Coventry City Council
Ms Gemma McKinnon	Warwickshire County Council, Public Health
Ms Alison Flynn	Coventry and Warwickshire Integrated Care Board (For item 6, Citizen Voice only)
Ms Clare Weston	Coventry and Warwickshire Integrated Care Board (For item 6, Citizen Voice only)
Ms Crina Moldovan	Coventry and Warwickshire Integrated Care Board (For item 6, Citizen Voice only)
Councillor Marian Humphreys	Warwickshire County Council

Ms Jane Coates	Warwickshire County Council
Mr Jerry Gould	Non-Executive Director, University Hospital Coventry and Warwickshire
Apologies:	
Mr Philip Johns	Chief Executive Officer, Coventry and Warwickshire Integrated Care Board
Councillor Kamran Caan	Coventry Health and Wellbeing Board Chair, ICP Deputy Chair
Professor Stuart Croft	Vice Chancellor, University of Warwick
Professor John Latham	Vice Chancellor, Coventry University
Mr Peter Fahy	Coventry Care Collaborative Chair, Director of Adult Services and Housing, Coventry City Council
Ms Julie Nugent	Executive Director of Economy, Skills and Communities, West Midlands Combined Authority
Mr Stuart Linnell	Chair, Healthwatch Coventry
Dr Shade Agboola	Director of Public Health, Warwickshire and Warwickshire Care Collaborative Chair
Ms Gordana Djuric	Consultant in Public Health and West Midlands Public Health Training Director, Warwickshire County Council

Item No:		Action
1.	**Welcome and Apologies** The Chair welcomed all attendees to the Integrated Care Partnership meeting. Apologies were noted as above. The meeting will be recorded to help with writing the minutes and the recording will be deleted afterwards.	
2.	**Confirmation of Quoracy** The meeting was confirmed as quorate.	
3.	**Declarations of Interest** There were no items raised.	

4.	**Minutes of the meeting held on 8th December 2022** The minutes of the meeting held on 8th December 2022 were agreed as a true and accurate discussion.	
5.	**Matters Arising/Action Schedule** There were no further actions to discuss as both items are now closed.	
6.	**Citizen Voice** Mrs Wilson introduced this case study which explains how the patient, Robert, took part in NHS Diabetes Prevention Programme. Ms Flynn, Ms Weston and Ms Moldovan joined the meeting to outline the programme which provides personalised support to help people achieve a healthy weight, improved diet and become more active. This reduces the risk of developing type 2 diabetes. ICP members raised the following observations and questions: • Is the programme linked to social prescribing? It was noted that social prescribing is being actively monitored including reaching those communities from a black and minority ethic background. • The programme is about preventing diabetes and inviting those at risk of developing type 2 diabetes onto the programme • The programme gives an opportunity to collaborate and link in with other services such as Stop Smoking or low-calorie advice • There can be some language barriers so work is taking place with services to overcome these. • Events have been organised in the community including at hotels which house asylum seekers and refugees to try and prevent diabetes and give awareness. Lunch and learn sessions at GP practices have also taken place Ms Oum thanked colleagues for joining the ICP meeting to talk about this programme. **ICP Members:** **NOTED FOR INFORMATION** the benefits of collaborative working illustrated by the NHS Diabetes Prevention Programme and the potential to further extend the collaborative approach.	
7.	**Healthwatch – "What are the people of Coventry and Warwickshire telling us?"** Mr Bain and Ms Light from Healthwatch presented and explained to the ICP the role of Healthwatch, their work and highlighted issues from local people.	

	Healthwatch have been active in the Health and Social Care system in Coventry and Warwickshire since 2013 and are statutory members of the Health and Wellbeing Boards and Adult Safeguarding Boards. Healthwatch recommends that effective engagement mechanisms are included at all levels in the ICS. Healthwatch shared a presentation which informed members of their role and function. Most frequent issues raised in Coventry: • Access to Services – GP services, inequalities • Communication (with both patient and family/informal carers) • Challenges with getting a diagnosis, referral, and delay. • Impact of additional NHS waiting times on mental wellbeing and financial wellbeing • Loss of trust in services and people giving up trying • Digital exclusion access and skills Most frequent issues raised in Warwickshire: • The erosion of trust and confidence • GP practices – access, face to face and digital exclusion. • Health Inequalities – in service provision and health outcomes, cost of living • Delays in assessments, diagnostic, treatments • Mental Health – access to services, referrals, diagnosis • NHS dentistry, pharmacy ICP had the following comments and questions for Healthwatch: • Mr Hardy Thanked Healthwatch for presenting and noted the importance of hearing at each ICP meeting what the people of Coventry and Warwickshire are telling us. It is imperative we listen and address the issues It was noted that there is pockets of good engagement taking place but it is about how do we join the outcomes together • It would be useful to have access to soft intelligence before Healthwatch publishes formal reports. • Mr Bain stated that to have a joined-up patient voice is the most important issue and that part of the challenge is that each organisation has its own obligation to fulfill and will try and achieve those things. Ms Oum noted that that it would be helpful to draw on the work that everyone is doing in the different sectors and organisations and share that intelligence. Ms Uwins referred to the Local ICB Community Strategy and the work involved in bringing that to life and the priority detailed in that strategy about a	

	framework for involvement and engagement It is important to avoid going out to the same people asking the same questions. Mr Minns referred to the list of most frequent issues that patients raised with Healthwatch and noted there isn't anything that is a surprise as they are things which we talk about all the time. The question is what are we going to do about them. Cllr Bell understands that there are different organisations who also have mechanisms to capture patient voices; however it is important that we do not lose the uniqueness of what Healthwatch does. Mr Singh agreed, he noted the great support received from Healthwatch as a critical friend;and it is very important to note that we are losing trust in our communities. How can we build that trust up and how are we going to measure that? When reviewing strategies, could this be done in a coordinated way? Ms Nelson stressed that the engagement strategy has to be the way forward for the ICB. When we give feedback, there are ways we could be undertaking the conversation differently and is about trust in relationships and being able to influence the bigger picture. Ms Brady noted that this gives us an opportunity to listen to the thematics and using the data and the intelligence and distributing that correctly. Ms Oum agreed that it was important to continue to listen, understanding that organisations have statutory responsibilities but we could do better at sharing intelligence. Ms Oum thanked Ms Light and Mr Bain for their presentation and for generating a beneficial discussion. **ICP Members:** **NOTED FOR INFORMATION the** update from Healthwatch	
8.	**Housing Update** Mr Lieberman and Ms Hunt from Orbit Housing joined the meeting to give an update on what the social housing sector is doing to support health and wellbeing. Key issues noted were: • Housing is a fundamental pillar of health outcomes for people. Good quality, suitable and affordable housing is vital to a person's resilience, health and wellbeing. Housing that is adapted to suit the needs of the person and having the right support in place is key to keeping people	

	out of hospital and living independently. • There is potential to improve the housing connections with the health sector on targeted health campaigns and programmes for people. The health sector has better data about people which could be used to prioritise collaboration. Housing organisations have a more settled resident base It would be good to engage with these people on relevant health and wellbeing issues. • Following the death of Awaab Ishak in Rochdale all social housing landlords have to submit evidence to the Regulator of Social Housing to show that they have systems in place to deal with damp and mould. Orbit Housing have set up a task force set up to deal with those issues • The impact of the increased cost of living has meant extra support offered to people such as energy support, supermarket vouchers, debt advice or referrals to Coventry and Warwickshire MIND. • Can the ICS help to bring together the social care sector in Coventry and Warwickshire to collaborate as the housing sector does need help from health experts. ICP members had the following comments and questions: • Need to focus on the preventative actions that can be taken and be clear on the links that do exist and think of initiatives that could be done in addition • In terms of Social Prescribing and the groups that meet, it would be useful to have someone from housing on that network • There are four placed based partnerships and there is an infrastructure in place; and it is important to ensure that every organisation is aware to what is going on. It was agreed that the key contact points for the placed based partnerships need to be passed to Orbit Housing. **Action: Mrs Wilson** Ms Oum thanked Mr Lieberman and Ms Hunt for their time to explain the housing and health initiatives across the sector. **ICP Members:** **NOTED FOR INFORMATION** the update from Orbit Housing	AW

9.	**The Integrated Care Strategy** Ms Gaulton presented the latest position about the ongoing work to embed the Integrated Care Strategy and explained that following the approval at the 8th December 2022 ICP meeting, the strategy is now informing the development of the Integrated Care 5-year plan. The strategy will be formally published in April 2023 including an easy read version in addition to the short version. The Integrated Health and Wellbeing Forum meets on 2 March 2023 bringing together ICP and Health and Wellbeing Board members. This meeting will explore further how the strategy aligns with the ICB 5-year Plan and the Health and Wellbeing strategies. Identifying success measures and monitoring the impact of the strategy is another important way in which it will be embedded in the system, and this is covered in the next agenda item. ICP Members: **NOTED FOR INFORMATION** how the approved draft Integrated Care Strategy is being embedded in the system **APPROVED** plans and materials for communications, engagements and publication including the draft short read version of the strategy.	
10.	**Measuring the Impact of the Integrated Care Strategy** Ms Gaulton presented this item and explained how the ICP will measure the impact of the Integrated Care Strategy to ensure it is driving system activity to support delivery of the ICP priorities. The draft strategy sets out some key principles for the approach to measuring and monitoring its success. A small working group has met to develop the approach and identified potential outcome measures. Initial scoping work has taken place to see how other areas are measuring the success of their strategies. **The proposed approach** The approach proposed seeks to combine measurement of long-term outcomes alongside more short-term qualitative change: <u>For long-term outcomes</u> • A set of 15-18 high level metrics that will be measured over the five years of the strategy. • Broadly encompasses all the priority areas and key commitments including green agenda and inclusive growth.	

- The ICBs Integrated 5-year Forward Plan will provide the operational detail about how the strategy's vision will be realised at an ICB level and will provide a clear delivery plan for achievement of the strategy priorities.

<u>Short-term outcomes</u>

- Monitor changes in working practices, including collaboration
- Use the ICP meetings to focus on each priority with case studies of how things have changes in each area

Success measures

A proposed set of high level metrics were presented to the ICP for consideration. In identifying the measures, the working group selected metrics for which the data is already available.

Ms Gaulton asked if the success measures are the right ones and would the approach and measures identified help engage system partners and promote ownership of the strategy at all levels?

ICP members raised the following observations and questions:

- Where are the community and mental health measures and it requires granularity. For example – what is CWPT going to measure and what do we do together to help reduce that?
- Measures 6, 7 and 8 (in priority two) needs to be more meaningful as they relate to access which is a key issue for patients
- An action plan would sit underneath some of the measures to allow them to take place
- Life expectancy will be measured by the ONS data
- The timeliness of the data refers to 2020 and it will be 3 three years before we know what the baseline is. We need to find other ways to measure the indicators.
- It would be helpful to have milestones of progress
- For priority two (increasing trust and confidence) it is very important that there is sound administration with good communications. Need to think about the psychology of access.

Next Steps

- Finalise measures and work up detail of how they will be presented and monitored
- Work with Place intelligence leads to explore potential local data sources to add granularity
- Delivery plans for ICBs Integrated Care 5-year Forward Plan to build on/complement ICP success measurement arrangements
- Oversight through Integrated Care Partnership meetings and regular reporting to the Health and Wellbeing Boards

	Please forward any further comments or feedback to Liz Gaulton liz.gaulton@nhs.net or Debbie Dawson Debbie.dawson@nhs.net **ICP Members:** **DISCUSSED** the proposed success measures for the strategy and **APPROVED** the proposed approach to measuring the impact of the strategy	
11.	**Integrated Care Five Year Plan Development** Ms Danter joined the meeting and summarised the purpose of the presentation today which is to give: - The national and local strategic context for the development of the Coventry and Warwickshire Five Year Joint Forward Plan; - The planned local approach to developing the Plan between now and the end of June 2023; - Key progress to date. The ICB and its partner trust are required to develop and publish the first five-year joint forward plan by 30th June 2023 with an initial draft version to be produced by 31st March 2023. It will act as the health and care system delivery plan for the Coventry and Warwickshire Integrated Care Strategy and three principles have been co-developed nationally: Principle One: Fully aligned with the wider system partnership's ambitions Principle Two: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments Principal Three: Delivery focused, including specific objectives, trajectories, and milestones as appropriate. Significant cross partner engagement will be required, with the final document including a statement of opinion from each Health and Wellbeing Board. Public, community and stakeholder engagement undertaken as part of the development of the Integrated Care Strategy will be critical in shaping the plan. The planned approach will involve three phases: 1) Mobilisation with Senior Responsible Officers (SROs) 2) Plan Development 3) Consolidation and Stakeholder Engagement **Next steps:** Comments on the plan are required by the 23rd February. In early March, the draft strategy will start to be drafted and this will be submitted at the end of March. The engagement will take place from March until June, and this will be	

	when it can be shaped. Some of the deliverables cannot be predicated so the plan will focus on the next 24 months. ICP provided the following comments: • How 'integration' would fit in as four separate strands. Ms Danter re-iterated that this was a health and care delivery plan, and it would draw in all elements collectively • Some of this work is already taking place so the Place will need to feedback what is happening. Place plans are crucial to informing the document. **ICP Members:** **NOTED FOR INFORMATION the** update on the planned local approach to developing the Plan between now and the end of June 2023.	
12.	**Questions from members of the public about items on the agenda** No questions were submitted.	
13.	**Any Other Business** As this will be Ms Coyle last ICP meeting as she is leaving her current position, Ms Oum thanked her for all her hard work, help and support which were echoed by all the ICP members.	
14.	**Dates of Next Meetings** The next meeting will take place on 4th May 10.00-12.00 at Shire Hall in Warwick.	

Enc C **ACTION SCHEDULE - COVENTRY AND WARWICKSHIRE INTEGRATED CARE PARTNERSHIP** Updated 12/05/2023

ACTION REF	MEETING DATE	AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	CURRENT STATUS	UPDATE
1	09/02/2023	8	It was agreed that the key contact points for the placed based partnerships need to be passed to Orbit Housing. **Action: Ms Wilson**	Anita Wilson	May-23	Complete	12/5/2023 - Information about the contacts emailed to Simon at Orbit

Enc D

Coventry and Warwickshire Integrated Care Partnership

Report Title:	**Citizen Story – Paul's Story**
Report From:	Anita Wilson, Director of Corporate Affairs, Coventry and Warwickshire ICB
Author:	Rose Uwins, Head of Communications and Public Affairs
Previous Considerations and Engagement:	N/A
Purpose:	For Information

Achievement of the following ICP Priorities and Focus Areas is supported:

Priorities	☒ 1 - Prioritising prevention and improving future health outcomes through tackling health outcomes	☒ 2 - Improving Access to health and care services and increasing trust and confidence	☐ 3 -Tackling immediate system pressures and improving resilience
Focus Areas	☒ 1 - Reducing health inequalities	☐ 4- Enabling personalised care	☐ 8 - Supporting people at home
	☐ 2- Prioritising prevention and wider determinants to protect the health and wellbeing of people and communities	☒ 5 - Improving access to services especially primary care	☐ 9 - Developing and investing in our workforce, culture and clinical and professional leadership
	☐ 3- Enabling the best start in life for children and young people	☐ 6- Engaging and involving our people, communities and stakeholders	
		☒ 7 - Making services more effective through greater collaboration and integration	

- Creating the conditions for change to happen
- Transforming our system
- Delivering through our four Places

Executive Summary and Key Points:

- The patient story focuses on Paul who receives support via a number of different partners, including the Leamington Spa Primary Care Network outreach project and the P3 Street Outreach Team, which is funded by Warwickshire District Council.

- Paul has been homeless for a period of time and has a variety of health conditions. He talks about some of the challenges of being homeless, and the unique needs that these individuals have and the challenges in accessing health and care services.

- Through the Leamington PCN outreach project, Paul has received treatment for COPD, has been able to access regular medical support, and has been referred for additional support outside of a healthcare setting, resulting in him recently being housed.

- Paul's testimony shows the value of how joined-up care, tailored to the needs of the individual can make a difference to the lives of those who cannot access services via traditional routes, and ultimately contribute to supporting the wider determinants of health, in this case supporting Paul to be able to find housing.

- This story contributes to reducing health inequalities as people who are homeless have a life expectancy 30 years less than the general population, with higher levels of physical co-morbidity, often living with mental health conditions and drug and alcohol addiction. Those who are homeless or vulnerably housed are one of the "Plus" groups within our Core 20 Plus Five segmentation in the Coventry and Warwickshire Inequalities Strategy and this story clearly demonstrates the need for additional focus on this extremely vulnerable group.

- Through the work described in the video to integrated health and care services, patients are being given access to flexible services that meet their needs at a time and place convenient for them, improving their access to all services including primary care.

- Services have come together to provide a range of services outside of health services, helping to not only address the health conditions of people who are homeless, but also those wider determinants of health, such as housing and financial support.

Recommendation:

Members are requested to

- **Members are requested to NOTE FOR INFORMATION**

Implications	
Conflicts of Interest:	None

Financial and Workforce:	Finance - Through supporting people to receive preventative care we reduce the cost of managing health crisis through untreated conditions.					
Performance:	Through sharing best practice we can support other PCNs to operate a similar model when there is need					
Quality and Safety:	None					
Inclusion						
Has an Equality and Quality Impact Assessment (EQIA) been undertaken? [delete as appropriate] **An EQIA is required for new services or changes to service delivery.** **For more information the EQIA Policy and Tool can be found here.**	**Yes** [attached or hyperlinked]		**No** [state why in the row below]		**Not applicable** [state why in the row below]	✓
Has a Health Equity Assessment Tool (HEAT) been completed? **HEAT may be used for new, changing or existing services and processes.** **More information can be found here.**	**Yes** [attached or hyperlinked]		**No** [state why in the row below]		**Not applicable** [state why in the row below]	✓
Engagement						
Patient and Public Engagement:	N/A					
Clinical and Professional Engagement:	N/A					
Risk and Assurance						
Risk	N/A					
Level of and Gaps in Assurance	N/A					

Enc E

Coventry and Warwickshire Integrated Care Partnership

Report Title:	**Revisions to ICP Terms of Reference**
Report From:	Anita Wilson, Director of Corporate Affairs, CW ICB
Author:	Anita Wilson, Director of Corporate Affairs, CW ICB
Previous Considerations and Engagement:	Chair and Deputy Chairs June 2023
Purpose:	For Approval

Achievement of the following ICP Priorities and Focus Areas is supported:

The Terms of reference (ToR) of the Integrated Care Partnership sets out its responsibilities and accountability, oversight and reporting arrangements in supporting the ICB , Coventry City Council and Warwickshire County Council to achieve the System's aims, priorities and Focus Areas, as described in the Integrated Care Strategy and the Integrated Health and Care Delivery Plan.

Executive Summary and Key Points:

- In line with the July 2022 approved version of the ICP's terms of reference an annual refresh of the terms of reference is due
- Revisions have included:
  - Updating retrospective language and responsibilities that were concerned with the shadow operation and establishment activities of the ICP pre July 2022
  - Membership has been refreshed to include Fire Services and the Office of the Police Crime Commissioner in Warwickshire
  - A new paragraph to reflect matters that may be confidential (within section 11)
  - A new section on admission of the public to the meetings (section 14)
  - A new Section on behaviours and conduct (section 17)
- Revisions have been discussed with the Chair and Deputy Chairs and the current version is enclosed

Members can take assurance that the ToR appropriately support the ICP as joint committee to meet its responsibilities

Recommendation:

Members are requested to APPROVE the Terms of Reference

Implications

Conflicts of Interest:	A register of interests is maintained for all members of the ICP that is publicly available as part of every meetings papers.					
Financial and Workforce:	The ICP as a joint committee of the ICB, Coventry City Council and Warwickshire County Council does not have any responsibilities in respect of organisational financial or workforce matters.					
Performance:	The ToR sets out the responsibilities of the Committee in respect of performance matters regarding the integrated care Strategy.					
Quality and Safety:	The ICP as a joint committee of the ICB, Coventry City Council and Warwickshire County Council does not have any responsibilities in respect of Quality and safety.					
Inclusion						
Has an Equality and Quality Impact Assessment (EQIA) been undertaken? [delete as appropriate] **An EQIA is required for new services or changes to service delivery.** **For more information the EQIA Policy and Tool can be found here.**	**Yes** [attached or hyperlinked]		**No** [state why in the row below]		**Not applicable** [state why in the row below]	✓
This ToR does not recommend changes to service or policy that requires an EQIA to be completed.						
Has a Health Equity Assessment Tool (HEAT) been completed? **HEAT may be used for new, changing or existing services and processes.** **More information can be found here.**	**Yes** [attached or hyperlinked]		**No** [state why in the row below]		**Not applicable** [state why in the row below]	✓
This ToR does not recommend changes to service or processes that requires application of the HEAT to be completed.						
Engagement						
Patient and Public Engagement:	Not applicable					
Clinical and Professional Engagement:	Not applicable					
Risk and Assurance						
Risk	The Committee is able to seek out assurances on risks relevant to its remit and highlight gaps and/or					

	concerns to its members, ICB Board and Council Founding Members.
Level of and Gaps in Assurance	Assurance Gap - The effectiveness of the ICPs first year of operation was not included in the ICBs End of Year Review undertaken by the GGI. In Quarter 4 of 2023/2024 the ICB will undertake its annual effectiveness review that will include the ICP.

Coventry and Warwickshire Integrated Care Partnership

Terms of Reference

4th July 2023

Coventry and Warwickshire
Integrated Care Partnership

Contents

1 Document Management

Revision History

Version	Date	Summary of Changes
1.0	1 July 2022	N/A
1.1	4 July 2023	Updated sections: 6. Responsibilities updated to remove establishment activities 8. Membership updated to include Fire Service and OPCC 11. Updated to reflect confidential matters 14. New section 17. New section

Document Control

The controlled copy of this document is maintained by Coventry and Warwickshire Integrated Care Partnership (ICP). Any copies of this document held outside of that area, in whatever format (e.g paper, email attachment) are considered to have passed out of control and should be checked for currency and validity.

2 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 formally established on 1 July 2022 in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007. The partner organisations are;

- Coventry City Council
- Warwickshire County Council
- NHS Coventry and Warwickshire Integrated Care Board (ICB).

The ICP brings together a broad alliance of organisations concerned with improving the care and health and wellbeing of the population of Coventry and Warwickshire . 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).

The Committee has no executive powers other than those specifically delegated in these Terms of Reference. 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.

3 Aims

The primary aims of the Committee are to:

- In line with its statutory role develop an Integrated Care Strategy for the Coventry and Warwickshire ICS setting out how the assessed needs in relation to its area are to met by the exercise of functions of the ICB NHS England and/or local authority partner organisations.
- Drive the direction and policies of the ICS through building strong relationships and driving a culture of integration and collaboration
- Ensure that the four key aims of ICSs are being delivered
- Review performance and progress on delivery of strategy
- 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

4 Delegated Authority

The Coventry and Warwickshire Integrated Care Partnership (ICP) has delegated authority as set out in the NHS Coventry And Warwickshire Integrated Care Board Scheme of Reservation and Delegation, and may be amended from time to time.

5 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.

6 Responsibilities of the ICP

The ICP will develop and approve an integrated care strategy for the population of Coventry and Warwickshire ICS – which the ICB and local authorities will be required to have to when making decisions and commissioning and delivering services and therefore all partners will be accountable. the ICP key responsibilities are to:

- Consider recommendations from partners and reach agreement on priority work programmes and workstreams that would benefit from a cross-partnership approach
- Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes
- Provide a forum for system leaders to discuss and debate key issues, set the culture and tone for the ICS through leading by example and ensure the needs of people, places and communities are widely understood
- Provide active support to the development of the Coventry and Warwickshire collaboratives in enabling local partnership arrangements, engagement and coproduction, bringing together Local Authorities, voluntary and community groups, and other key partners.
- Facilitate and support cross-area working and sharing of best practice where this would benefit the population or provide efficiencies in our approach.
- Ensure that the ICP has a greater focus on population health improvement, integration of health and care services around the needs of residents, and a focus on care provided in primary and community settings
- Work with and alongside the Health and Wellbeing Boards to enhance relationships between leaders across the health and care system in order to consider best arrangements for its local area
- Monitor 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.

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

8 Membership

Section 116ZA requires that the ICP shall consist of one member which is appointed by the ICB and one member from each of the local authorities (Founding Members). The ICP may appoint additional persons as it sees fit, either as members entitled to vote or observers who shall be entitled to participate in discussion at its meetings but not entitled to vote.

At the discretion of the Chair, additional ICB directors and other representatives may be requested to attend meetings to participate in discussions or report on particular issues.

Membership of the ICP is as defined below:

Founding Members

- ICB Chair
- Health and Wellbeing Board Cabinet Member: Coventry City Council (Deputy Chair)
- Health and Wellbeing Board Cabinet Member: Warwickshire County Council (Deputy Chair)

Members appointed by the ICP

- ICB Chief Executive Officer
- ICB Chief Medical Officer
- CEO / a deputy from Warwickshire County Council
- CE) / a deputy from Coventry City Council
- NHS Provider Chairs from Coventry and Warwickshire
    - Chair, University Hospitals Coventry and Warwickshire NHS Trust
    - Chair, Coventry and Warwickshire Partnership NHS Trust
    - Chair, South Warwickshire University Hospital NHS Trust 'Group'
- 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 (Warwickshire and Coventry)
- 2 x Healthwatch drawn from Healthwatch Coventry and Healthwatch Warwickshire
- Chief Executive Officer Warwickshire CAVA
- Leader from Voluntary Action Coventry
- Dean or Vice Dean from Coventry University

- Dean or Vice Dean from Warwick University
- 2 x Faith Representatives
- 1x Housing representative
- 1x Office of the Police and Crime Commissioner for Warwickshire
- 2x West Midlands Fire Service or Warwickshire Fire Service

Where agreed by the ICP, membership changes will be allowed in year.

9 Chair and Deputy Chairs

The Chair of the Integrated Care Partnership will be 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 will be the elected Chairs of 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.

10 Meetings

The Integrated Care Partnership will meet as a minimum 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 of the ICB, the Committee may meet virtually and members attending using electronic means will be counted towards the quorum.

11 Transparency

All meetings will be held in public, and papers made available online via the ICP section of the ICB's website.

Where confidential information is presented to the ICP, all those whoa re present will ensure they treat that information appropriately in light of any confidentiality requirements and information governance principles.

12 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.

13 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.

14 Admission of the public

Meetings will usually be open to the public, unless the Chair determines, at their discretion, that it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for some other good reason.

The Chair shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business shall be conducted without interruption and disruption.

A person may be invited by the Chair to contribute their views on a particular item or to ask questions in relation to agenda items. However, attendance shall not confer a right to speak at the meeting.

The ICP will adopt the ICBs procedure for public questions which can be found on the ICBs website.

15 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.

16 Decision making and voting

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.

17 Behaviours and Conduct

All members shall follow the Seven Principles of Public Life (i.e. the Nolan Principles), which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
Members of the ICP have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view and reach agreement by consensus.

The purpose of the ICP is to consider the best interests of service users and residents in Coventry and Warwickshire , when taken as a health and care system as a whole, rather than representing the individual interests of any of the partner organisations over those of another. ICP members participate in the ICP to - as far as possible - promote the greater collective endeavour.

18 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.

19 Equality and diversity

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

20 Operation of the meeting

Committee members are required to:

Attend at least 75% of meetings, having read all papers beforehand.

Act as 'champions', disseminating information and good practice as appropriate.

If unable to attend, 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.

21 Secretariat and Administration

The Committee shall be supported with a secretariat function from the ICB. 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

22 Accountability and reporting arrangements

The ICP shall comply with any reporting requirements that are specifically required by any of the statutory partner organisations for the purposes of its constitutional or other internal governance arrangements.

Members of the ICP shall disseminate information back to their respective organisations as appropriate, and feedback to the ICP as needed.

23 Review of the Committee

The ICP will review its effectiveness at least annually

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**.**

24 Appendices

25 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.**

26 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.

27 Appendix III

Principles	What this means
Championing better health for everyone	• We will champion better, patient-centred, care for everyone and support subsidiarity throughout the system and putting people at the heart of decision making.
Providing strategic leadership	• We will provide collective strategic leadership for the ICP, aligned to and driven by the four key aims of ICSs. • We will lead with a strong, collective, moral purpose.
Prioritising prevention	• We will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities. • We will seek to address the root cases of problems, listening to local people's priorities and acting on their concerns.
Strengthening and empowering communities	• We will support strong and stable communities. • We will support the voice of communities and people in the planning and delivery of the services they need. • We will ensure our work is connected to the communities we serve.
Championing integration and co-ordinating services	• We will work together to design services which take account of the complexity of people's lives and their over-lapping health and social needs. • 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. • 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.
Sharing responsibility and accountability	• 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.

Principles	What this means
	• 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. • We will pool resources, budgets and accountabilities where it will improve services for the public.
Engaging, listening and learning	• We will actively engage the people and communities of Coventry and Warwickshire on the strategic work of the ICP. • We will foster a culture of engagement, learning and sharing across the ICS. • 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.

28 Appendix IV

Working arrangements	What this might look like
We will work together in alliance with each other, operating with mutual respect and accountability.	• 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. • 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. • Coming to meetings of the ICP briefed, engaged and prepared to make active contributions and recommendations. • 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.
We will design systems which are easy for everyone to understand and use.	• 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.

Working arrangements	What this might look like
	• Ensuring systems are accessible to all and take account of different needs and barriers to access.
We will agree a common set of outcomes to be delivered.	• 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. • Conducting regular performance and progress checks against the delivery of the integrated care strategy and conducting annual reviews.
We will streamline system governance to enable decisions to be taken at scale and pace.	• 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. • Operating a collective model of decision-making that seeks to find consensus between system partners.
We will make evidence-based commissioning decisions focused on the best way to achieve good results.	• Actively participate in discussions at ICP meetings bringing the views of partner organisations and communities.
We will Learn from others and from our own experiences.	• Listening to and learning from best practice across partners in the system. • Engaging with people and communities about their experience of care at system, place and neighbourhood level. • Shaping a positive culture across the ICS, a culture of a learning system, innovation, bravery, ambition and willingness to learn from mistakes.

Enc F

Coventry and Warwickshire Integrated Care Partnership

Report Title:	**ICP Strategy: Publication and Measuring Impact**
Report From:	Liz Gaulton, Chief Officer Population Health and Inequalities (Interim), NHS Coventry & Warwickshire Integrated Care Board (ICB)
Author:	Amy Parker,Public Health Registrar,NHS Coventry & Warwickshire ICB Debbie Dawson, Population Health Transformation Officer, Coventry City Council and NHS Coventry & Warwickshire ICB
Previous Considerations and Engagement:	Population Health, Inequalities and Prevention Board, 20 March 2023 Integrated Health and Wellbeing Forum, 2 March 2023 Coventry and Warwickshire Integrated Care Partnership, 9 February 2023 Coventry and Warwickshire Integrated Care Partnership, 8 December 2022
Purpose:	**For Approval**

Achievement of the following ICP Priorities and Focus Areas is supported:

Priorities	☒ 1 - Prioritising prevention and improving future health outcomes through tackling health outcomes	☒ 2 - Improving Access to health and care services and increasing trust and confidence	☒ 3 -Tackling immediate system pressures and improving resilience
Focus Areas	☒ 1 - Reducing health inequalities	☒ 4- Enabling personalised care	☒ 8 - Supporting people at home
	☒ 2- Prioritising prevention and wider determinants to protect the health and wellbeing of people and communities	☒ 5 - Improving access to services especially primary care	☒ 9 - Developing and investing in our workforce, culture and clinical and professional leadership
	☒ 3- Enabling the best start in life for children and young people	☒ 6- Engaging and involving our people, communities and stakeholders	
		☒ 7 - Making services more effective through greater collaboration and integration	

Enablers:

- Creating the conditions for change to happen
- Transforming our system
- Delivery through our four Places

Executive Summary and Key Points:
• The ICP approved the draft Integrated Care Strategy at its meeting on 8 December 2022 and this has since been shared widely across the system. • A proposed set of high level, aspirational ambition statements to measure the impact of the Strategy have been developed and the Strategy has since been further embedded across the system. • Both the draft Strategy and measures are now ready for approval for publication (Appendix 1 and 2). The formal launch of the Strategy will be aligned with the communications around the publication of the Integrated Health & Care Delivery Plan, which it has directly informed.
Recommendation:
Members are requested to APPROVE the publication of the final Integrated Care Strategy and supporting documents. **Members are requested to APPROVE** the proposed ambition statements for measuring the impact of the Integrated Care Strategy.

Implications						
Conflicts of Interest:	None					
Financial and Workforce:	The Integrated Care Strategy includes sections on finance (as a key enabler) and workforce (as an area of focus). Both also have specific ambition statements.					
Performance:	Performance and assurance is identified as one of the enablers to achievement of the strategic priorities in the Strategy and has a specific ambition statement.					
Quality and Safety:	Quality is identified as one of the enablers to achievement of the strategic priorities in the Strategy and has a specific ambition statement.					
Inclusion						
Has an Equality and Quality Impact Assessment (EQIA) been undertaken? [delete as appropriate] **An EQIA is required for new services or changes to service delivery.**	**Yes** Enc D EQIA.docx The EQIA for the Strategy was shared on 8	✓	**No** [state why in the row below]		**Not applicable** [state why in the row below]	

	December 2023					
Has a Health Equity Assessment Tool (HEAT) been completed? **HEAT may be used for new, changing or existing services and processes.** **More information can be found here.**	**Yes** [attached or hyperlinked]		**No** This is a very high-level Strategy, not a specific new service/process	✓	**Not applicable** [state why in the row below]	
Engagement						
Patient and Public Engagement:	A full engagement report detailing the extensive engagement that informed the development of the Strategy was shared on 8 December 2022. The engagement plan for embedding the Strategy was shared on 9 February 2023.					
Clinical and Professional Engagement:	Clinical and care professional colleagues were engaged in the development of the Integrated Care Strategy, as detailed in the 8 December 2022 report to the Partnership. The 'short read' version of the Strategy is designed to be accessible for frontline staff.					
Risk and Assurance						
Risk	One of the main risks to the Strategy is that it fails to have the intended impact on the priority areas and enablers across Coventry and Warwickshire. Ensuring the Strategy is effectively embedded and communicated with system partners to promote ownership, along with measuring its impact to hold the system to account for delivery will be key to mitigating this risk.					
Level of and Gaps in Assurance	Partial level of assurance- annual reporting to the ICP of progress on the Strategy and ambitions (29 February 2024), along with reporting to Health and Wellbeing Boards. An identified gap is determining where responsibility lies within the ICP for collating and monitoring measures.					

1. Introduction

1.1 The ICP approved the draft Integrated Care Strategy at its meeting on 8 December 2022 and it has since been shared widely across the system. It has also informed the development of the subsequent Integrated Health & Care Delivery Plan. The Strategy is now presented for approval for formal publication alongside a set of associated ambitions to monitor our impact.

2. Detail of report

2.1 This report summarises the embedding of the strategy since approval of the draft and the development of the ambition statements to measure impact.

3. Sharing and Embedding the Strategy

3.1 Since being agreed in December 2022, the draft Integrated Care Strategy has been shared with NHS England, published on the ICS website for comment and shared widely with stakeholders across the system. The final Strategy is included as Appendix 1 to the report for approval.

3.2 The plan for the communication and embedding of the Strategy was shared with the ICP on 9th February 2023 and has been aligned to the ongoing engagement to support the preparation of the Integrated Health & Care Delivery Plan.

3.5 The Strategy has directly informed the development of the Integrated Health & Care Delivery Plan, which is the health and care system's shared delivery plan for the Strategy. Alongside this, delivery of the Integrated Care Strategy will be driven through the Coventry and Warwickshire Health and Wellbeing Strategies, their aligned Delivery Plans and other strategies across the system that focus on the wider elements of the King's Fund population health framework.

4. Measuring Impact – development of our approach

4.1 The ICP broadly agreed the overall approach for measuring impact of the Strategy when the draft was approved. This will be a mechanism by which ICP partners can collectively hold ourselves to account for delivery of the Strategy.

4.2 Some key principles for measuring the impact of the Strategy have been agreed:

- Measurement should not be duplicative or burdensome
- Data should already be recorded and publicly available
- An inequalities focus should be taken where appropriate
- Ideally, we are able to measure at Place level

- We will use the best available measures in terms of timeliness, frequency of collection, source and granularity
- We can reasonably expect Strategy actions to have an impact
- All system partners can contribute to improvement
- It is the responsibility of all partners to collect and report data on progress
- We will draw on stories and lived experiences from local people

4.3 An initial set of high-level metrics were shared with ICP on 9th February 2023. Following discussion at that meeting and further system conversations, it was decided that having a concise set of visually appealing 'big ambitions', clearly aligned to the Strategy structure, would be more appropriate.

5. Proposed approach to measuring the impact of the Strategy

5.1 The approach we are proposing seeks to combine long-term measures of impact alongside evidence of more short-term, qualitative change.

5.2 A set of 15 ambitions, one for each focus area and enabler are being proposed (Appendix 2).

5.3 These ambitions will form a very high level and clear set of targets for the Integrated Care Partnership to measure impact over the course of the Strategy. They are not designed to cover all system priorities and other more detailed measures on specific areas, for example mental health, are included in metrics for the Integrated Health & Care Delivery Plan, the ICB operating plan and Health and Wellbeing Strategies across the system.

5.4 Public Health colleagues have worked closely with identified Strategy and Integrated Health & Care Delivery Plan leads and partners to ensure there is a clear rationale for the selected high level Strategy impact measure. This process has continued to embed the Strategy, promoting ownership amongst leads and our partner organisations across the system.

5.5 The majority of the ambitions are designed to be longer term, with a measurable 5-year target set that highlights the direction of travel. These will be reviewed and refreshed if required annually, subject to new national guidance or significant local changes until 2028. Currently some of the measures have been dictated by data availability and it will be important as part of this review to determine whether there is any additional data to reflect our ambitions more accurately. Some of the more operational measures, particularly those linked to the enablers, are less quantitative and may require more frequent refreshing over the 5-year period.

5.5 Acknowledging the importance that tackling health inequalities remains a 'golden thread' throughout, where possible each ambition has been given an additional health inequality focus.

5.6 Alongside the ambitions, case studies will be identified that illustrate the potential of system integration, bringing the Strategy to life and highlighting changes in practice. These will be shared at ICP meetings.

6. Next Steps

6.1 Subject to ICP approval, the Strategy and ambitions will be formally published in July 2023. This will include the suite of documents, including an easy read and short read version to ensure information is accessible and meaningful to everyone (these will be available on the ICS website by 4th July.)

6.2 The formal launch of the Strategy will be aligned with the communications around the publication of the Integrated Health & Care Delivery Plan and between July and September the contents of both will be communicated effectively across the system. Ensuring that the Strategy continues to remain live and relevant within the system over the next 5 years will be important, with all partners acknowledging their important role to play in its delivery. The required annual cycle of planning and review of the Strategy will support in this.

7. Involvement and Engagement

7.1 Ensuring effective and widespread community and stakeholder engagement to inform the development of this Strategy has been a priority from the outset. Feedback from this engagement directly informed the development of the priorities, notably improving access to primary care and trust in health care services.

8. Key Performance Indicators (KPIs), Measures of Success and Metrics

8.1 Please see Appendix 2 for a copy of the proposed ambition statements to measure impact.

9. Risk

9.1 One of the main risks to the Strategy is that it fails to have the intended impact on the priority areas and enablers. Ensuring the Strategy is effectively embedded and communicated with system partners to promote ownership and measuring its impact to hold the system to account for delivery will be key to mitigating this risk.

10. Assurance

10.1 There will be annual reporting to the ICP of progress on the Strategy and ambitions (29 February 2024), along with reporting to Health and Wellbeing Boards for accountability and to inform their Health and Wellbeing Strategy review.

10.2 A process for monitoring and reporting all system measures throughout the year (including those proposed for the Strategy) is being developed by the ICB.

11. Summary Conclusion

11.1 The draft Integrated Care Strategy has now been shared widely across the system and it has been used to inform the development of the Integrated Health & Care Delivery Plan; both are now ready for publication. A set of ambition statements to measure the impact of the Strategy are proposed, closely aligned to the Integrated Health & Care Delivery Plan strategic objectives.

12. Recommendations

Members are requested to APPROVE the publication of the final Integrated Care Strategy and supporting documents.

Members are requested to APPROVE the proposed ambition statements for measuring the impact of the Integrated Care Strategy.

End of Report

Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.
Record your reasons for arriving at that conclusion in the comment's column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Title:	Integrated Care Strategy December 2022		
Lead:	Liz Gaulton, Chief Officer for Health Inequalities and Population Health	**Senior Responsible Officer:**	Danielle Oum, Chair ICP
Intended impact	The strategy sets out bold ambitions for our System and the difference working together and leveraging the benefits of the new legislative framework for health and care can bring. We expect the Strategy, and the forthcoming ICB 5-year Integrated Care Plan will drive change in: • how, as partners, we relate to each other and to our communities • the way we use our resources • the design and delivery of our services • how we plan and make decisions. Ultimately, we want to see the impact of our strategy in improved population health outcomes and reduced health inequalities across Coventry and Warwickshire over the next 5 years and beyond. If we are successful residents of Coventry and Warwickshire will • be supported to live a healthy, happy, and fulfilled life, equipped with the knowledge and resources to prevent ill health, and maintain their independence at home		

	• find it easier to access the health and care services they need wherever they live and will have more say over the services they receive and greater trust in their quality, effectiveness, and safety; and • receive appropriate and timely care when they need it, from skilled and valued staff.
How will it be achieved:	Our Integrated Care Partnership brings together a wide range of partners – local government, NHS, voluntary and community sector, housing, health watch, universities, and others, to lead the system's activity on population health and wellbeing and drive the strategic direction and plans for integration across Coventry and Warwickshire. Its scope of influence extends beyond the integration of health and care services to encompass opportunities to work together to address the wider determinants of health. We adopted some core principles that underpin how we work together and how we will achieve the aims of the Strategy: **Principles** Championing better health for everyone Providing strategic leadership Prioritising prevention Strengthening and empowering communities Championing integration and coordinating services Sharing responsibility and accountability Engaging, listening, and learning

Name of person completing assessment:	**Anita Wilson**
Position:	**Director of Corporate Affairs, Coventry, and Warwickshire ICB**
Date of Assessment:	**30 November 2022**

Equality Impact Assessment

What is the aim of the Integrated Care Strategy?
This strategy provides an opportunity for us to set out our ambitions for what we can achieve over the next 5 years as an Integrated Care System. It aims to outline, in high level terms, the difference we can make by working in an integrated way, taking advantage of a new legislative framework – and setting the tone and focus for how we will work together. It doesn't seek to replace or duplicate existing strategies and activity underway in the system – instead it seeks to link them together by providing an overarching narrative about where we want to get to, and what it is that we are all trying to change and improve together. The Integrated Care System has an opportunity to improve population health and wellbeing in its broadest sense, with a wide range of partners working together to improve health outcomes and tackle health inequalities, starting with the root causes by addressing the wider determinants of health. And equally importantly, this is about working together at all levels and as locally as possible. We intend that much of the activity to integrate care and improve population health will be driven by organisations working together in our places, and through multi-disciplinary teams working together in our neighbourhoods, adopting new targeted and proactive approaches to service delivery, informed by a shared understanding of the needs of our population.

Who will be affected by this work? e.g., staff, patients, service users, partner organisations etc.
The Impact of the strategy on Coventry and Warwickshire will be far reaching. We expect it to underpin everything we do as an integrated care system and to drive change in: • how, as partners, we relate to each other and to our communities • the way we use our resources • the design and delivery of our services • how we plan and make decisions. Therefore, staff living and working in Coventry and Warwickshire, patients and service users, statutory organisations and the voluntary and community sectors may and will be affected by the Strategy.

Is a full Equality Analysis Required for this project?			
Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

This strategy has been informed in several ways; namely

Existing C&W Strategies and plans

- Coventry Health and Wellbeing Strategy 2019-2023
- Warwickshire Health and Wellbeing Strategy 2021-2026
- Joint Strategic Needs Assessments (JSNAs)
- Health Inequalities Strategic Plan
- NHS Trust Organisational Strategies
- ICB Strategies e.g. Local people and Communities, Green, Tackling health inequalities
- Local Council Strategies/Plans e.g., Children and Young People, Levelling up, One Coventry

National Guidance

- NHS Long Term Plan
- NHS England Guidance documents on the role of the ICP
- NHS England National Healthcare inequalities Improvement Programme
- Local Government Association, Dept. Health, and Social Care guidance on ICP engagement
- Public Health England Strategy 2020-2025

Legal Framework

- Health and Care Act 2022

Engagement Activities: Ensuring effective and widespread community and stakeholder engagement to inform the development of this strategy through an inclusive approach has been a priority from the outset. A specific Engagement Task and Finish Group was established early in the process to ensure that engagement and co-production remained at the forefront throughout and got the specialist attention required. The Task and Finish Group included representatives from Local Authorities, NHS organisations, the voluntary and community sector, Healthwatch, faith groups and housing.

Across September, October, and November we have held over 30 community engagement events and launched an online survey widely promoted across the system. In addition, our Joint Integrated Health, and Wellbeing Forum (C&W HWBB) have come together to engage on the drafts as well as out ICP members.

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g., 32-year-old) or a range of ages (e.g., 18–30-year old's)

Across Coventry and Warwickshire there is difference in life expectancy. Overall people living in Coventry have significantly lower life expectancy than the England Average. The average life expectancy of males in Coventry is 76.1 years and for Females 82 years. In Warwickshire the average for males is 79.7yrs and for females 83.4yrs. (England Avg. 74.9 for males and 83.1 Females)

The priority of the Strategy is to prioritise prevention and improve future health outcomes through tackling inequalities. The Strategy promotes the careful consideration of this protected characteristic from design through to implementation of any service changes and policies. In doing this organisations will ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

60% of those who died from Covid-19 in the first year of the pandemic were disabled. (The Kings Fund, Towards a new partnership between disabled people and health and care services, July 2022). The health inequalities disabled people face were made worse by the pandemic and as such it is important to ensure disabled people feel and are involved and engaged in planning and designing of health and care services.

As part of the ICP strategy development, several groups were engaged including Warwickshire and Coventry Vision, Grapevine (a charity supporting people with Learning Disabilities) employability groups and various smaller groups of which disabled members make up membership.

They told us that there needs to be a better interface between the NHS and social care especially across borders and access to GP face to face appointments. Transport issues were of concern as well as issues of isolation and not being digitally enabled.

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Gender reassignment (including transgender): Where a person has proposed, started, or completed a process to change his or her sex.

Existing evidence from sources such as GP patient Surveys, Healthwatch and the CQC point towards poorer health outcomes and poorer access for trans people. Evidence from the GP patient Survey sees younger trans and non-binary patients (Aged 16-44) more likely to report a long-term condition, disability (including physical mobility) or illness compared with patients of the same age.

As we have developed the ICP Strategy priorities and identified the outcomes and actions for each, we have done so through the lens of our population health model. Protecting the health of people and communities requires culturally competent approaches, which will be underpinned by a deeper understanding and involvement of our communities. The ICS as part of its Local People and Communities Strategy will continue to engage with the trans community who can help identify issues and co-produce solutions

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Marriage and civil partnership: A person who is married or in a civil partnership.

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

Coventry and Warwickshire have a local Maternity and Neonatal System (LMNS) that operates to work together across providers of maternity care to deliver high quality and consistent care to women and their families. We know that across C&W 8.3 % of babies are born with a low birth weight as compared to the national average of 6.9% (NMPA 2017), Coventry, Rugby and North Warwickshire have higher than average teenage conceptions, smoking at delivery in North Warwickshire is 13.7% which is higher than the national average of 10.6 % and 1 in 5 women in Coventry and Warwickshire will experience issues relating to mental health.

In addition to significant workforce challenges in terms of recruitment and vacancies across Coventry and Warwickshire we need to ensure our workforce feel valued and supported.

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within Priority 1 - Prioritising prevention and improving future health outcomes through tackling inequalities, specifically with a focus on enabling the best start in life for children and young people. Within Priority 3 – tackling immediate system pressures and improving resilience there is a focus on developing & investing in our workforce, culture, and clinical and professional leadership. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Coventry and Warwickshire have a multicultural population. 15.6% of the population come from a non-white background with the proportion living in the most deprived areas greater than the proportion for white residents. Research published by the Nuffield Trust and the NHS Race and Health observatory (RHO) has found that people from Asian groups experienced a much larger fall in planned hospital care during the pandemic that people from White, Black, or Mixed ethnic groups, worsening ethnic disparities in care. In addition, the RHO infographic 'Ethnic health inequalities in the UK' has some stark contrasts for which the ICS needs to consider.

The engagement activities the ICP undertook in developing the strategy highlighted that people from a migrant and asylum seeker background felt as though they received discrimination and experienced disparities in the care they received.

Asian and Black African and Caribbean people spoke of a lack of cultural awareness and wanting clinicians and professionals to be trained to support better conversations and face to face appointments to build trust.

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g., atheism). Generally a belief should affect an individual's life choices or the way in which they live.

In 2020 the Office for National Statistics published ' Religion and Health in England and Wales' with a view to add to the growing evidence base on equalities. A finding was that a prevalence of long-standing

impairment, illness or disability was significantly lower among those who identified as Sikh compared with several other religious groups.

Therefore, protecting the health of people and communities requires culturally competent approaches, which will be underpinned by a deeper understanding and involvement of our communities

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Sex: A man or a woman

Women can be disadvantaged in the formal labour market by a combination of employment in low pay, low profile, low progression industries and the impact of caring on time and availability for paid work. Relative poverty rates are also highest for single women with children, although this gap is shrinking. (UK Women's Budget Group)

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

LGBTQIA+ groups that were engaged with told us screening programmes were important as well as having Trust in clinicians. Access to talking therapies and counselling was also a key area of importance.
The evidence that LGBT+ people have disproportionately worse health outcomes and experiences of healthcare is consistent (NHS England).
In 2017 a national LGBT survey was completed with over 108,000 responses at least 16% of survey respondents who accessed or tried to access public health services had a negative experience because of their sexual orientation, and at least 38% had a negative experience because of their gender identity.

Following this the Government Equalities Office brought together a national LGBT+ Action Plan.
The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

An ageing population combined with economic austerity means an increasing reliance on family carers to support people with long term health conditions (Al-Janabi, 2016).

Most of the care in the UK is provided by family and friends. Recent polling suggests there could be around 8.8 million adult carers in the UK, up from 6.3 million in 2011 (Carers UK, 2019a), which social services and the NHS rely on to function.

Age
Most Carers are below state pension age, and the peak age for caring is 50-64. The number of Carers over the age of 65 is increasing more rapidly than the general carer population.

Sex
Women are more likely to undertake responsibility for caring, often happening at the peak of their careers, and while raising children (Carers UK, 2019a). There numbers of female carers are higher for young carers (Barnardo's, 2017) and for those providing round the clock care. Carers over 85 are more likely to be male. Female carers were found to experience more negative health impacts than male carers. Male carers are more likely to experience less carer burden, and more work interference (Brenna, 2016).

Race
Carers UK found that Black, Asian, and Minority Ethnic carers were less likely to receive financial and practical support, often through difficulty accessing culturally appropriate information, and a lack of engagement with these communities. The Children's Society found that young carers are 1.5 times more likely to be from BAME communities and hidden from services (Barnardo's 2017).

Disability
A 2019 survey (Carers UK, 2019b) found carers are more likely to report having a long term condition, disability or illness than non-carers. More than half of those who considered themselves to have a disability said their financial circumstances were affecting their health. Carers with disabilities are:

- more likely to give up work to care
- less likely to be in paid work alongside caring
- more likely to be on lower incomes when working
- more likely to be the sole earner in their household
- more likely to be in debt and higher levels of debt.

Local engagement with carers reinforces the importance of acknowledging the important role they play within the health system and the need to priortise the health of the carer.

The ICP Strategy supports and promotes the careful consideration of this protected characteristic within all three of the Priorities. From design through to implementation of service changes and policies organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

Other disadvantaged groups:

The Strategy outlines the Systems ambition to achieve the vision of the ICS to *do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything we do.*

Any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes including lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse for example will be given careful consideration within all three of the Priorities. From design through to implementation of service changes and policies, organisations should ensure there is no negative impact on this protected characteristic and where possible, positive impacts are identified and delivered.

3. Human Rights

FREDA Principles / Human Rights	Question	Response

Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	The specific purpose of the Strategy is to achieve fair access to all services for all protected groups. Enhanced access may be needed for some groups to reduce inequity and achieve fairness.
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	The personalised care model is core to our strategy and will help to ensure that health and care is shaped around "what matters to me". Through our digital and PHM enabler we will ensure robust information governance and data protection controls in place for the sharing of personal data.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	The careful consideration of protected characteristics in the creation and implementation of services helps mitigate those observable perverse outcomes for those with protected characteristics, while being mindful that it does not account for those which arise through unconscious bias. We know there is more to do as a system to address institutional and structural inequalities that are the most damaging aspects of inequity. Health inequalities, specifically, is a core area of focus in our strategy.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	The personalised care model is core to our strategy and will help to ensure that health and care is shaped around "what matters to me". Our strategy also identifies 'quality' as a strategic enabler, which helps ensure that individuals receiving care are safe and treated with dignity.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	The personalised care model is core to our strategy and will help to ensure that health and care is shaped around "what matters to me".

Right to **Life**	Will or could it affect someone's right to life? How?	Through our integrated approach to delivering care outlined in the strategy and our accompanying Quality strategy we will ensure that we take positive steps to safeguard life and carrying out an effective investigation into the death of any adult at risk, identifying and addressing any bias, conscious or unconscious which may have affected decision making. The need to create a culture of continuous quality improvement, where safeguarding and improving care is everyone's responsibility, reducing health inequalities is further outlined in our Quality Strategy and this Integrated Care Strategy will help create the conditions under which this can be delivered across the whole system.
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	Our actions in delivering this strategy will strive to identify and eliminate discriminatory biases against disabled people (including older people with disabilities such as dementia or cognitive conditions), in line with the Mental Capacity Act 2005 deprivation of liberty safeguards (DoLS), and with the new framework of Liberty Protection Safeguards (LPS) due to come into force in 2023. In implementing our system-wide approach to promoting mental wellbeing and resilience, we expect to see people who have experienced problems with their mental health empowered to take greater control over their own care, ensuring they are helped to manage their own conditions more effectively.

4. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	**Protected Characteristic/**	**Date**

	Group/ Community	
Please See Separate Engagement Report		
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g., patient told us …. So we will …..):		
See Engagement Report		

5. Mitigations and Changes
Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.
The Strategy outlines the Systems ambition to achieve the vision of the ICS to *do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything we do.* Coventry and Warwickshire Integrated Care System recognises that action on health inequalities requires improving the lives of those with the worst health outcomes, fastest. The West Midlands InequalitiesnAL toolkit, and in particular the Health Equity Assessment Tool (HEAT) empowers professionals to identify practical action in work programmes. Its 'subscription' across Coventry and Warwickshire will help colleagues to mitigate any negative impacts in collaboration with other system partners. Recommendation is for the ICB to use this EQIA and apply HEAT in developing its 5-year Integrated Care Plan with reference to the engagement feedback around the key themes that were: Access to Primary Care Services, digital inclusion and building trust and confidence in our services.

6. How will you measure how the proposal impacts health inequalities?
e.g., Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway, the ICB can show increased take up from this group, this is a positive impact on health inequalities. You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.
The Strategy does not relate to the specific implementation of services, and it is therefore not possible to identify specific measures.
7. Is further work required to complete this assessment?
Please state what work is required and to what section. e.g., additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g.,

disability).			
Work needed	**Section**	**When**	**Dare completed**
Further engagement with groups will continue as the 5yr Integrated Care Plan is developed	All sections	Jan- March 2023	July 2023

8. Sign off		
The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.		
Requirement	**Name**	**Date**
Senior Manager Signoff	Liz Gaulton, Chief Officer Health Inequalities and Population Health	30 November 2022
Which committee will be considering the findings and signing off the EA?	Integrated Care Partnership	8 December 2022

Appendix 1

Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire

Integrated Care Strategy

Contents

Foreword

We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything we do.

Those are the words at the heart of the Coventry and Warwickshire Health and Wellbeing Concordat, developed in 2018 as a statement of intent for how health and care will work together for the benefit of all of our residents.

The Health and Care Act 2022 formalised the biggest health and care reforms for over a decade, mandating collaboration and cooperation, but working in partnership isn't new to Coventry and Warwickshire. We have a long and productive history of working closely together as local authorities, NHS organisations and with our wider partners for the benefit of the people we serve. The new reforms present a real opportunity for us to go further and faster in collaborating as a system to support everyone in Coventry and Warwickshire to be happier, healthier and more independent.

The purpose and intent of the Concordat vision statement still stands and has shaped the vision statement for our system:

We will enable people across Coventry and Warwickshire to start well, live well and age well, promote independence and put people at the heart of everything we do.

These are difficult times for public services, for people working to deliver those services and for people needing to access those services. The pandemic has pushed health and care services to the brink of their capacity, and pushed the health and care workforce to the edges of exhaustion. Communities have suffered greatly too, as have workers in many other sectors. We have huge waiting lists, a growing population and less and less resource.

Despite the challenges I believe that the Integrated Care System, guided by this strategy, can improve people's health and quality of life. We are committed to prioritising prevention and to working with partners and communities to address the wider determinants of health such as socio-economic inclusion, housing, employment and education. We will ensure that services are personalised so that services meet the needs of individual patients and service users and we will strive to tackle inequalities and understand the drivers of population health.

In many ways our system performs well and everything I've seen in my time as the chair of the ICB and ICP has shown me this, as well as the shared commitment to working together to make things

better. It is the will to help each other and to continue to strive for the best for our people that is our greatest strength. Together we can and will build a fit for the future local health and care system.

This strategy, which builds on the great work happening across Coventry and Warwickshire and the two Health and Wellbeing Board Strategies, sets out exactly how we intend, over the next five years, to confront the challenges we face, together, to improve outcomes for local people. It will inform the detailed five-year plan for our Integrated Care Board.

It is Coventry and Warwickshire's strategy, informed by significant engagement with local people and communities, with the health and care workforce, with patients and clinical leaders. This conversation will continue as we turn this strategy into delivery and monitor our progress and impact. I am proud to introduce it to you.

Danielle Oum

Integrated Care Board and Integrated Care Partnership Chair

December 2022

Introduction

Delivering Health and Care in Coventry and Warwickshire

Our new Integrated Care System (ICS) was formalised on 1 July 2022, with the establishment of the new Integrated Care Board and statutory Integrated Care Partnership. One of the most important actions of our new ICS has been the development of this strategy, to set out how we will come together as partners to improve health, care and wellbeing for the people of Coventry and Warwickshire.

We are developing our Integrated Care Strategy at a time of enormous challenge for health and care systems up and down the country. The pressures we face are not unique to Coventry and Warwickshire, but their impact is affected by our local context.

This strategy provides an opportunity for us to set out our ambitions for what we can achieve over the next five years as an ICS. It aims to outline, in high level terms, the difference we can make by working in an integrated way, taking advantage of a new legislative framework – and it sets the tone and focus for how we will work together. It doesn't seek to replace or duplicate existing strategies and activity underway in the system – instead it seeks to link them together by providing an overarching narrative about where we want to get to, and what it is that we are all trying to change and improve together.

Importantly, this is about far more than health and care services. The Integrated Care System has an opportunity to improve population health and wellbeing in its broadest sense, with a wide range of partners working together to improve health outcomes and tackle health inequalities, starting with the root causes by addressing the wider determinants of health.

And equally importantly, this is about working together at all levels and as locally as possible. We intend that much of the activity to integrate care and improve population health will be driven by organisations working together in our places, and through multi-disciplinary teams working together in our neighbourhoods, adopting new targeted and proactive approaches to service delivery, informed by a shared understanding of the needs of our population.

The Covid-19 pandemic brought us together as partners in the face of urgent need and accelerated collaborative working. From protecting and supporting extremely clinically vulnerable people, to implementing vaccinations, to delivering testing, we worked together as partners and with our wider community in ways we hadn't previously, recognising where public sector partners had a different role to play, empowering and facilitating where expertise and capability lies with our communities. We now have an opportunity as an Integrated Care System to embed and build on these new ways of working together. The challenges we face now are no less urgent or significant, and demand just as much commitment and ambition in our response.

More patients than ever are accessing primary care appointments. However, in our engagement with local people we have heard, loud and clear, concerns about access to health services – especially primary care – and, increasingly, indications that trust in the NHS is beginning to erode.

Challenges

facing the Coventry and Warwickshire Integrated Care System

Financial strain

£125 Million

Expected efficiency ask equating to 6.5% of the **£1.9 billion** NHS opening budget for 2023/24

Deprivation

137,208

people live in the top **20% most deprived areas nationally**; equating to **14.6%** of the total Coventry and Warwickshire population.

CORE20

Of the 137,208 people

- > 99,153 reside in **Coventry**
- > 38,055 reside in **Warwickshire**

Living longer with greater need

	Healthy Life Expectancy (years)	Years spent in poor health	Total life expectancy
Coventry			
	61.1 (males)	16.9 years	78 years
	64 (females)	18 years	82 years
Warwickshire			
	62.1 (males)	17.6 years	79.7 years
	64.1 (females)	19.3 years	83.4 years

Population Growth

58,000

Predicted increase of GP registered patients by 2027/28, making the population **1,111,898**

Place-based variation

Life Expectancy

Willenhall	Warwickshire South
71.3 years	87.8 years

Workforce Challenges

Staff turnover (NHS 14%/Social Care 26.9%), **vacancy rates** (NHS 11%/Social Care 9.8%) and **absence rates** all create significant challenges to capacity, service delivery and staff wellbeing.

Cost of living

Coventry is in the top decile **(10%)** of Local Authorities in the Cost of Living Vulnerability Index.

Health inequalities

The gap in life expectancy between most and least deprived **is widening**

Coventry	10.2 year gap (males)	7.5 year gap (females)
Warwickshire	7.7 year gap (males)	6.7 year gap (females)

Performance impacted by increasing demand and complexity

in primary care, mental health services and emergency presentations, alongside referrals for routine care.

*Based on an average increase of 15,800 patients year on year over the past seven years (2022).
**Mapped on Middle Super Output Area (MSOA) level, which on average comprises 7,200 people.
***The NHS Budget does not include Social Care.

Data Sources: Centre for Progressive Policy (2022); Coventry and Warwickshire ICS Internal Systems; 2020 Mid Year Population Estimates (ONS); Fingertips; The Segment Tool (OHID).

These are difficult messages to hear, but as an Integrated Care Partnership we are determined to tackle them head on.

As the local Integrated Care Partnership, we are uniquely placed to address the challenges facing the health and care system in Coventry and Warwickshire, and to harness collective energy and resource to achieve our ambitions for the health and wellbeing of our population. We bring together a wide range of partners – local government, NHS, voluntary and community sector, housing, Healthwatch, universities and others, to lead the system's activity on population health and wellbeing and drive the strategic direction and plans for integration across Coventry and Warwickshire.

Our Integrated Care Strategy charts a path for how we will work together over the next five years to deliver our vision.

Our Vision

'We will enable people across Coventry and Warwickshire to start well, live well and age well, promote independence, and put people at the heart of everything we do'

Improve outcomes in population health and health care

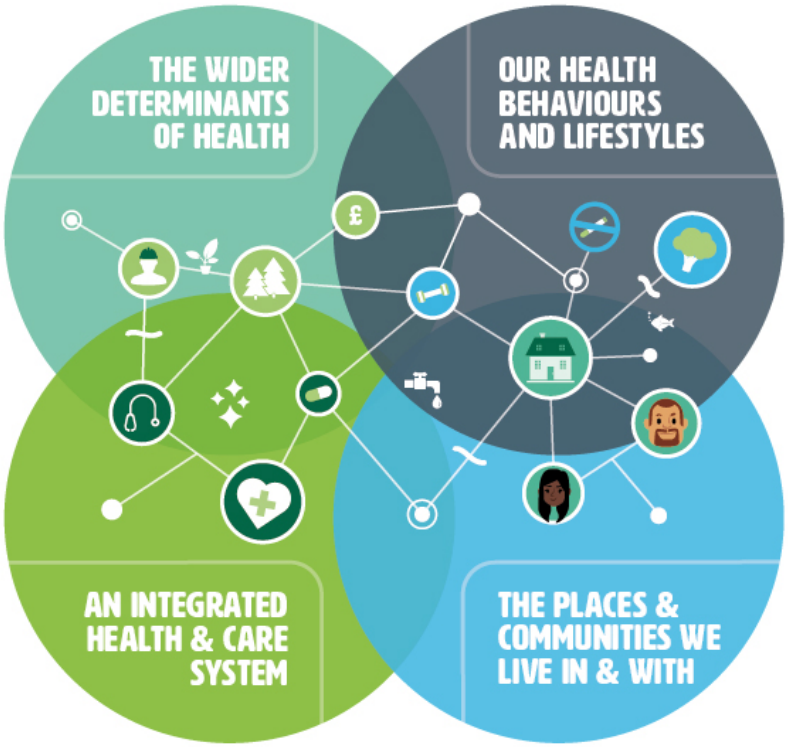
Tackle inequalities in outcomes, experience and access to services

Enhance productivity and value for money

Help the NHS support broader social and economic development

The Framework for our strategy

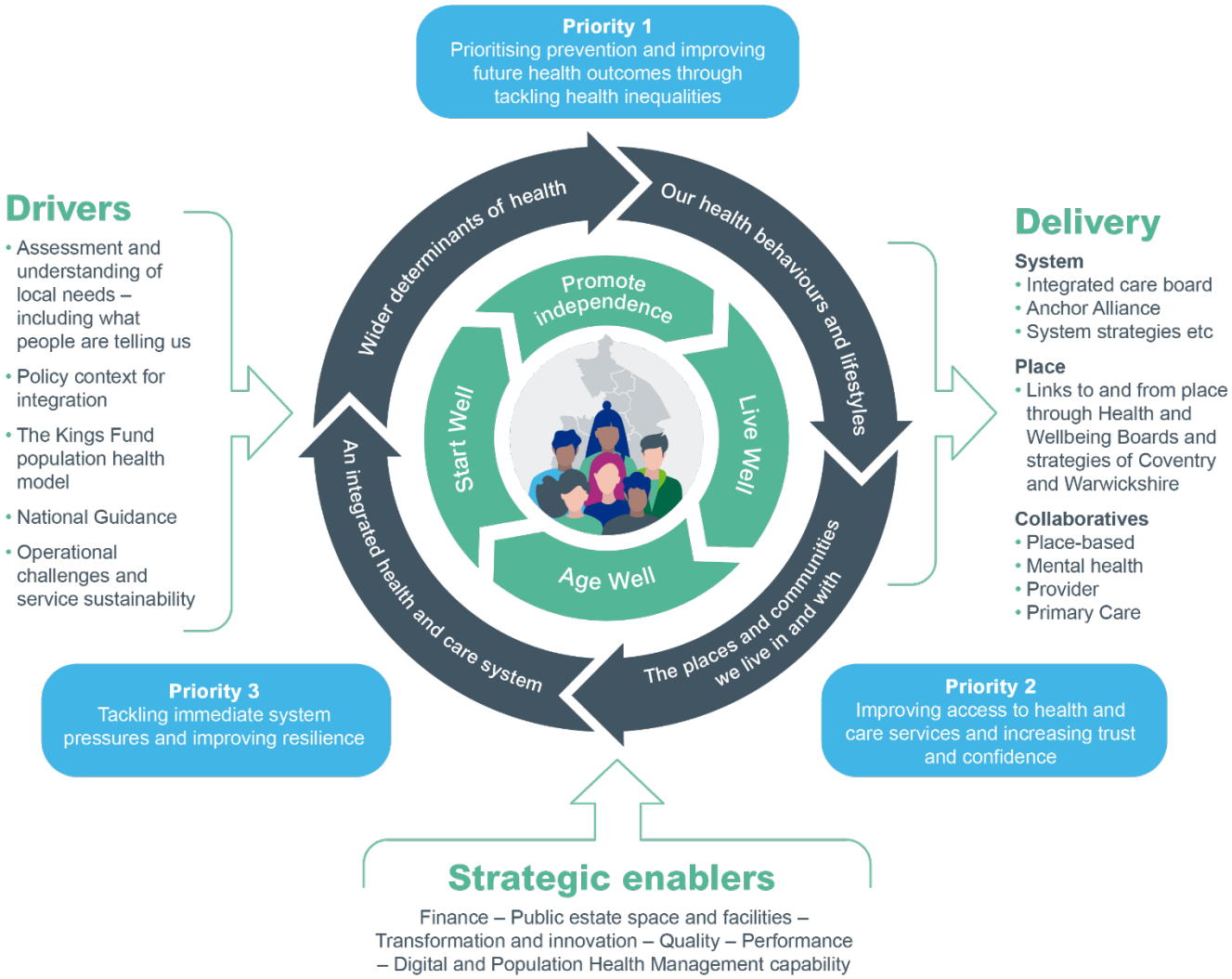
As we have transitioned to statutory ICS arrangements, The King's Fund population health model has framed our ICS strategic direction and underpins an inclusive, integrated approach to health and wellbeing. Both Coventry and Warwickshire Health and Wellbeing Strategies[1] are based around this model, and it is embedded as our strategic approach right across the system. We are committed to ensuring that strategies and plans across our Integrated Care System consider each of these four components and – importantly – the connections between them. Our Integrated Care Strategy is equally driven by this approach.



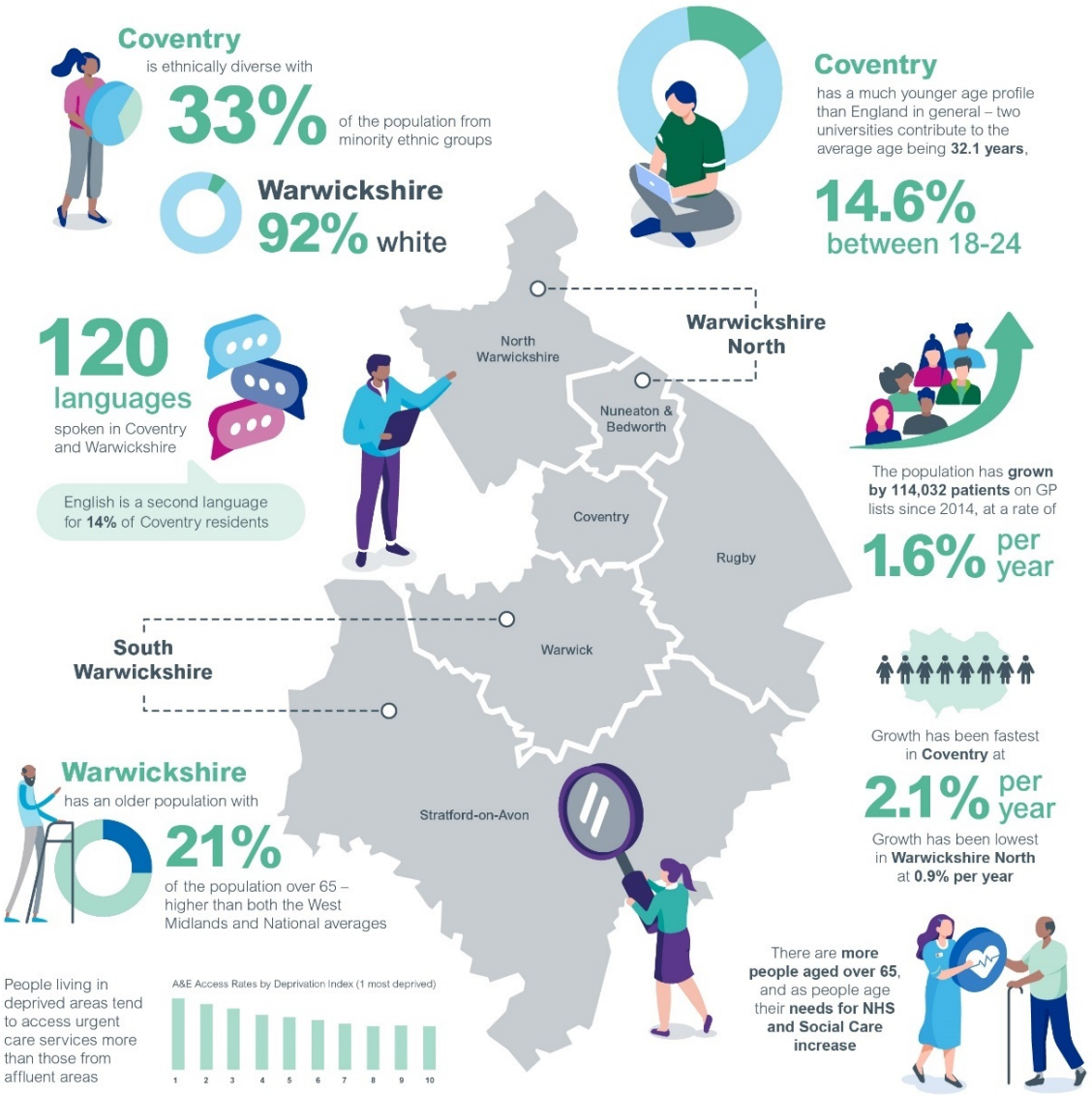
[1] Coventry Health and Wellbeing Strategy, 2019-2023
Warwickshire Health and Wellbeing Strategy 2021-2026

The diagram below sets out the overall framework for our strategy and helps describe the approach we have taken in developing its content.

Our priorities and planned activity are driven by the national and local policy context (and guidance) for integration and our understanding of local population health needs as set out in the Joint Strategic Needs Assessments, informed by local Health and Wellbeing Strategies and embracing the role and contribution of a wide range of partners at Place. They also reflect what we've learned from listening to our communities.



Our local people and communities



Six Councils

Resident Population	942,100
North Warwickshire	65,000
Nuneaton & Bedworth	134,200
Rugby	114,400
Coventry	345,300
Warwick	148,500
Stratford-on-Avon	134,700

Two Local Authorities

Resident Population	942,100
Coventry	345,300
Warwickshire	596,800

Four Places

GP Registered Population	1,053,898
Warwickshire North	163,993
Rugby	117,827
Coventry	432,247
South Warwickshire	338,987

4 NHS Providers

- George Eliot NHS Trust
- Coventry and Warwickshire Partnership Trust
- University Hospital Coventry and Warwickshire Trust
- South Warwickshire NHS Foundation Trust

The Coventry and Warwickshire Integrated Care System provides health, care and wellbeing services and support to a diverse population of over 1 million people, and that population is growing. With population growth concentrated in certain parts of the ICS, and the population profile varying between localities, a place-based approach to service planning remains important.

The Joint Strategic Needs Assessments provide a huge amount of data and evidence about the health and wellbeing of our residents:

- Coventry Joint Strategic Needs Assessment
- Warwickshire Joint Strategic Needs Assessment

More detailed information on health inequalities can be found in the Coventry and Warwickshire Director of Public Health annual reports[2] and Warwickshire's Health Inequalities Dashboard.

[2] Coventry Director of Public Health's Annual Reports
Warwickshire Director of Public Health's Annual Reports

Our opportunities to improve health and care

"ICSs… are part of a fundamental shift in the way the English health and care system is organised.

Following several decades during which the emphasis was on organisational autonomy, competition and the separation of commissioners and providers, ICSs depend instead on collaboration and a focus on places and local populations as the driving forces for improvement".

– The Kings Fund

The statutory basis for Integrated Care Systems (The Health and Care Act 2022) gives us an opportunity to go above and beyond what we have already achieved through collaborative working in Coventry and Warwickshire and to accelerate what has happened to date.

There are a number of empowering elements in the Act which we will seek to harness, especially around finance and tendering, and removal of the competitive environment. As collective stewards of public finance for the benefit of the population we serve, ICS partners have an opportunity to deliver real benefits from integration.

This includes:

- targeting resource to where it is most needed to tackle health inequalities
- joining up currently disconnected services across providers, to deliver more complementary and seamless health and care services to our population
- working together in our places to build strong community links and relationships
- sharing best practice and expertise at scale across the system, and offering greater training and OD opportunities for our workforce
- benefitting from procurement partnerships and economies of scale
- data sharing and intelligent use of data for population health modelling and proactive and preventative work
- improving resilience by, for example, providing mutual aid
- working together to help build and enable a thriving voluntary and community sector, with the public sector changing how it works with communities to build responsive, local, and inclusive capacity
- ensuring that specialisation and consolidation occur where this will provide better outcomes and value
- sharing finance and back-office systems, professional expertise and facilities.

The wider context and opportunities of integration

Inclusive Economic Growth

Integrated care relates not just to integration within the health sector, but also reaching out further to the integration of health and care to other key sectors.

We recognise the importance of the link between good health and a strong economy – the two are intrinsically connected and mutually dependant on each other.

Income, skills and employment levels all affect people's ability to live healthily. Similarly, high levels of health and wellbeing create a strong, diverse and reliable workforce for our businesses and employers.

Whilst Coventry & Warwickshire enjoy both strong economic performance and comparatively strong levels of health and wellbeing, we know there is work to do with particular communities, groups and business sectors – this is a key focus for our shared approach to Levelling Up across the sub-region and our commitment to reduce disparities and increase opportunities.

Focusing on inclusive economic growth within an Integrated Care Strategy allows us to explore issues of connectivity, access, and equality, as well as providing a health lens to investment, infrastructure, sustainability which enables economic growth and improved health and wellbeing.

We are also aware of our own collective role on the local economy. Our Coventry and Warwickshire Anchor Alliance seeks to harness the role of local councils, health bodies and our universities as key local employers and contributors to the local economy.

The burning platform of the cost-of-living pressures provides a catalyst for long needed change. We now have an important opportunity to bring together the connected agendas of economy and health as inclusive growth within our developing Coventry and Warwickshire Economic Strategy.

Addressing environmental factors and climate change

"Climate change is the single biggest health threat facing humanity" (WHO)

We cannot consider health and care across our system without giving due attention to the environment and climate crisis. Extreme temperatures and air pollution are just some of the ways in which climate change is already starting to impact upon the health of our population; the severity and range of ways health and wellbeing will be impacted is only going to increase and concerted action is required at local, national and global levels. Sadly, we know that the impacts of climate change will disproportionately affect the most vulnerable in society, thus worsening the health inequalities that we are trying to address; those people living in deprived areas are more likely to experience poor air quality and individuals with underlying health conditions are more severely affected by extreme temperatures.

Not only do we have to be prepared as a system to deal with the consequences of climate change and take steps to mitigate, but we must also take responsibility as a system to reduce our overall

contribution to the climate crisis, including importantly the impact of healthcare. Coventry and Warwickshire ICS Green Plan seeks to embed sustainability and low carbon practice in the way that the system delivers healthcare services. The Green Plan allows our ICS to set out our current position in addition to our 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. A wide range of other action is being taken across the system, including through the development of a range of strategies: WM2041 5 Year Plan 2021-2026- West Midlands Combined Authority's plan on carbon emission reduction, Coventry Climate Change Strategy and Taking Action on Climate Change - Warwick District Council's plan to achieve Net Zero

As described by the Office for Health Improvement and Disparities (OHID), there are a number of so-called 'win-win' opportunities, whereby we can reduce greenhouse gas emissions whilst also addressing major public health challenges, focusing on prevention and the wider determinants. Good examples include:

- an increase in active travel by foot or bike will reduce green-house gas emissions and air pollution from private vehicles
- making homes more energy efficient will help tackle fuel poverty and the associated negative impacts on health.

Prioritising the wider determinants of health, including housing quality, will not only have an impact on climate change, but also a positive impact on an individual's immediate living environment, including for example damp and mould, that can be very damaging to health and wellbeing.

By all partners across the system committing to being green and sustainability led, we can not only improve the health and wellbeing of our local population, but also join the national and global effort to tackle the climate crisis.

People at the heart of our strategy

From the outset, we wanted to ensure this strategy was informed by the people it speaks for –local people and their communities, as well as our health and care workforce.

Key priority areas identified through community engagement include **issues relating to digital inclusion, access to primary care and an erosion of trust in health services.** Ensuring a **focus on prevention, health inequalities and workforce** emerged as key themes from stakeholder engagement. Full details of the engagement are included as an appendix to the strategy.

As we develop the Integrated Health and Care Delivery Plan, we will ensure we continue to engage and seek feedback and input in an aligned and connected way, local residents, stakeholders and all of those we have communicated with, engaged and involved throughout.

We will make sure this is coordinated with other engagement and involvement planned by local authorities, NHS organisations and others in the system.

Our strategic priorities

Our strategy priorities have evolved through engagement with stakeholders and the communities we serve, and are drawn from:

- the two Health and Wellbeing Strategies, reflecting the needs identified in the Joint Strategic Needs Assessments
- national guidance about the design of ICSs and the development of Integrated Care Strategies
- key themes emerging from public and stakeholder engagement.

We have identified three overarching priorities that will drive our activity as a system over the next five years, with a number of key areas of focus within these. The strongest message we have heard in our public engagement has been about access to and trust in health and care services, and so we are committing to invest our energies in addressing this as one of our system priorities.

The other priorities reflect a shared understanding that there is both an immediate imperative to tackle specific burning issues around system capacity and resilience, and action we need to take now that will have an impact on population health long-term. It is by prioritising prevention across all we do that we have a real opportunity as an Integrated Care System to shift the dial on population health outcomes and inequalities.

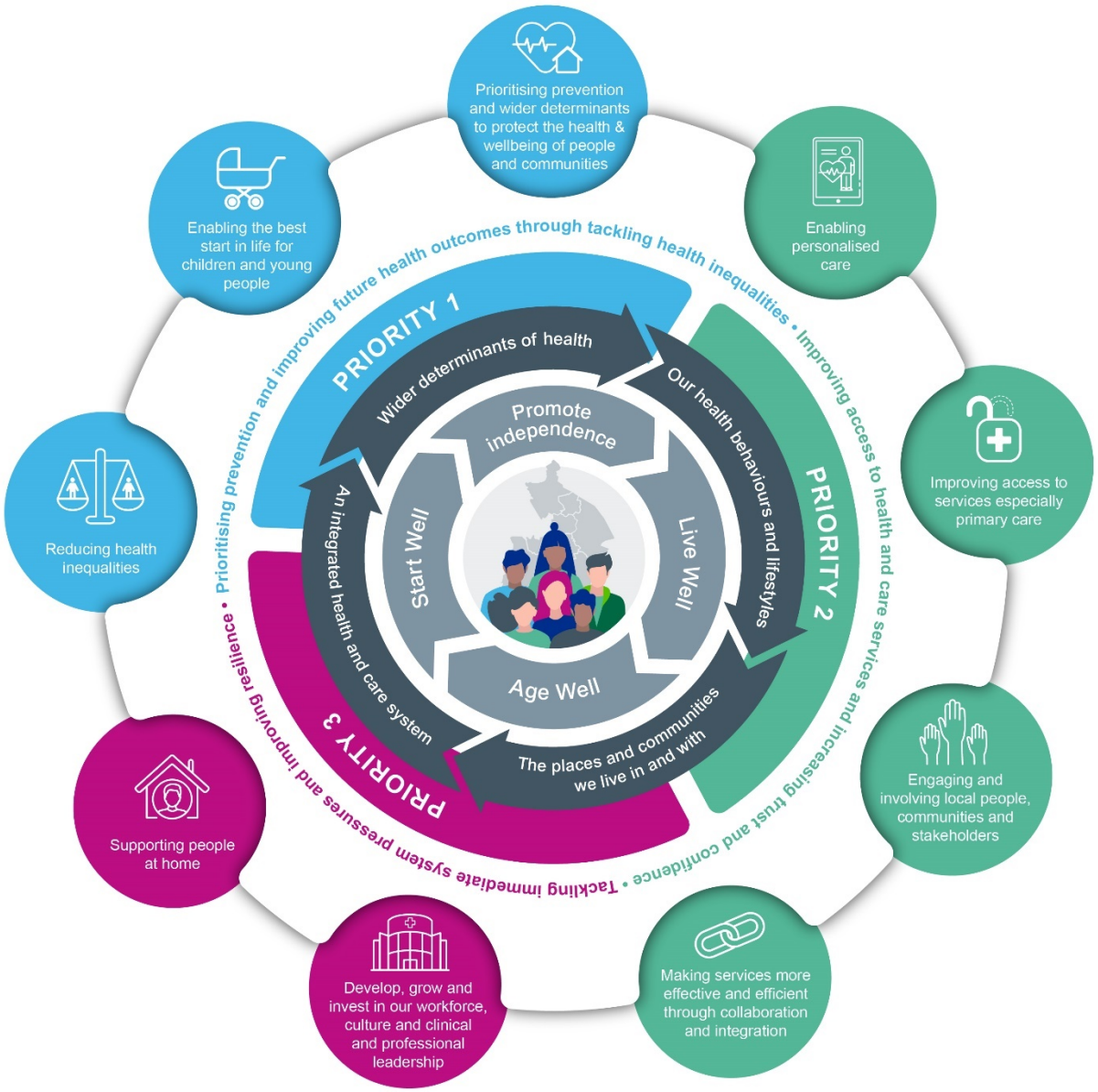
Our priorities

Prioritising prevention and improving future health outcomes through tackling health inequalities

Improving access to health and care services and increasing trust and confidence

Tackling immediate system pressures and improving resilience

The follow diagram shows the nine areas of focus to support the delivery of these priorities, set in the context of our wider vision and aims.



As we have developed these priorities and identified the outcomes and actions for each, we have done so through the lens of our population health model. Whilst each is an important and distinct area of activity, we also seek to highlight the connections and overlaps between them. So, for example:

- personalised care gives power to people to live independently, take greater control of their own care and focus on “what matters to me?” rather than “what’s the matter with me?” This citizen empowerment is key to the prevention of ill health
- protecting the health of people and communities requires culturally competent approaches, which will be underpinned by a deeper understanding and involvement of our communities

- there are opportunities to address the wider determinants of health through our approach to workforce challenges, by recruiting locally and taking action to attract and prepare young people living in areas of deprivation for careers in health and care.

We are determined to see an unswerving commitment to reducing inequalities running through everything we do but have also included this as a specific area of focus, to ensure it is given the attention and scrutiny required to deliver progress and impact over time.

Our commitments

All partners in the system have signed up to the following set of commitments that will define how we work together to achieve the four national aims and our system priorities. These include an underpinning commitment to the primacy of place in our decision-making and activity, whilst recognising the opportunity of system-wide working to deliver value at scale where appropriate.

Priority 1: Prioritising prevention and improving future health outcomes through tackling health inequalities

What this means to me

I will be supported to live a healthy, happy and fulfilled life, being equipped with the knowledge and resources needed to prevent ill health and maintain my independence at home, whilst knowing that effective services are in place for me to access should the need arise. This will include having access to support relating to the wider aspects of my life, including housing, employment and finances.

Context

As a system we want to prioritise supporting our population to remain as independent and healthy as possible, whilst also providing effective, timely and accessible treatment and care when required, from early years through to the end of life.

Informed by engagement, we have identified three key areas that we need to focus on in order to prioritise prevention and improve future health outcomes locally. They are:

- reducing health inequalities
- prioritising prevention and wider determinants to protect the health and wellbeing of people and communities
- enabling the best start in life for children and young people.

Nationally, prevention has been placed at the heart of the newly developed Office for Health Improvement and Disparities and forms a key aspect of the NHS Long Term Plan and the Care Act 2014. This focus reflects the ever-increasing evidence base demonstrating the benefits and cost-effectiveness of shifting resources 'upstream' towards prevention. Locally, prevention is not only at the forefront of our vision for Coventry and Warwickshire ICS and a key ICB principle, but more importantly there is a genuine drive across partners within our system, exhibited throughout stakeholder and also community engagement, for prevention to be given the priority it deserves

moving forward. This includes an all age, whole population approach to personalised care, where people are supported to manage their health and wellbeing rather than only receiving treatment when they get ill, which is a key component of the prevention commitment

Unprecedented demand on health and social care services means that protecting public health and preventing physical and mental ill health and disability and the associated need for care have never been more important or relevant and there is arguably no better way of ensuring the sustainability of our services. By focusing on prevention at all levels across the system, future health outcomes for our population, and demand for health and care services in Coventry and Warwickshire can be improved.

As we strive towards equity, some groups will need to have more opportunities to benefit from these improvements in future health outcomes than others. Currently inequalities exist in health outcomes and life chances nationally and across Coventry and Warwickshire; these inequalities are well documented and remain largely unchanged. The Covid-19 pandemic highlighted and unfortunately further exacerbated these inequalities, which in part has led to a national drive to reduce health inequalities through programmes such as NHS England's National Healthcare Inequalities Improvement Programme (HiQiP) and more locally through our Health Inequalities Strategic Plan. Our public engagement highlighted the negative impact of such inequalities locally, particularly for Black and Minority Ethnic communities.

While the health and care an individual receives is important, we know that as much as 80% of a person's long-term health is related to wider factors, including employment, housing and education. The Integrated Care System is a unique opportunity to provide a more holistic approach to health and care across the system, to enable people to access the support they need relating to these wider determinants of health, to create and support healthy communities and environments in Coventry and Warwickshire. Local authorities will be crucial to this work and how we work with VCSE organisations.

We also know that happy and healthy children and young people have more chance of becoming happy and healthy adults and that adverse events in childhood can have a life-long impact. There is no better place to start when thinking about prevention and future outcomes than by focusing on children and young people, a time when the foundations of a healthy and fulfilled life are being laid.

Reducing Health Inequalities

We want to be a system that effectively identifies, tracks and takes action to reduce entrenched inequalities in health and the wider determinants, by taking a population health approach, ensuring that Coventry and Warwickshire is a place where everyone starts, lives and ages well. We recognise that some groups who are disadvantaged by current arrangements may need differential access or specific targeted services in order to reduce inequity.

"Everyone should be able to access the same healthcare regardless of their colour, background or culture." (Feedback from an engagement session held with CARAG, Coventry Asylum and Refugee Action Group)

What are we doing already?

Coventry and Warwickshire ICS has a new five-year Health Inequalities Strategic Plan which provides an important foundation to shape our work. The Plan sets out our commitments as to how we are going to reduce health inequalities in Coventry and Warwickshire, taking account of the delivery of key elements of the NHS Long Term Plan and Core20PLUS5. We have a Population Health Inequalities and Prevention Board, supported by the Inequalities Delivery Group that come together to strategically align and drive forward this work, also supported by the creation of two new Health Inequalities Programme Manager posts aligned to Place.

A range of programmes and strategies relating to health inequalities exist across Warwickshire and Coventry, including Tackling social inequalities in Warwickshire (2021-2030) and the emerging One Coventry Plan and work of the Marmot Partnership. It is hoped that this strategy, alongside the Integrated Health and Care Delivery Plan will support in aligning work to ensure an integrated and coordinated approach to tackling health inequalities across Coventry and Warwickshire; embedding action to reduce health inequalities across all programmes of work will be key to achieving our goals.

What will change in our ways of working?

- Action to tackle inequalities will be embedded strategically and operationally across the system, making it core to the work of the ICS and built around Core20Plus5, ensuring it is at the heart of decision making and prioritising.
- We will build a culture of prioritising those in greatest need and an understanding that health inequalities can only be addressed in a systematic system-wide way and by taking a population health approach. This includes reducing inequalities being key to decisions on the prioritisation and allocation of resources.
- Service provision and preventative activities will be aligned with intelligence around the wider determinants of health and existing inequalities.
- All of our services will be planned and delivered in an inclusive way, encouraging innovation and community co-production through design.

What actions are we prioritising?

- Delivery of the Health Inequalities Strategic Plan across place and workstreams.
- Establishing 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.
- Ensuring all partners across the system have a shared understanding of what health inequalities are, how they relate to their work on a day-to-day basis and how to address them – for example by using HEAT (Health Equity Assessment Tool). This will also include supporting the personalisation agenda at a population level.
- Shifting resource to target population groups demonstrating the greatest need to achieve equity in outcomes, taking a gradient approach known as proportionate universalism.

Prioritising Prevention and Wider Determinants to protect the health and wellbeing of people and communities

We want to see prevention being explicitly embedded and resourced across all plans, policies and strategies for our population, supporting a reduction in inequalities and improvement in health and wellbeing outcomes. This includes addressing the impact of the wider determinants of health across the life course, ensuring residents live in affordable and good quality homes, have access to good jobs, feel safe and connected to their communities, utilize green space and are enabled to use active travel.

"More prevention plans and strategies - maybe this will help to save money and resources in the future." (Feedback from an engagement session held at a Hindu Temple)

We also want to be as prepared as possible for the very real threat of future pandemics, but also effectively manage all aspects of health protection, taking a population health and multi-agency approach. This includes ensuring ready access to and high uptake of immunisation and screening opportunities and appropriate and safe antibiotic prescribing. Our public health workforce, leadership and the lessons from Covid-19 will be key.

Within our communities people living in shared accommodation such as care homes, refugee and asylum seeker accommodation are more vulnerable to outbreaks of infectious diseases and we will continue to work collaboratively with partners to ensure additional measures are in place.

"Refugee and asylum seeker's mental and physical health is being affected due to the long delays with paperwork, housing conditions, financial constraints and isolation." (Feedback from an engagement session held at a Coventry and Warwickshire LGBTQI+ Support Group)

We want to deliver a whole system, all-age, person-centred approach to mental health and wellbeing, that is driven by access to physical and mental health and social care in the same place at the same time, with no wrong door, and where prevention is at the heart of all we do.

What are we doing already?

Our system approach based on the population health model not only recognises the interplay between wider determinants of health, our health behaviours and lifestyles, the communities in which we live and the health and care system, but also demonstrates our commitment to addressing these vital dimensions of health across the system. The Coventry and Warwickshire Population Health Inequalities and Prevention Board brings together and aligns local action around Population Health Management, Inequalities and Prevention across the system and is a vital aspect of developing the prevention agenda.

Both Coventry and Warwickshire Health and Wellbeing Boards have Health and Wellbeing Strategies in place that are rooted within the wider determinants of health, including a focus on connected, safe and sustainable communities. Our local authorities – Coventry City, Warwickshire County and our district and boroughs – also have strategies and plans and programmes of work in

place around prevention and the wider determinants of health. In the context of significant cost-of-living pressures, with more people struggling to cover even basic bills and food costs, protecting people from the impact wider determinants can have on health and wellbeing is vitally important and will undoubtedly be more effective through an integrated approach across our system.

The nature of wider determinants means scope is broad and several workstreams are relevant, including but not limited to:

- Domestic abuse and serious violence
- Transport
- Drugs and alcohol
- Homelessness
- Housing
- Employment
- Environment and health

Locally we are harnessing the valuable lessons learnt from the Covid-19 pandemic through an update of the local 2017-2021 Health Protection Strategy. This sets out a partnership approach to our identified priorities including emergency planning, infection control, screening and immunizations and air quality. Working closely in partnership with our UK Health Security Agency colleagues ensures a coordinated response to these key challenges, particularly emergencies and outbreaks.

Identified by the World Health Organization as being one of the biggest threats to global health, antibiotic resistance is also a priority locally and the Coventry and Warwickshire Antimicrobial Resistance (AMR) Strategy is delivered in partnership with colleagues from the ICS, including system prescribing leads. This aims to reduce inappropriate antimicrobial prescribing across primary and secondary care.

What will change in our ways of working?

- A commitment across the system to support prevention activity, recognising the value for money of prevention and early intervention. This includes prevention and early intervention being embedded explicitly across all system, place and neighbourhood plans, policies, strategies and programmes and maximising opportunities for primary, secondary and tertiary prevention across all pathways.
- Prevention of ill-health and promotion of wellbeing will be the first step of every NHS and local government pathway.
- There will be an increased recognition of the need for broad partnerships and the contribution that all partners can make, including academic institutions and voluntary and community sector organisations.
- A 'Health in All Policies' approach embedded across the system, whereby organisations adopt policies that promote health and wellbeing and support people with the rising cost of living, as major local employers.
- Effective coordination of all relevant health partners across the ICS to ensure migrant, refugee and asylum seeker populations receive appropriate physical healthcare, tailored mental health support and access to all services.

What actions are we prioritising?

- Resources will be allocated to reflect our focus on prevention and the wider determinants of health. This will include a systematic shift in resources 'upstream' towards prevention, and Health and Wellbeing Partnerships acting as delivery for the wider determinants of health.
- We will consider how to apply the Midlands Health Inequalities toolkit, including the Health Inequalities Decision Tool, to our decision-making across the system and specifically any targeted health inequalities interventions decisions.
- All system partner policies will be assessed for their contribution (positive or negative) to the health of our population. This will include conducting Health Equity Assessment Tools on new work programmes and policies and conducting Health Impact Assessments, for example by using the HUDU HIA or the WHIASU toolkit.
- We will use population health methodology and the voice of people with lived experience to drive strategic commissioning decisions and plan service changes to address health inequalities and provide more preventative services.
- Health services and partners will be equipped with the knowledge and resources to be able to appropriately signpost to services related to the wider determinants of health, with the aim of systematically addressing social needs within the health and care systems, for example through social prescribing approaches - enabled by linked data.
- Colleagues across the whole ICS will work collaboratively to maximise vaccination uptake via a variety of campaigns, especially relating to childhood vaccines such as MMR and our Core20PLUS5 populations.
- The Coventry and Warwickshire Health Protection Committee will effectively implement the updated Health Protection Strategy, ensuring that there is appropriate representation and involvement from all relevant stakeholders across the whole ICS.

Enabling the Best Start in Life for Children and Young People (CYP)

We want to be a system that ensures children have the best possible start in life, where seamless, collaborative and evidence-based care is delivered to enable all children and young people to have the best start as a foundation for happy, healthy, safe, and productive lives, with effective and timely interventions in place when expected outcomes are not being met.

Greater focus and attention will be given to the children and young people's agenda, ensuring all our young people receive the right support at the right time. This includes children and young people who may be more vulnerable or require additional support, including Looked After Children and children with special educational needs, for example autism or learning disabilities, ensuring that they receive the additional care and support they need to thrive and make a strong start in life.

What are we doing already?

We are seeing increasing population growth and diversity of needs amongst Coventry and Warwickshire's young children; services will need to expand and adapt to increasing numbers and complexity.

Warwickshire are establishing a Children and Young People Partnership (CYPP) sub-group of the Health and Wellbeing Board, the purpose of which is to provide strategic oversight to the children and young people's agenda, facilitate integration and collaboration across Warwickshire and take a holistic population health approach. Priorities and activities of the CYPP will be evidence-based and informed by the JSNA.

Coventry has a Children and Young People Partnership Board that reviews the Coventry Children and Young People Plan to deliver and provide the best support possible for children, young people and their families. There is also a multiagency Early Help Strategic Partnership focused on reaching children, young people and families when the need first emerges.

Some children and young people require additional support, care and protection either due to disability or specific vulnerabilities that mean they are at risk. This includes for example those experiencing homelessness or substance misuse, Looked After Children and children or young people on the edge of the youth justice system.

Coventry and Warwickshire are committed to supporting continued quality improvement to ensure that all children and young people are safe as well as healthy and that those with Special Educational Needs and Disabilities achieve the best possible outcomes through having every opportunity to take control of their lives, be as independent as possible and achieve their full potential. This requires strong partnership working across health, education and social care, with staff who take a holistic view of the child or young person that they work with.

The ICS offers the opportunity to further align the great work already happening across Coventry and Warwickshire, led by the local authorities, through collaboration and a partnership approach. Ensuring the best start in life begins before conception and involves a wide range of partners and agencies across the system that contribute to children and young people's health and wellbeing. A focus on perinatal services is particularly important from a prevention perspective, including for example interventions to reduce smoking in pregnancy. There are several key strategies and programmes of work across the system that set out evidence and objectives to progress the children and young people's agenda. These include:

- Coventry and Warwickshire's Child & Adolescent Mental Health Services (CAMHS) Transformation Plan
- Coventry and Warwickshire Joint Strategy for Autistic People (2021-2026)
- Warwickshire Children and Young People Strategy (2021-2030),
- Warwickshire Education Strategy (2018 to 2023)
- Warwickshire SEND & Inclusion Strategy
- Child Friendly Warwickshire
- Coventry Integrated Early Years Strategy (September 2021)
- Coventry Parenting Strategy 2018 – 2023
- Coventry Education Partnership & School Improvement Strategy
- Coventry Children and Young People Plan 2021/22
- Coventry Early Help Strategy (2020-2022)
- Coventry's Children's Services Strategic Plan and Journey to Excellence

Our local activity is informed by national policy, in particular The Early Years Healthy Development Review Report, and First 1000 Days of Life. We are working to implement the CHILDS framework for integration, applying a population health management approach to our health and care provision for children and young people. NHS England's Core20PLUS5 approach has recently been adapted to apply to children and young people, which will support the reduction in health inequalities for this age group.

What will change in our ways of working?

- There will be clear pathways in place across the system for communication and identification of need, with transformation of services that enables re-investment in sufficient capacity in the right place to respond to need.
- We will ensure all-age pathways are in place across services to support the transition to adulthood and prevent unnecessary or ineffective transfer between services.
- We will adopt a strength-based approach to working with children and families across all services.
- We will invest in evidence-based quality support programmes, create school networks which collaborate to provide effective peer support systems and make a local commitment to workforce development, to improve school readiness and education outcomes.

What actions are we prioritising?

- We will establish a system-wide Children and Young People Board and develop a Children and Young People Health and Wellbeing Strategy.
- We will prioritise investment in children and young people's mental health and wellbeing services, with a specific focus on the current and future needs for 18–25-year-old people.
- We will establish a process to collect and share insight and intelligence efficiently and effectively about health inequalities and the needs of children and young people across the system. This will be used to inform service provision and preventative work.
- Resources will be pooled, through joined up planning and integrated working around children and their families, including healthcare, children's services & education, pre-maternity and maternity care, peri-natal mental health, health visiting, Early Help, and special educational needs & disability.
- Services will be co-produced to ensure the voices of children, young people and their families are heard and are at the heart of decision making and prioritisation.
- We will work with all partners to ensure that services for children and young people are poverty proofed.

Priority 2: Improving access to health and care services and increasing trust and confidence

What this means to me

I will find it easier to access the health and care services that I need wherever I live across Coventry and Warwickshire. Those services will feel more like one service, I will have more say over the services I receive and greater trust in their quality, effectiveness and safety.

Context

The NHS was founded to provide universal access to health care. We know that the pandemic had an impact on access and also on trust and confidence in services. We also know the two are related and both have a strong link to and impact on health inequalities.

This strategy has been informed by extensive engagement with people and patient and community groups across Coventry and Warwickshire. People told us that we need:

- greater access and quality of access and fairness of treatment for all
- more access to health and care services in our communities
- greater access to specialists
- more access to screening and diagnostic services locally
- clearer information about how to access services and support for those that face challenges accessing them.

One of the greatest strengths of our health and care services is their accessibility. We know that this is as important as ever and that different people and groups face different barriers and challenges accessing services. We also know that trust in key health and care services is variable across groups and communities and from service to service. We want to tackle this variability and raise levels of trust across the board.

Our mission over the next five years is to improve access to and trust in health and care services across Coventry and Warwickshire. When we say health and care services, we mean this in the widest possible sense, including those such as housing and active living that impact wellbeing, and those provided by the community and voluntary sector.

We are facing greater demand for health and care services, with an ageing and growing population, and like everywhere else across the NHS, a significant elective waiting list to work through. At the same time, we are facing continued financial pressures. We need to find more and better ways to work together, involving people and communities in this as well as partners such as the fire service, police and our many amazing voluntary and community groups.

There are four key areas which we need to focus on in order to improve access and trust, informed by our engagement. They are:

- personalised care
- improving access to services especially primary care
- meaningfully engaging people, patients and communities
- making services more effective through collaboration and integration.

Below we go into more detail on each area around what we want to achieve.

Enabling personalised care

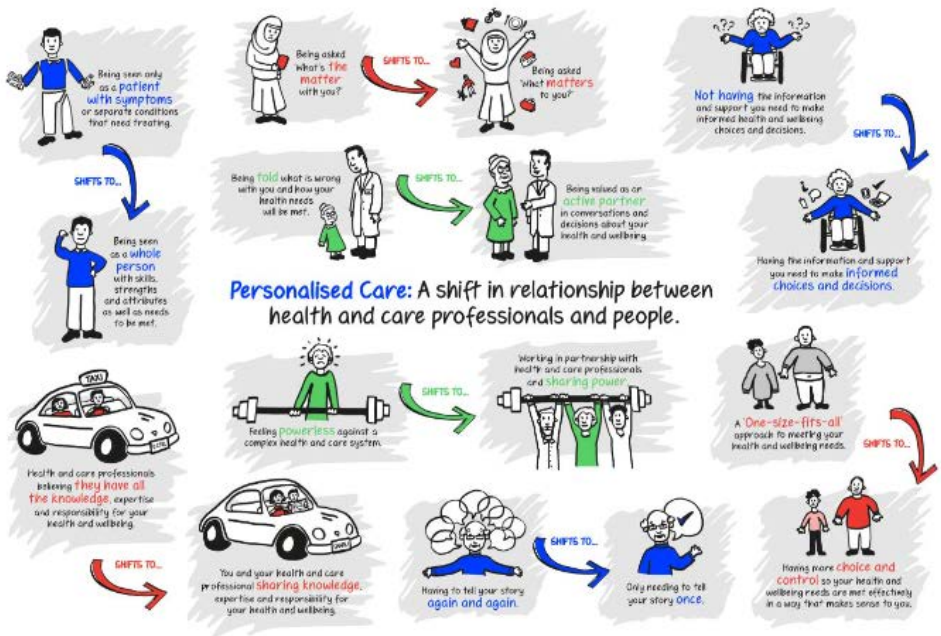
Personalised care is all about giving people more choice and control over the way their care is planned and delivered based on “what matters to them” and their individual strengths, needs and preferences.

Our ambition is to achieve better experiences and health outcomes for people by embedding the six components of the universal personalised care model across our health and care services. We want this to be a hallmark of the care we provide and a shared ethos of all practitioners who are committed to shared decision making with people and patients.

As we collaborate more as health and care service providers to align what we do, personalised care means:

- putting the care receiver at the heart of this integration and the centre point of a whole-system approach – ensuring “what matters to you” is listened to and understood
- continuity of care and an all-age approach from maternity and childhood right through to end of life, encompassing both mental and physical health
- a new relationship between care receivers and care providers.

Personalised care has significant links across this strategy and, especially with health inequalities - by focusing on what matters to people, taking account of their circumstances, challenges and assets, and giving everyone the opportunity to lead a healthy life, no matter where they live or who they are. We want to promote and embed a personalised care approach across all of our workforce and reflect personalised care in our integrated care pathways and commissioned services across the Coventry and Warwickshire system. Our aim is to be clear about what this means for practitioners and providers and to empower individuals to be active and prepared participants in their own care.



What are we doing already?

Personalised care is a priority for the NHS nationally. It is one of the five key focus areas for change outlined in the NHS Long Term Plan. There is work underway already in the system, to develop a more consistent understanding of and set of practices around personalised care and a strategy for how this is implemented across Coventry and Warwickshire.

The C&W personalisation programme has produced a strategy for 22/24 setting out the programme's ambitions and approach for embedding personalised care across our system, supporting each of the Trusts, place partnerships, primary care and social care.

The programme has identified five principles of personalised care:

- it starts with the principle of "what matters to you" as opposed to "what's the matter with you?"
- it's about shared power and collaboration between people, families, and health professionals.
- it enables people to have choice and control over their lives.
- it moves people from being passive recipients of services to active citizens.
- it is about getting a life, not a service.

We are working towards a universal service standard that builds in personalisation and is flexible enough to accommodate specific needs as well as more common ones. A key part of this will be how we better understand service access, patient experience and personal requirements.

What will change in our ways of working?

- Further integration to deliver enhanced personalisation, choice and flexibility for people accessing health and care services.
- Joined up sharing of patient records and information across partners in the system.
- Better experiences and health outcomes for people by an embedded universal personalised care (UPC) model across our system, place and neighbourhoods.
- A reduction in health inequalities driven by greater access and trust in services and delivery of personalised care.
- A population more empowered and supported to manage their health and wellbeing.

What actions are we prioritising?

- Develop and clearly communicate to all health and care practitioners what we mean by personalised care and a set of working practices to support its implementation and adoption.
- Support each of our Trusts, place partnerships and primary care colleagues to identify opportunities to embed personalised care approaches.
- Support our workforce through training to better understand and be equipped to deliver personalised care.
- Support our people and patients to share "what matters to them" in their health care interactions.
- Evaluate the impact for people/patients, staff and our system.

Improving access to services especially primary care

Through the engagement that we have undertaken to support the development of this strategy, we have heard a lot from local people about the importance of timely and simple access to joined-up health and care services when they need them. People have told us about the challenges and frustrations that they currently experience accessing a range of different services – in particular, the importance of access to general practice services.

We have been honest about the challenges that we are facing as a system. Specifically, rising patient demand, financial pressures and increasing workforce shortages. While these impact on our ability to improve access to services, we remain positive about the opportunities to deliver new and innovative methods of delivering General Practice services through face-to-face, online and telephone appointments from an increasingly varied and professional workforce. In Coventry and Warwickshire, we are clear that the future of General Practice is to adapt and develop, to support the needs of our patients. We believe that the new structure of the NHS creates the opportunity to accelerate work already underway to deliver a much more integrated way of working, enabling partner organisations of the ICP to respond to the needs of local populations within available resources, to improve patient care, outcomes through access to services.

From our engagement with local people, we recognise that everyone wishes to access services in a different way, and we need to adapt to this choice. Many of these new routes into General Practice services were driven by our response to the Covid-19 pandemic. Local Providers of health and care services, including GP practices, rapidly adopted a range of new technologies and, as a result, digital access to services became much more widespread in our system. Whilst we recognise that accessing services through digital channels does not suit everyone, our local vision is to harness digital technology to enable local people to access information, support and care easily and confidently.

Key to our ability to provide the primary health care services that our patients need, will be the workforce. We have already seen significant increases in certain roles, such as pharmacists, physiotherapists, social prescribers and paramedics, who have delivered enormous value to patients as part of the wider multi-disciplinary team. Key over the coming months and years will be to increase these roles alongside a clear plan to support increased numbers of General Practitioners and the wider nursing team.

If we are successful, we expect to see increased patient satisfaction relating to shared decision making and access to services, including general practice services.

What are we doing already?

Every day in Coventry and Warwickshire tens of thousands of people access services through our 120 local GP practices and 19 Primary Care Networks ('PCNs').

While local GP practices are delivering more appointments than ever before and national GP Patient Survey results continue to demonstrate that they are performing better than the national average across a range of key areas, we also hear from some local people about the difficulties that they experience accessing their local GP practice. We are already using the data available to us, including data relating to GP appointment activity, to understand and tackle variation, and this will continue to be an area of focus for us over the coming years.

As we have set out, we believe that integrated working will be central to improving access. Dr Claire Fuller's recent landmark report, strongly reinforces the direction of travel that we have already set out on to transform our local out of hospital system in Coventry and Warwickshire through greater integration between primary, community and secondary care, social care and the Voluntary Community and Social Enterprise sector. Through our local out of hospital contracts, providers of services are working together to redesign care pathways in a more joined up way which supports our most vulnerable and complex patients to be able to remain safely at home through access to proactive care in the community.

Critical to our success in building a more integrated health and care system will be for us to continue to sustain and nurture the development of our 19 local PCNs, which bring together groups of GP practices to work together, alongside other NHS service providers, to develop services around the needs of local communities. These PCNs will continue to be the building blocks for wider out of hospital service integration.

Local PCNs have engaged with their local populations to develop new 'enhanced access' services which are extending access to general practice services during evenings and at weekends across Coventry and Warwickshire. They have also continued to expand the provision of social prescribing, supporting people to self-care and to access different sources of support in their communities, from creative activities such as art and singing to advice on housing and employment issues.

The delegation of responsibility for commissioning pharmacy, optometry and dental services from NHS England to the ICB in April 2023 offers an opportunity to strengthen the links across the different primary care contractor groups and to further drive integration across the primary care sector.

We have also been working on enhancing the community diagnostic capability and resources across the system to improve access to diagnosis services following the Sir Mike Richard's review of NHS diagnostic capacity. Capital investment in community diagnostics for Coventry and Warwickshire to support this work has been secured.

What will change in our ways of working?

In order to improve access to services and especially general practice services, we will work towards:

- increased collaborative working across partner organisations of the ICP, driving increasingly integrated models of care/service delivery, including a transformed model of integrated out of hospital care
- well supported PCNs operating with increasing maturity
- resilient General Practices delivering accessible, personalised, high quality care
- increased diagnostic capability and capacity across the workforce and improved access to community diagnostic services
- improved and increased digital interoperability between primary and secondary care.

What actions are we prioritising?

- Delivering the funding guarantee for primary and community care, and continuing to maximise use of available primary care development funding.
- Continuing to support PCN development and delivery of the national PCN services set out in Network Contract Directed Enhanced Service.
- Development of the Primary Care Collaborative – a 'guiding coalition' of leaders from within the general practice sector.
- Developing our local Fuller Stocktake implementation programme centred on the action areas identified in the Fuller Stocktake Framework for Action.
- Working with our primary care collaborative to refresh our Primary Care Strategy in the context of the Integrated Care Strategy and the Fuller Stocktake. To ensure that our plans meet the needs of practices, PCNs and patients.
- Working with our local Out of Hospital service providers to better integrate services across primary, community and secondary care, taking a more proactive and preventative approach to health care.
- Establishment of three community diagnostic hubs across Coventry and Warwickshire.

Engaging and involving local people, stakeholders and communities

We want to involve individuals and communities in shaping the services they receive in a way that is both meaningful and representative, working together across the system to make services work for everyone.

In order for our ICS to be effective, we will have local people and communities at the heart of what we do and how we do it. This will enable everyone who wants to, to be part of identifying the issues and helping to find solutions in ways that work for them and meet the priorities of local communities. Without the insights and diverse thinking of local people we will not be able to meaningfully tackle health inequalities and the challenges faced by health and care systems.

At the heart of how we work together as an ICS will be an ethos of learning from local people and, where needed, changing the way health and care partners work together, removing the barriers between services and joining up care around people and populations. This engagement will be an ongoing dialogue between the providers of care services and the recipients of those services to drive continuous improvement and involve people in care that is personalised to them.

This engagement and involvement of people is pivotal to improving access to and increasing trust and confidence in the health and care services we provide. Our engagement will always be meaningful, undertaken in culturally competent ways and we will do our best to coordinate engagement and involvement across the system understanding people's priorities and experiences in the context of their lives, not just their health conditions.

What are we doing already?

We have some really strong foundations to build on. The Covid pandemic and delivering the vaccination programme has shown us that when we work together to engage and involve communities with a common purpose, and without barriers between local authorities, NHS providers and commissioners and communities, we can better support and respond to the true priorities of local residents and extend our reach much wider and deeper into local communities, particularly those who may have been or felt excluded in the past.

Across Coventry and Warwickshire, all partner organisations, particularly the two Local Authorities, voluntary sector and Healthwatch, have developed many examples of excellent best practice in working with communities, understanding experiences and championing co-production, and we will build on and learn from their experiences in shaping the ICS approach.

We will adhere to the NHS England principles on how we communicate, engage and involve people and communities.

Our Communities Strategy outlines in detail the steps we will take to deliver these priorities. Throughout the strategy, there are case studies from across the partners of the ICS which demonstrate the breadth and depth of engagement activity that already takes place. We will build

on these strong foundations, learning from each other to design how we work together as a system and better collaborate and engage with both individuals and communities.

Engagement is something which must be done *with* local communities not *to* them, and there are many great examples of communities being empowered to look after their own health across our health and care system. The National Lottery Community Fund and The Kings Fund-supported Healthy Communities Together programme presents an enormous opportunity for us to learn about how best to mobilise communities and redefine the shape and scope of local systems to improve the outcomes for our population.

However, there remain barriers to delivering engagement, both as a system and at local, place and neighbourhood level, which this strategy aims to eradicate as we begin to work as one whole system – working in co-ordination at a system level where appropriate and empowering local communities to lead the way.

What will change in our ways of working?

- Greater levels of personalised care enabled by effective engagement with patients and communities.
- An improved methodology and approach to how we engage patients and communities consistently across system partners based on a shared framework.
- Developing and maintaining ongoing relationships with our diverse communities.

What actions are we prioritising?

- Investing in the community and voluntary sector.
- Delivery of our Communities Strategy.
- Developing a framework for how we work together as partner organisations within the ICS.
- Promoting cultural change across the ICS to put people at the heart of everything we do.
- Building trust and relationships through always listening to and learning from our communities.
- Equipping everyone with the tools they need and demonstrating the difference that community involvement makes, drawing on learning from across the system.

Making services more effective and efficient through collaboration and integration

We want to make health and care services in Coventry and Warwickshire more efficient, effective and ensure they provide better value for everyone.

We will only be able to do this if we develop the ways in which we work together and the structures of our health and care system, so we have right mechanisms through which to collaborate and integrate. These should enable us to develop new ways of working, speed up processes, share good practice and resource and align high standards. Clarity is required in the roles and responsibilities across each component and in the links between all parts of our new system.

A more joined-up commissioning and coordinated provision approach, closer to patient communities, will deliver a more efficient health care service. It will also provide a more coherent response to local population needs, supporting improved outcomes for all and reducing inequity in access and outcomes across Coventry and Warwickshire.

Key to achieving this will be the strategic leadership work of our ICP, the leadership and commissioning role of our ICB and the work of our care and provider collaboratives organising local delivery of services. This will enable us to transition to an infrastructure where decisions can be taken closer to communities, with better understanding of those communities and their needs, supporting collaboration between partners to address inequalities and improve outcomes in physical and mental health and wellbeing, and sustaining joined-up value for money services.

What are we doing already?

The Health and Care Act 2022, and other statutory guidance, sets out a clear intention of a more joined-up approach to health and care built on collaborative relations; using the collective resources of the local system, NHS, local authorities, the voluntary sector, and others to improve the health of local areas.

Our operating model has a number of core components, which we have been establishing and developing, with specific roles.

- Integrated Care Partnership – a partnership of key health and care leaders across Coventry and Warwickshire with specific responsibilities to develop this Integrated Care Strategy for the whole population.
- Integrated Care Board – taking responsibility for 'strategic commissioning' and leading integration in the NHS to bring together all those involved in the planning and providing NHS services to take a collaborative approach.
- Three provider collaboratives with distinct roles and responsibilities to facilitate the sharing of expertise, knowledge and skills between providers and to draw on the strength of its members to redesign service delivery and develop new models of care:
  - Acute Provider Collaborative

    - Focus on at scale Acute pathway redesign
    - This collaborative will bring together all key stakeholders including Acute and other appropriate stakeholders e.g. Primary Care
  - Mental Health Provider Collaborative
    - This collaborative will bring together mental health partner providers to respond collectively to improve delivery of mental health services across the system
  - Primary Care Provider Collaborative
    - This collaborative will bring together all core Primary Care providers at a Coventry and Warwickshire level
    - This has commenced with General Practice at present but over time wider core Primary Care providers will also be incorporated.
    - The immediate focus of this collaborative will be to provide strategic direction and support to local PCN programmes.
- Two geographical Care Collaboratives which will have an influencing responsibility on commissioning decisions made by the ICB so that services can be developed and tailored to meet local population need. As Care Collaboratives develop and mature, this responsibility may increase to direct commissioning responsibility for an agreed scope of services:
    - One for Coventry, one for Warwickshire. The Care Collaboratives will map to our Local Authority (LA) boundaries recognising the opportunities for deeper integration and collaborative work on health inequalities and the wider determinants of health in the smaller, contained footprints of the local authorities
    - The Warwickshire Care Collaborative will be made of three equal Place partnerships.

What will change in our ways of working?

- We will have a whole-system approach that is reoriented to focus on keeping people healthy, well and in control of their lives.
- We will build a sustainable system in which every resident of our area can expect to receive high-quality health and care services when they need them and barriers that currently prevent or hinder joined up care across services have been broken-down.
- Everyone in the health and care system will work together to do the right thing for our population and the right thing for the system, where the health and care workforce feel valued and supported.
- We will take collective decisions closer to the patient, based on a shared understanding of the local population and how people live their lives in a system that looks beyond health and care services to the wider determinants.

What actions are we prioritising?

- Getting the structures and governance of our system right, making them lean, effective and efficient.
- Developing the strategic leadership capability of our ICB and ICP.
- Developing the capability and capacity of our Care Collaboratives and local care partnerships as vehicles for driving collaboration and innovation.
- Setting conditions to create greater collaboration, removing barriers to integrated care to allow local partnerships to thrive, and empowering staff and communities to deliver the ambitious service changes needed within the system.

- Empowering the right groups of people with the expertise and evidence to make decisions on how to redesign and reorganise services.
- Ensuring that there is agility and pace in decision making to enable transformation to occur at the rate that the system needs.

Priority 3: Tackling immediate system pressures and improving resilience

What this means to me

Everyone works together to make sure I receive appropriate and timely care when I need it, from skilled and valued staff.

Context

As we emerge from the global pandemic, the challenges that health and care services have faced over the last decade have only increased in severity. So, while we have clear ambitions for the future, we recognise that there are some immediate pressures facing our Integrated Care System that we need to address as a priority. A failure to do so will mean a constant cycle of immediate pressures and an inability to look beyond that and invest in the future.

We are seeing increasing demand for health and care services, complexity of need and challenges around the flow of patients through the system, all at a time of significant financial pressure. Many within our workforce are tired, having moved from the pandemic to recovery of services, and now face the additional stress of increased demand, increased vacancies and higher sickness absence.

Immediate system pressures include increasing demand for urgent and emergency care, a need to restore elective or planned care as quickly as possible, a requirement to manage the impact of winter, and mental health services impacted significantly by the COVID-19 pandemic. As an Integrated Care System, we also need to be able to demonstrate that partners can plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care.

We need to work together both to reduce immediate demand on services and to secure the system capacity required to meet the current and future health and care needs of our population – which include both physical and mental health care, and social care needs.

Traditional approaches aren't working, and increasingly we recognise a need to do something different as we embrace the opportunity of collaborative working through our Integrated Care System.

Reducing demand on services means enabling people with complex needs to live independently at home, which we describe in more detail below. Linking to priorities 1 and 2, we also need to minimise avoidable A&E attendances through improved service access and advice upstream – particularly for those in Core20 and priority groups who are overrepresented in urgent and emergency care.

Securing system capacity and building resilience involves:

- ensuring effective system flow, by having the correct capacity, resource and processes in the system to ensure that we are able to most effectively and efficiently meet current and future service demands in a timely manner
- working to support the resilience and sustainability of the social care independent, voluntary and community sector market, including support with recruitment, quality improvement and business continuity and making best use of resources through Fair Cost of Care
- building workforce capacity by maintaining our focus on recruitment, development and support strategies to keep our people happy and safe at work
- ensuring our limited resources are consumed to best effect through our approach to financial sustainability, productivity and efficiency.

There are two key areas which we need to focus on in order to improve resilience and tackle system pressures. These are:

- supporting people at home
- develop, grow and invest in our workforce, culture and clinical and professional leadership.

Supporting People at Home

Supporting people to live at home as they develop or encounter health-related difficulties is a core ambition of health and social care. Achieving this requires resilient, responsive, accessible and adaptable health and care services that have personalised care principles at the heart of what they deliver and work in tandem with the individual, their friends and family carers to help people achieve positive outcomes.

The impact of not supporting people effectively at home is experienced both at an individual level and across our health and care system through increased demand on urgent and emergency care services and social care.

There is an important equality aspect to this priority as we know that some cohorts of our population seek support from health and care services earlier on, whereas others delay seeking help until at or close to crisis. This priority is therefore important to improve the experience and effectiveness of care and support within our system.

By focussing on this priority area our aim is to provide support, across health and care and with wider partners, to enable people to be supported within their own home environment.

This will support the delivery of the ICS vision through:

- supporting residents to lead an independent life
- enabling people to remain in their communities for longer
- improving sustainability of services by helping focus hospital services on those who absolutely cannot be supported at home.

What are we doing already?

In Coventry, the Improving Lives programme presents the opportunity to significantly transform how older people are supported by organisations working together across community support, hospital processes and discharge/reablement. Although this programme is focussed on people aged 65 and over there will be benefits to other cohorts of the population.

In Warwickshire, the Hospital Discharge Community Recovery Programme presents an opportunity to further develop pathway 1 (support at home) discharge to assess services in Warwickshire to enable all people in an acute hospital, who need further support, to access timely therapeutic intermediate care services on discharge.

Across both Coventry and Warwickshire, the learning from these programmes will be shared as the work progresses – this sharing and learning will enable the interventions with greatest impact to be used to accelerate progress across the whole system.

We are also working on ageing well and specific frailty programmes which have been making progress in our support for older people. We have a Proactive Care at Home workstream which is supporting individuals in their own homes and in care homes. These system wide programmes will connect with the Coventry and Warwickshire specific programmes to make a step change in how people are supported.

We have recently implemented an Integrated Care Records system which is being rolled out to all organisations. This enables health and care records to be shared, which leads to better informed professionals, who will be better able to support people as a result.

What will change in our ways of working?

- An improved and more responsive coordination and delivery of health and care within an individual's own home when urgent and emergency care is required – this will help prevent people making unnecessary visits to hospitals.
- Where ongoing support (health or care or both) is required to enable people to continue to live independently, this will be reliable, sustainable and responsive to change as people's requirements change.
- Where people are required to visit hospital for treatment, this will be undertaken in a patient-centred and effective manner, with the focus on returning home as soon as possible.
- Where people have had a change in their health as a result of deterioration or a specific episode in their life, they will be supported to recover and re-abled to maximise their individual outcomes.

What actions are we prioritising?

- In Coventry, development and implementation of an integrated model that focusses on support at home and stemming the 'flow' to hospital settings whilst reabling people to regain independence they may have lost as a result of a health episode.
- In Warwick, further development of pathway 1 (support at home) discharge to assess services in Warwickshire to enable all people in an acute hospital, who need further support, to access timely therapeutic intermediate care services on discharge.
- Taking the opportunities presented by the social care reforms to support people to live independently, whether through housing, innovation, or use of technology.
- Supporting informal family carers – our ambition to support more people to be independent at home will also require us to consider how we work with and support informal carers who are a critical and integral part of the care and support system.

Develop, grow and invest in our workforce, culture and clinical and professional leadership

We have a total workforce of 47,800 in Coventry and Warwickshire. This includes 20,700 employed by NHS providers, 23,500 in adult social care, 3,200 in primary care and around 400 employed by our Integrated Care Board. Staff turnover is high, presenting real challenges in terms of workforce capacity and service delivery.

In order to deliver quality health and care services for our population, we need people with the right skills, the right values, and in the right places. We have an ICB priority to care for and develop our workforce, ensuring they continue to have the resilience and support to deliver the best care to our patients and communities, especially employees from black, Asian and minority ethnic communities who make up 30% of our NHS and social care workforce.

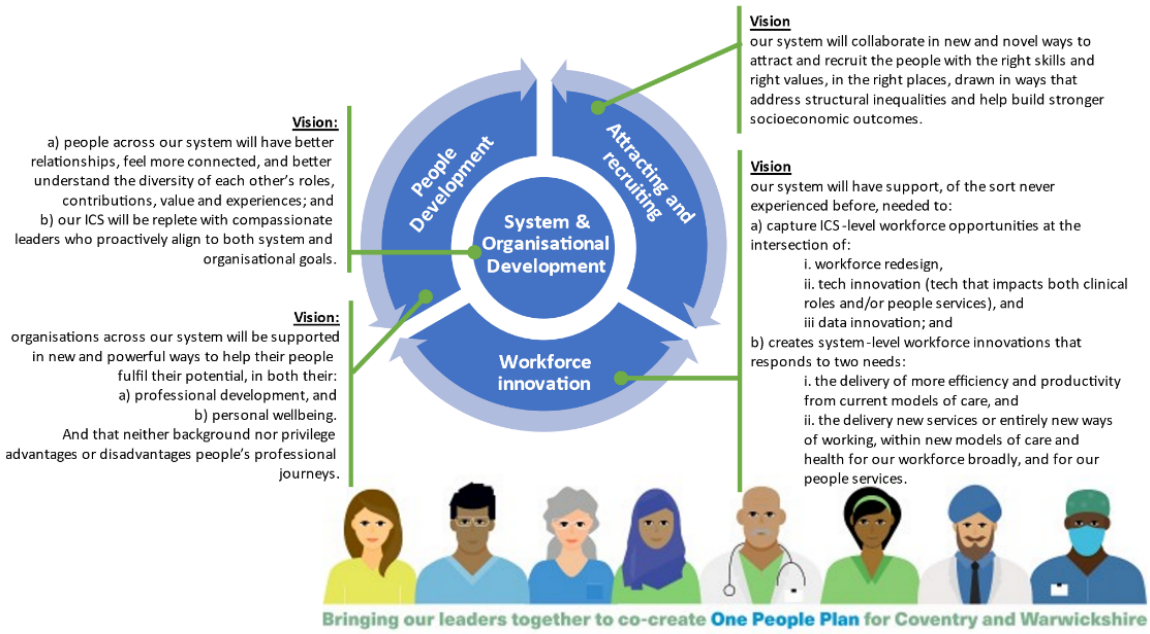
We have a diverse population and a diverse workforce, and to ensure we develop a sense of belonging and inclusion for all staff we must raise the profile of our diversity and inclusion work.

Clinical and Care Professional Leadership (CCPL) needs to be a core foundation of the system and how we act, engage, and make decisions in the future. The system needs buy in from clinical and care professionals to enable effective integrated working. Equally important is a population health mindset, and the expertise and leadership of our public health workforce and their input into decision making in the system will be key.

Our informal workforce is critical to our system too. There are an estimated 34,000 unpaid carers in Coventry and 62,000 in Warwickshire, and there is a strong volunteer sector which supports our services and offers wider community support.

What are we doing already?

Following an extensive programme of engagement, the Coventry and Warwickshire People Plan is now being updated. The NHS People Plan and ICS 10 people outcomes are key drivers for the development of this refreshed strategy.



Nationally there was acknowledgement at the inception of ICBs that clinical and care professional leadership (CCPL) will be critical to success[3] and our local CCPL Framework was developed in preparation. The framework sets out the work so far for a new way of doing multidisciplinary engagement and leadership through a clinical forum function and clinical executive group. The framework will be refreshed to ensure it meets the needs of staff, avoids duplication and builds on the work being done already in constituent organisations.

It is fundamental to have a framework to guide us as we change our thinking, ways of working, and collaboration across the system. The part of the framework that will describe how we do this together is called our Philosophy of Care; this will bring staff voices together to aspire to work as one Coventry and Warwickshire team. Other elements focus on how we share learning, improve quality and safety, network, communicate and develop leadership.

What will change in our ways of working?

We want to see an ICS workforce that is aligned to and effectively enables the delivery of our system aims and priorities. This includes:

- people feeling looked after, supported and developed to enable new ways of working to improve services, and a culture of shared learning and collaboration
- an expansion of the substantive workforce, where required to meet service needs, focussing on the local population, increasing uptake of health and care careers and retaining colleagues for longer

[3] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0664-ics-clinical-and-care-professional-leadership.pdf

- frequent and open system-wide clinical interaction being embedded and supported by a strong clinical and care network in which all ICS members are included.

What actions are we prioritising?

The priorities in our People Plan are:

- **attracting and recruiting** more staff and ensuring bias is removed from our processes, including launching our employability programme
- **people development** and in particular the transformation of nurse education to ensure we can meet the requirement to expand the numbers of places and increase other routes into nursing. This priority also covers all other professions in particular AHP, medical, public health, social care and scientific roles. There is an important link with our widening participation priorities
- **leadership capability building**, through system wide approaches to development and talent management, giving increased opportunity to ICS members
- **inclusion and diversity** – ensuring that our recruitment approach is equitable, diverse and inclusive and raising the profile of our diversity and inclusion work to ensure we attract, retain and improve the working experience of diverse groups
- **health and wellbeing** – continued focus on provision of support for our people to ensure they feel supported, valued and able to provide great services to residents
- **planning and efficiency –** ensuring we clearly scope and plan workforce needs for the future, particularly with key system transformation programmes.

We will work with Anchor Alliance partners to improve employability for the Coventry and Warwickshire population and improve access to training, education and employment for our most vulnerable residents, working with local university partners to develop education pathways for our future workforce.

We also plan to undertake wide engagement to secure clinical and professional buy-in for integrated working and development of strong governance and networks to connect clinical and care professional leaders and ensure their voice and influence within the system.

Strategic Enablers

A number of key enablers have been identified to facilitate delivery of our vision and the priorities within our Integrated Care Strategy. These are all areas where we think we can have a real impact on health and wellbeing outcomes by working together on a system-wide basis.

Finance

How we manage and use our resource collectively as an Integrated Care System is key to the achievement of our aims and ambitions. If we are to progress our priorities around prioritising prevention, improving access and tackling immediate system pressures, we will need to make difficult decisions about shifting resource. If we are serious about tackling health inequalities, where and how we spend resource will need to change.

We will be working with system partners to develop an integrated finance strategy which will provide the outline framework for more detailed policies and processes to deliver and embed:

- a culture of financial stewardship, including our approach to investment and disinvestment decisions
- a continuous improvement approach to financial sustainability, incorporating the Healthcare Financial Management Association sustainability checklist and framework, core financial controls and a programme of value-based reviews
- a robust approach to integrated financial planning and reporting, linked to workforce, demand and capacity, and quality
- an innovative approach to financial transformation: supporting productivity maximisation, providing professional advice services for business case appraisal and benefits realisation, developing forecasting and modelling capacity and streamlining back-office processes
- system financial expertise: developing the system finance workforce through education and training, peer to peer reviews and cross system finance staff development supported by participation with Future Focused Finance and One NHS Finance programmes.

Where appropriate and following suitable due diligence, decision-making responsibility may be delegated to a more local level, but with the same approach to delivering and demonstrating sustainability and value.

We will continue to develop integrated working arrangements with system partners, where this allows better cross boundary working such as integrated budgets – and the delegation of functions into places, supporting the principle of subsidiarity and facilitating integration. For example, using Section 75 arrangements to manage or support pooled budgets across the NHS and local authorities.

Our finance strategy will have good regard to the four core aims of the ICS:

- improving outcomes in population health and health care; our value approach to investment and disinvestment will explicitly link resources to expected outcomes.
- tackling inequalities in outcomes, experience and access; we will work to develop a place-based allocation methodology which reflects the needs of the populations served.
- enhancing productivity and value for money; our approach to sustainability and efficiency will seek to ensure our limited resources are consumed to best effect.
- helping the NHS to support broader social and economic development; we will look to work across traditional health boundaries, developing joint working arrangements with local authority partners and VSCE organisations to support our communities leading health lives.

Digital, Data and Technology and Population Health Management capability

Integrated digital, data and technology is a key enabler to proactive, seamless and person-centric care, and to the collective stewardship of public funding for health and care to meet the needs of the population. It is crucial to facilitating evidence-led decision-making in the commissioning, planning, design and delivery of care, with insights from data used to improve quality, efficiency, population health outcomes and to tackle health inequalities.

Our Digital Transformation Strategy sets out an ambitious plan for digital integration aligned to the national 'What Good Looks Like' framework. We also have a Population Health Management (PHM) Roadmap, which sets out how we plan to spread, scale and sustain core PHM capabilities – around infrastructure, intelligence, interventions and incentives - across all levels of our system.

Digital Transformation is using digital, data and technology to reimagine health and care delivery to improve our population's wellness. To achieve this, we need to ensure this thinking is central to our decision making, transformation, resourcing and partnerships, and promote the continued development of our leadership, organisational cultures, people and processes to embrace the benefits of the digital age.

Key areas of integration activity include:

- **improving care**: we are using new technology and innovative digital solutions to enhance services for patients and citizens through consistent digital front door and virtual health and care capabilities. This will facilitate more joined up and personalised care, and improve access and self-support. The expansion of digitally transformed care includes measures to ensure standards for safe care are maintained
- **digital literacy**: work to ensure that health and care services suit all literacy and digital inclusion needs, whilst working collaboratively across integrated care partners to build digital literacy that enables access to health and care services digitally where appropriate
- **integrated records**: we are building on our electronic patient care records initiatives, shared care record and platforms and services that support research and innovation across health and care providers in Coventry and Warwickshire

- **Population Health Management infrastructure**: implementation of a local PHM digital platform which will provide a near real-time linked dataset across all Coventry and Warwickshire ICS data systems and analytical tooling, enabling more targeted and proactive care to meet population health needs and address unwarranted variations in outcomes and experience
- **supporting our people**: we are working to ensure our workforce is digitally literate and equipped to work optimally with digital workforce tools
- **digital and data infrastructure**: working together to create digital, data and infrastructure operating environments that are reliable, modern, secure, sustainable and resilient. This includes ensuring robust digital assurance including information governance, cyber and clinical safety.

Public estates space and facilities

We will work together as partners to ensure our collective estate is managed most effectively to support and enable more joined-up, easier to access care, support the aims and priorities of the system and ensure better, safer care for patients.

The ICS has developed an Estates Strategy which sets out how we will work together to do this. It presents the collective work undertaken at provider, commissioner, and local authority place level both individually and in partnership with one another to improve the quality and outcomes derived from the public estate. The strategy is iterative to reflect subsequent funding requirements and priorities of an ever-evolving estate which looks to shift care closer to where it is needed and most suitably delivered aligning to many of our ICS priorities. Our Estates Strategy sits within the wider context of national priorities including; Carter Report, NHS Long Term Plan, Net-Zero NHS, Place-Based Systems of Care, One Public Estate, and the Naylor Review.

Our key areas of focus to deliver the priorities of the Estates Strategy are:

- **capital planning and prioritisation**: we will continue to review, update, and evolve our process to prioritise our major capital schemes; develop a process for the management of business-as-usual schemes; review any alternative funding opportunities available to the system; monitor the outputs of Section 106 & Community Infrastructure Levy; and look to interface with the digital workstream to explore how we can advance our digital capabilities
- **greener delivery aligned to the ICS Green Plan**: we will focus on areas such as creating a multi-purpose, biodiverse estate with greenspaces utilized for our local population, staff, and visitors; transitioning to low/zero carbon solutions for the provision of energy services; improving local air quality and reducing carbon emissions from travelling sustainably; and partnership working to improve efficiency and eliminate carbon
- **disposals and void management**: develop, monitor, and keep under review our Strategic Disposals Tracker; review our system void space to identify potential projects that could support better utilisation of space; work in conjunction with the capital workstream to monitor schemes, projects, and programmes where opportunity exists to release surplus

land; develop greater partnership and collaborative working with our local authorities to explore opportunities to identify projects to reduce voids; explore alternative ways of delivering our clinical services, including the use of digitization; and explore opportunities to develop agile working across our system

- **effective asset management**: work in conjunction with the disposal and void workstream to drive the reduction of void space; develop a systemwide approach to ERIC data recording, analysis, metrification, and reporting; commit to developing our SHAPE atlas in order to create a single repository for our estates data; and generate a better understanding of backlog maintenance liabilities and continuous management and reduction.

Our key aims are:

- working towards all Trusts operating with a maximum of 35% non-clinical space and 2.5% unoccupied space with alignment to Trust Premises Assurance Models
- the NHS Carbon Footprint for the emissions under direct control, net zero by 2040
- the NHS Carbon Footprint 'Plus' for the emissions under influence, net zero by 2045.

Performance and Assurance

Service performance has been impacted significantly over the past two years following the global pandemic, including needing to wait longer to access services and the change in complexity resulting from this. Focusing on performance as a whole across all organisations within the system will be a key enabler for the effective delivery of our Integrated Care System priorities. Integrated performance management and monitoring is essential to enable transformation of services and evidence-based interventions that will improve outcomes across all focus areas

There remains the need to respond to the requirements of the NHS Long Term Plan and the annual NHS Operational Plan and we need to understand the current position with regards to how organisations in our system are performing, the areas of challenge, actions in place to address these and to be assured that health outcomes are improving.

The National System Oversight Framework aims to achieve and promote delivery of the metrics under the 5 domains, including:

- quality of care, access and outcomes
- preventing ill health and reducing inequalities
- leadership and capability
- finance and use of resources
- people.

The Framework encompasses the aims of the Operational Plan within these domains. There is now a national dashboard, that shows current performance and ranking information to enable benchmarking. A local dashboard is being developed to support this and to provide supplementary

background information. This will help to drive the programmes of work that are needed to improve performance within agreed timescales and through co-designed action plans.

Meeting the needs of the population and population health is key to performance management and links closely with the Joint Strategic Needs Assessment and also the Health Inequalities Strategy.

Key areas of activity include:

- develop a single oversight framework for the system, that:
    - includes high quality and up-to-date information from all organisations, to improve healthcare and population health and to tackle inequalities in outcomes, experience and access.
    - includes broader health metrics, with a focus on outcome measures to transform and improve population health
    - is open and transparent to enable joint ownership of issues, mutual accountability and collaborative working.
- ensure a robust monitoring and tracking system for performance, that:
    - enables early detection of challenged areas, monitoring of progress and understanding of impact to reduce variation and inequalities across the system
    - includes granular information to ensure that inequalities are able to be highlighted down to small geographic locations across the system, to support in service provision and targeting interventions.
- embed a mature assurance process rooted in principles of mutual accountability and equal partnership to collaboratively tackle challenged areas and achieve the ICS aims
- increase partnership working, including on effective performance improvement strategies, with routes to share good practice within the system.

Quality

Our system needs to be quality focused with a systemic oversight of quality for the population we serve, using a whole pathway approach to future proof prevention, selfcare, direct care and bedded care.

Key areas of activity include:

- establishing a Quality Governance Framework which operates across the whole system, as the quality outcome of our provision is essential to understand and provide a base to improve from. This will be in line with the National Quality Boards (NQB) guidance and escalation levels
- embedding the new Patient Safety Strategy to ensure the move from serious incident management to the Patient Safety Incident Response Framework (PSIRF) and establish safe systems, structures and an escalation framework within which to operate across the whole system. The use of the DATIX incident reporting system where possible will be important to enhance system learning

- further strengthening the established safeguarding partnerships, by focussing on system wide working on safer communities and harder to reach communities
- triangulating quality improvement by establishing an approach which focuses on prevention, health inequalities and a reduction in unwarranted variation. This includes developing an approach that triangulates the wider determinants of health with quality, safety and effectiveness of services
- delivering the system Quality Strategy, ensuring involvement from broader health partners and developing empowered communities
- establishing a System Quality Group to work collaboratively across the system on continuous improvement, supporting system learning and development.

Transformation and Innovation

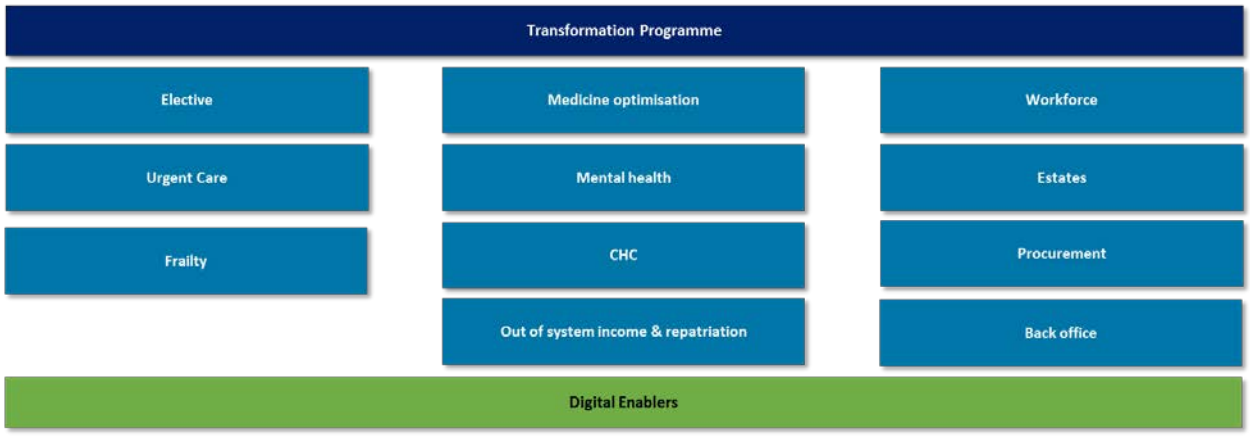
Following the Covid-19 pandemic, the recovery and sustainability of services is critical for our population. The innovations prompted by Covid-19 show the potential for us to revolutionise and transform service delivery and there are huge opportunities for collaboration, enhanced integration and transformation in our system.

Our ongoing approach to transformation will play a key role in determining the extent to which we are able to meet our ICS aims and deliver on our priorities. Transformation will also be a significant determinant of how we innovate to support service recovery and help shift care to better and more efficient, sustainable models.

We have developed a Transformation Programme which will drive system-wide innovation to support clinical, operational, performance, and financial recovery. This Transformation Programme is part of the ICS' six-point Financial Strategy and identifies a number of clinical and enabler work-streams that will:

- transform health and care services for the population of Coventry and Warwickshire to improve health outcomes and meet the needs of our population
- evidence how the ICS will deliver its health and care aims and priorities
- drive high quality and safe service delivery
- drive improved productivity and ensure the delivery of services that are efficient, affordable, convenient and offer high value.

Our key focus areas of activity are:



Whilst our system Transformation Programme will deliver the changes that we need to improve patient care in the long-term and develop new service models that better meet the future needs of our patients and communities, we also need to keep driving localised continuous improvement on a daily basis to ensure our patients receive the right care, in the right place, at the right time. To achieve this, staff engagement and clinical and care leadership are key components to our transformation approach as are the continuous improvement methodologies adopted across the system.

Our approach to innovation embraces research and the use of practice-based evidence, in assessing and identifying need and improving our understanding of how such need can be effectively met. Similarly, the adoption and spread of proven innovation, working closely with research, innovation and academic partners, supports us to drive transformation and best practice at scale and pace.

Impact

Our strategy sets out bold ambitions for our Integrated Care System and the difference we can make by working together and leveraging the benefits of the new legislative framework for health and care. We expect it to underpin everything we do as an Integrated Care System and to drive change in:

- how, as partners, we relate to each other and to our communities
- the way we use our resources
- the design and delivery of our services
- how we plan and make decisions.

Ultimately, we will see the impact of our strategy in improved population health outcomes, reduced health inequalities across Coventry and Warwickshire, and improved quality of health and care services for our population over the next five years and beyond.

If we are successful, people in Coventry and Warwickshire will:

- be supported to live a healthy, happy and fulfilled life, equipped with the knowledge and resources to prevent ill health and maintain their independence at home
- find it easier to access the health and care services they need wherever they live and will have more say over the services they receive and greater trust in their quality, effectiveness and safety; and
- receive appropriate and timely care when they need it, from skilled and valued staff.

This strategy is informed by existing strategies and will inform future strategies and delivery plans across and within Coventry and Warwickshire health and care system; including the Integrated Health and Care Delivery Plan which must be in place by end of June 2023. The plan will provide the operational detail about how the strategy's vision will be realised at an ICB level. We expect to see a clear delivery plan for achievement of the outcomes we have identified for each of our priorities.

For many of the areas of focus and enablers detailed in this strategy, there are existing or emerging strategies and plans which have their own governance mechanisms for delivery and monitoring. We will not create burdensome reporting mechanisms on top of these. However, we have developed a core set of high-level metrics for each of our priorities so that progress against intended outcomes can be properly monitored, with oversight through our Integrated Care Partnership and regular reporting to our Health and Wellbeing Boards. We will complement these impact measures with case studies that will bring to life the Strategy.

As we monitor our impact and hold ourselves to account for delivery of this strategy, we will also draw on stories and lived experiences from the people we serve, to understand where we are making a difference and where there is more to be done.

Measures of Impact

Our Ambitions: Measuring the Impact of the Integrated Care Strategy

Priorities

We will **reduce the gap in life expectancy** between people living in our most deprived communities compared with the least deprived by **5% in five years** – by 6.5 months for males, and 4.5 months for females in Coventry, and 5 months for males and 4 months for females in Warwickshire.

We will reduce the under 75 **mortality rate from all causes considered preventable** by **5% in five years**, with the aim of achieving the largest reductions in Coventry, Nuneaton and North Warwickshire.

We will increase the percentage of children achieving a **good level of development at the end of Reception** by 5 percentage points in both Coventry and Warwickshire by 2028, focusing particularly on children from **households with the lowest incomes**.

We will increase the uptake of **Personalised Care and Support Plans** (PCSPs) each year, with a focus on individuals experiencing **health inequalities**.

We will increase the **total number of appointments in general practice** by 7.5% by 2028, with a focus on practices in the most deprived areas.

By 2024 we will co-produce a Framework for what **good engagement looks like** with our local population. We will also co-produce a system wide **engagement metric** to understand the current sentiment of our local communities towards health and care, and this metric will show an increase year on year in positive sentiment. By **2026 the Framework will be in use at both ICB and Collaborative level**, with 100% of significant service change decisions made under the Framework to put people at the heart of everything we do.

We will meet the faster diagnosis standard by March 2024 so that **75% of patients** who have been urgently referred by their GP for **suspected cancer are diagnosed or ruled out within 28 days**. We will then continue to meet any further national targets set over the next five years.

We will aim to achieve **top two quartile performance** nationally each year for the proportion of older people (65 and over) who are **still at home** 91 days after discharge from hospital into reablement/rehabilitation services.

We will **reduce staff vacancies** in NHS provider trusts workforce by **30%** by 2028.

Our Ambitions: Measuring the Impact of the Integrated Care Strategy

Enablers

By 2024, **75% of the adult population** of Coventry and Warwickshire will have **downloaded the NHS App**.

We will **reduce the energy consumption of our NHS Trust estates** by 4-5% every year through to 2028.

By September 2023 we will have a jointly agreed **3 year financial recovery plan**, showing a route to recurrent balance. By March 2024, we will have agreed a **framework and roadmap** for delegated financial responsibility and allocations to Place. This will include an approach to increasing the proportion of our system spend on preventative and out of hospital care.

By 2024, we will develop a **comprehensive assurance and performance framework for the Integrated Care System**, available at varying geographic levels with mutual accountability by organisation, underpinned by a single dashboard that will map and monitor all the different plans and strategies.

We will develop a **comprehensive quality framework for our Integrated Care System** by 2025, that demonstrates a shared system ambition and commitment to quality. Grounded on the principle of subsidiarity, this will be population focused, embracing co-production and collaboration, with a focus on equality, diversity, inclusion and shared decision making.

Our Transformation Programme will enable implementation of the ICSs six-point Financial Strategy, through **demonstrable improvement in the effective use of resources** that is informed by clinical and care professionals.

Appendix 2

Our Ambitions: Measuring the Impact of the Integrated Care Strategy

Priorities

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We will reduce the under 75 **mortality rate from all causes considered preventable** by **5% in five years**, with the aim of achieving the largest reductions in Coventry, Nuneaton and North Warwickshire.

We will increase the percentage of children achieving a **good level of development at the end of Reception** by 5 percentage points in both Coventry and Warwickshire by 2028, focusing particularly on children from **households with the lowest incomes**.

We will increase the uptake of **Personalised Care and Support Plans** (PCSPs) each year, with a focus on individuals experiencing **health inequalities**.

We will increase the **total number of appointments in general practice** by 7.5% by 2028, with a focus on practices in the most deprived areas.

By 2024 we will co-produce a Framework for what **good engagement looks like** with our local population. We will also co-produce a system wide **engagement metric** to understand the current sentiment of our local communities towards health and care, and this metric will show an increase year on year in positive sentiment. By **2026 the Framework will be in use at both ICB and Collaborative level**, with 100% of significant service change decisions made under the Framework to put people at the heart of everything we do.

We will meet the faster diagnosis standard by March 2024 so that **75% of patients** who have been urgently referred by their GP for **suspected cancer are diagnosed or ruled out within 28 days**. We will then continue to meet any further national targets set over the next five years.

We will aim to achieve **top two quartile performance** nationally each year for the proportion of older people (65 and over) who are **still at home** 91 days after discharge from hospital into reablement/rehabilitation services.

We will **reduce staff vacancies** in NHS provider trusts workforce by **30%** by 2028.

Our Ambitions: Measuring the Impact of the Integrated Care Strategy

Enablers

By 2024, **75% of the adult population** of Coventry and Warwickshire will have **downloaded the NHS App**.

We will **reduce the energy consumption of our NHS Trust estates** by 4-5% every year through to 2028.

By September 2023 we will have a jointly agreed **3 year financial recovery plan**, showing a route to recurrent balance. By March 2024, we will have agreed a **framework and roadmap** for delegated financial responsibility and allocations to Place. This will include an approach to increasing the proportion of our system spend on preventative and out of hospital care.

By 2024, we will develop a c**omprehensive assurance and performance framework for the Integrated Care System**, available at varying geographic levels with mutual accountability by organisation, underpinned by a single dashboard that will map and monitor all the different plans and strategies.

We will develop a **comprehensive quality framework for our Integrated Care System** by 2025, that demonstrates a shared system ambition and commitment to quality. Grounded on the principle of subsidiarity, this will be population focused, embracing co-production and collaboration, with a focus on equality, diversity, inclusion and shared decision making.

Our Transformation Programme will enable implementation of the ICSs six-point Financial Strategy, through **demonstrable improvement in the effective use of resources** that is informed by clinical and care professionals.

Enc G

Coventry and Warwickshire Integrated Care Partnership

Report Title:	**Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/24 – 2027/28**
Report From:	Phil Johns Chief Executive Officer, NHS Coventry and Warwickshire Integrated Care Board
Author:	Hannah Willetts, Director of Integration and Planning, NHS Coventry and Warwickshire Integrated Care Board
Previous Considerations and Engagement:	Between March – June 2023 regular reporting on the Integrated Health and Care Delivery Plan ('the IH&CDP') was established to both the Board of NHS Coventry and Warwickshire Integrated Care Board ('the ICB') and the Coventry and Warwickshire Integrated Care System Executive Group. The draft IH&CDP was presented to and endorsed by the Boards of all of the ICB's partner NHS Trusts; Coventry and Warwickshire Partnership NHS Trust (16 May 2023), George Eliot Hospital NHS Trust (6 June 2023), South Warwickshire University NHS Foundation Trust (7 June 2023) and University Hospitals Coventry and Warwickshire NHS Trust (1 June 2023). The draft IH&CDP was presented to the Warwickshire Health and Wellbeing Board on 24 May 2023. Plans are in place for the IH&CDP to be presented to the Coventry Health and Wellbeing Board on 26 July 2023. The Coventry and Warwickshire System Strategy and Planning Group acted as the Steering Group for the development of the IH&CDP and received regular progress reporting – the group's membership includes the Chief Strategy Officers of the ICB and its partner NHS Trusts and the Directors of Public Health for Warwickshire County Council and Coventry City Council. To shape and inform the development of the IH&CDP engagement was undertaken across a wide number of system forums and groups, and with the four Places. The development of the three strategic priorities and nine areas of focus shared across the Coventry and Warwickshire Integrated Care Strategy and the IH&CDP was informed by the outputs of the programme of public, community and stakeholder engagement described in the *Local Priorities for Integrated Care Engagement Report*.[1]
Purpose:	For Assurance.

[1] https://www.happyhealthylives.uk/integrated-care-partnership/strategy-engagement-with-our-communities/

Achievement of the following ICP Priorities and Focus Areas is supported:

Priorities	☒ 1 - Prioritising prevention and improving future health outcomes through tackling health outcomes	☒ 2 - Improving Access to health and care services and increasing trust and confidence	☒ 3 -Tackling immediate system pressures and improving resilience
Focus Areas	☒ 1 - Reducing health inequalities	☒ 4- Enabling personalised care	☒ 8 - Supporting people at home
	☒ 2- Prioritising prevention and wider determinants to protect the health and wellbeing of people and communities	☒ 5 - Improving access to services especially primary care	☒ 9 - Developing and investing in our workforce, culture and clinical and professional leadership
	☒ 3- Enabling the best start in life for children and young people	☒ 6- Engaging and involving our people, communities and stakeholders	
		☒ 7 - Making services more effective through greater collaboration and integration	

Executive Summary and Key Points:

- In February 2023 the Integrated Care Partnership was informed regarding the requirement for NHS Coventry and Warwickshire Integrated Care Board ('the ICB') and its partner NHS Trusts to develop and publish a five-year joint forward plan by 30 June 2023.
- The presentation confirmed that the plan – the **Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/24 – 2027/28** ('the IH&CDP') – would be developed as the health and care system shared delivery plan for the Coventry and Warwickshire Integrated Care Strategy and, as such, would directly respond to the three strategic priorities and nine aligned areas of focus set out in the Integrated Care Strategy, as well as the identified enablers.
- This report summarises the context for and work undertaken since February 2023 to develop the IH&CDP through a collaborative approach, and in line with both the principles in national guidance and an agreed set of local principles.
- In line with the requirements in national guidance, the IH&CDP was published on 30 June 2023, following endorsement by the Boards of the ICB's partner NHS trusts and approval by the Board of the ICB on 21 June 2023.
- The current report provides an opportunity for the IH&CDP to be shared with the Integrated Care Partnership. The IH&CDP can be accessed via the following link: https://www.happyhealthylives.uk/our-system/ihcdp/
- The ICB has established mechanisms of internal control that will be applied to support the delivery of the IH&CDP, with work on-going through the ICB Governance Team to consider how these may develop over time to achieve optimal effectiveness in an evolving system of integration and collaboration.
- In tandem, arrangements for the tracking and performance monitoring of the IH&CDP are being developed by the ICB Performance and Delivery Team.

Recommendation:

Members are requested to:

- **NOTE FOR INFORMATION** that the Coventry and Warwickshire Integrated Health and Care Delivery Plan was approved by the Board of NHS Coventry and Warwickshire Integrated Care Board on 21 June 2023 and published on 30 June 2023**;**
- **BE ASSURED** that the Integrated Health and Care Delivery Plan was developed through a collaborative approach and articulates the health and care system shared delivery plan for the Coventry and Warwickshire Integrated Care Strategy;
- **BE ASSURED** that the ICB has established mechanisms of internal control that will be applied to support the delivery of the IH&CDP.

Implications	
Conflicts of Interest:	None relevant to the current report.
Financial and Workforce:	In line with national guidance, the IH&CDP includes finance and workforce sections. In relation to finance specifically, the IH&CDP was developed in the context of both the 2023/24 One Year Operational Finance Plan and the requirement set by NHS England for the system to produce a 3-year Financial Recovery Plan by September 2023. The IH&CDP addresses the ICB and system finance business rules, including the collective duties in relation to capital resource use and revenue resource use, and the duty in relation to achieving system financial balance.
Performance:	The IH&CDP includes a performance and assurance section.
Quality and Safety:	In line with national guidance, the IH&CDP is required to respond to the ICB's statutory duty in relation to improving the quality of services. As such the IH&CDP includes quality and safeguarding sections. The quality section has been developed in the context of the System Quality Strategy. Programmes, projects, and initiatives described across the IH&CDP will seek to improve the quality of services and address inequalities in access, experience and outcomes.
Inclusion	
Has an Equality and Quality Impact Assessment (EQIA) been undertaken?	**Yes –** an EQIA was undertaken for the Integrated Care Strategy. Building on this, an EQIA is being finalised for the IH&CDP.
Has a Health Equity Assessment Tool (HEAT) been completed?	**Not applicable** – report does not relate to new, changing or existing services and processes. An identified priority within the 'Reducing health inequalities' section of the IH&CDP is to *"build a shared understanding across partners of what health inequalities are, how they relate to their work on a day-to-day basis and how to address them by embedding use of the Health Equity Assessment Tool (HEAT)"*.
Engagement	
Patient and Public Engagement:	The development of the three strategic priorities and nine areas of focus shared across the Integrated Care Strategy and the IH&CDP

	was informed by the outputs of the programme of public, community and stakeholder engagement described in the *Local Priorities for Integrated Care Engagement Report*.[2] Programmes, projects, and initiatives identified across the draft IH&CDP will incorporate patient and public engagement. The 'Engaging and involving local people, communities and stakeholders' section of the draft IH&CDP affirms the ICB's commitment to *"[putting] people at the heart of everything we do".* The section reflects the Coventry and Warwickshire Communities Strategy and sets out the ICB's priorities to develop involvement functions and networks which enable the system to transition to a position where *"working collaboratively with the local population is the default"* for all aspects of service design and delivery, at all levels of the system.
Clinical and Professional Engagement:	The engagement programme which informed the development of three strategic priorities and nine areas of focus shared across the Integrated Care Strategy and the IH&CDP incorporated clinical engagement. As with patient and public engagement, the initial focus was to understand what was known already via a desk research exercise. As part of this process, partners across the ICS submitted the engagement that they had already undertaken with their clinical staff (as well as with the wider workforce, stakeholders and the population) to understand their priorities. In addition, an online survey was undertaken which included sections targeted specifically at the ICS workforce. All partners promoted the survey to their workforces and over a quarter of the total survey respondents worked for an NHS organisation or Local Authority. The themes from the online survey were also used to shape the strategic priorities and areas of focus. The development of the IH&CDP has incorporated engagement with a range of forums which include clinical representation, including the Management Boards and Boards of Partner Trusts and the different system Collaboratives. The 'Clinical and Care Professional Leadership' section of the IH&CDP links to the Coventry and Warwickshire Clinical and Care Professional Leadership Framework and describes the key areas that the system will focus on in order to ensure that clinical and care professional leaders are integrated into system and organisational decision making all levels to maximise the outcomes for patients, organisations and staff, and that leaders are supported with sufficient time, resources and infrastructure to carry out this work. Programmes, projects, and initiatives identified across the IH&CDP will incorporate clinical engagement. In addition, a review of the

[2] https://www.happyhealthylives.uk/integrated-care-partnership/strategy-engagement-with-our-communities/

	IH&CDP will inform the development of the work programme of the newly established Coventry and Warwickshire Clinical and Care Forum.
Risk and Assurance	
Risk	The ICB has established mechanisms of internal control in place that will be applied to support the delivery of the IH&CDP. Both the Board of the ICB and the ICB's Audit Committee receive assurance on these systems and their effectiveness.
Level of and Gaps in Assurance	Significant – see above.

1. Purpose of Report

1.1. This report summarises the context for and work undertaken since February 2023 to develop the Coventry and Warwickshire Integrated Health and Care Delivery Plan ('the IH&CDP') through a collaborative approach, and in line with both the principles in national guidance and agreed local principles.

1.2. The IH&CDP can be accessed via the following link:
https://www.happyhealthylives.uk/our-system/ihcdp/

2. Strategic context for the development of the Coventry and Warwickshire Integrated Health and Care Delivery Plan

2.1. The Coventry and Warwickshire Integrated Care Strategy sets the vision of integration and collaboration for the Coventry and Warwickshire Integrated Care System ('the ICS'), linked to the ICS's four core purposes to:

- 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.

2.2. The Integrated Care Strategy was developed through a widely inclusive approach which incorporated public, community and stakeholder engagement, as reflected in the *Local Priorities for Integrated Care* engagement report which sits alongside the Strategy.[3]

2.3. Connected to the development of the Integrated Care Strategy, the Health and Care Act 2022 requires the ICB and its partner NHS Trusts to develop and publish a five-year joint forward plan. Locally the plan – the IH&CDP – has been developed as the health and care system shared delivery plan for the Integrated Care Strategy. As such, the draft IH&CDP responds directly to the three strategic priorities and nine aligned areas of focus set out in the Integrated Care Strategy, as well as the identified enablers:

- **Priority 1**; Prioritising prevention and improving future health outcomes through tackling health inequalities;
- **Priority 2**; Improving access to health and care services and increasing trust and confidence;
- **Priority 3**; Tackling immediate system pressures and improving resilience.

2.4. In line with the NHS England guidance, the IH&CDP also addresses:

- The delivery of universal NHS commitments, as reflected in the 2023/24 NHS Operational Planning Guidance and the NHS Long Term Plan; and
- The statutory duties of the ICB, including in relation to integration, quality, inequalities and finance.

2.5. It is recognised that delivering the vision set out in the Integrated Care Strategy will require the combined efforts and focus of health and care system and wider partners in the Integrated Care System. Alongside the IH&CDP, key activity will be driven through the Coventry and Warwickshire Health and Wellbeing Strategies and their aligned Delivery Plans. The IH&CDP will sit predominantly in the '*Integrated Health and Care System'* quadrant of the King's Fund population health framework and will link into the working of the wider system.

[3] https://www.happyhealthylives.uk/integrated-care-partnership/strategy-engagement-with-our-communities/

3. Local development approach

3.1. The development of the IH&CDP commenced in February 2023 with the Coventry and Warwickshire System Strategy and Planning ('the SS&PG') group acting as the Steering Group. The SS&PG's membership includes the Chief Strategy Officers of the ICB and its partner NHS Trusts and the Directors of Public Health for Warwickshire County Council and Coventry City Council.

3.2. The development of the IH&CDP has been undertaken in alignment with both the principles in national guidance (see below) and an agreed set of local principles (see **Appendix 1**):

Principle 1: Fully aligned with the wider system partnership's ambitions	The IH&CDP has been developed as the health and care system shared delivery plan for the Integrated Care Strategy. As such the IH&CDP responds to the Integrated Care Partnership's agreed vision and strategic priorities (see **paragraph 2.3.**) as set out in the Strategy.
Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments	As identified throughout the document, the IH&CDP builds on/reflects the priorities set out in a range of other local strategic direction setting documents. This includes the Annual NHS Operational Plan, which reflects universal NHS commitments.
Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate	The IH&CDP takes a clear delivery focus with key metrics and deliverables identified throughout the document.

Table 1: Principles in national guidance.

3.3. The ICB has taken a purposely collaborative approach to the development of the IH&CDP:

- The Directors of Public Health have co-led the development of the following sections aligned to Priority 1 (Prioritising prevention and improving future health outcomes through tackling health inequalities):
  - Reducing health inequalities;
  - Prioritising prevention and wider determinants to protect the health of people and communities.
- As part of the development process engagement has been undertaken with the four Places (Coventry, Warwickshire North, South Warwickshire and Rugby) to capture and map key programmes and initiatives from Place Plans against the three Integrated Care Strategy strategic priorities so that these can be reflected in Section 5 of the draft IH&CDP.
- A range of system groups and forums have been engaged, including the Coventry Care Collaborative Consultative Forum, the Warwickshire Care Collaborative Consultative Forum and the other Collaboratives; the Acute Provider Collaborative, the Primary Care Collaborative, the Mental Health Collaborative and the Learning Disability and Autism Collaborative. Engagement with the Collaboratives has focused on the section/s of the draft IH&CDP most relevant to the individual Collaborative's role in the system.

3.4. The IH&CDP has been presented to and endorsed by the Boards of all of the ICB's partner NHS Trusts; Coventry and Warwickshire Partnership NHS Trust (16 May 2023), George Eliot Hospital NHS Trust (6 June 2023), South Warwickshire University NHS Foundation Trust (7 June 2023) and University Hospitals Coventry and Warwickshire NHS Trust (1 June 2023).

3.5. The ICB has established mechanisms of internal control that will be applied to support the delivery of the IH&CDP, with work on-going through the ICB Governance Team to consider how these may develop over time to achieve optimal effectiveness in an evolving system of integration and collaboration.

3.6. In tandem, arrangements for the tracking and performance monitoring of the IH&CDP are being developed by the ICB Performance and Delivery Team.

4. Health and Wellbeing Board Opinions

4.1. National guidance specifies that the IH&CDP must be shared with local Health and Wellbeing Boards and the opinion of the Health and Wellbeing Boards must be sought as to whether the plan *"takes proper account of"* each local Health and Wellbeing Strategy.

4.2. Both nationally and locally engagement with Health and Wellbeing Boards has been impacted by the pre-election period across March to early May.

4.3. The draft IH&CDP was shared with the Warwickshire Health and Wellbeing Board via its meeting held on 24 May 2023. The report and presentation to the 24 May meeting focused significantly on demonstrating the connectivity between the Warwickshire Health and Wellbeing Strategy, the Integrated Care Strategy and the draft IH&CDP – see Section 4 of the Health and Wellbeing Board report.[4] The ICB received the Warwickshire Health and Wellbeing Board's opinion on the IH&CDP on 14 June 2023 (see **Appendix 2**).

4.4. The Coventry Health and Wellbeing Board held its last meeting prior to the pre-election period on 15 March 2023. The reconstituted Board will not meet again until 26 July 2023 – the IH&CDP will be presented to this meeting.

5. Recommendation

5.1. Members are requested to**:**

- **NOTE FOR INFORMATION** that the Coventry and Warwickshire Integrated Health and Care Delivery Plan was approved by the Board of NHS Coventry and Warwickshire Integrated Care Board on 21 June 2023 and published on 30 June 2023;
- **BE ASSURED** that the Integrated Health and Care Delivery Plan was developed through a collaborative approach and articulates the health and care system shared delivery plan for the Coventry and Warwickshire Integrated Care Strategy;
- **BE ASSURED** that the ICB has established mechanisms of internal control that will be applied to support the delivery of the IH&CDP.

[4] https://democracy.warwickshire.gov.uk/documents/s30837/Integrated%20Care%20Board%20Integrated%20Health%20and%20Care%20Delivery%20Plan%20202324-2027-28.pdf

Coventry and Warwickshire
Integrated Care Partnership

Appendix 1 – Local principles for the development of the Coventry and Warwickshire Integrated Health and Care Delivery Plan

Principle 1	The **Coventry and Warwickshire Integrated Health and Care Delivery Plan** will act as the health and care system delivery plan for the **Coventry and Warwickshire Integrated Care Strategy** – the two documents will be part of a suite, with the Strategy setting the strategic context and the Plan taking a delivery focus.
Principle 2	The **Integrated Health and Care Delivery Plan** will focus on the key activity planned in relation to the three priorities and nine areas of focus in the **Integrated Care Strategy**. In doing so, the Plan will support us to build trust by being clear about how we are going to respond to the priorities, which were developed through engagement with local people and communities.
Principle 3	We want our **Integrated Health and Care Delivery Plan** to be meaningful and accessible to our key stakeholders, our staff and the public.
Principle 4	The development of the **Integrated Health and Care Delivery Plan** is an iterative process – this year's Plan will create the foundations and we will build on these in future years.
Principle 5	The **Integrated Health and Care Delivery Plan** will be more detailed in relation to years 1 and 2 of the 5 year Plan period, with the later 3 year period being addressed at a more strategic level.

Appendix 2 – Warwickshire Health and Wellbeing Board Opinion

Warwickshire Health and Wellbeing Board - opinion on the Integrated Health and Care Delivery Plan (Joint Forward Plan)

Background and context

NHS England's (NHSE) guidance on developing the joint forward plan (December 2022) states that:

- A copy of the published joint forward plans (JFP) must be given to the system's Integrated Care Partnership (ICP), each relevant Health and Wellbeing Board and NHS England
- Integrated Care Board's (ICB) and their partner trusts must involve relevant HWBBs in preparing or revising the JFP. This includes sharing a draft with them and consulting them on whether the JFP takes proper account of their HWBB Strategy
- The HWBB must respond to the ICB with its opinion and may send this opinion to NHSE
- The JFP must include a statement of the final opinion of each HWBB consulted.

In line with NHSE guidance, Warwickshire Health and Wellbeing Board (HWBB) received a copy of Coventry and Warwickshire's Joint Forward Plan (JFP), known locally as the Integrated Health and Care Delivery Plan (IHCDP), on 17 May in preparation for discussion on 24 May. HWBB members were asked to consider if the IHCDP had taken proper account of the HWBB's Health and Wellbeing Strategy (HWS) and were given the opportunity to feed comments back by 2 June.

Health and Wellbeing Board response

Warwickshire HWBB is encouraged to see that the ambitions and priorities of the HWS formed the foundations of the Integrated Care Partnership Strategy (ICPS) and therefore have been integral to the plans to delivery on the ICPS, via the IHCDP.

The HWS and ICPS adopted the King's Fund population health framework, which takes a holistic view of health and wellbeing and sets out how action across four quadrants will drive forward improvements in health for our residents. The IHCDP outlines what action will be taken in response to the *integrated health and care* quadrant. Whilst HWBB supports this, the IHCDP still needs to consider how action relates to all quadrants of the framework, as the key links and overlaps between the four quadrants are where the true value of the framework, and of improving health outcomes, lies.

The HWBB Delivery Plan will outline what action will be taken across the whole population health framework - *integrated health and care; the wider determinants of health; our health behaviours and lifestyles; and the places and communities we live in and with.* The IHCDP will inform and feed into this, enabling HWBB to pay greater attention to the latter three quadrants, which combined determine 80% of our population's health. It is incumbent on all of us as ICS partners to recognise, and focus on, this holistic view of health to take a truly preventative approach.

We are reassured that collaboration has already been undertaken in the production of the IHCDP. Members of Warwickshire HWBB sit on the System Strategy and Planning Group and played a pivotal role in developing key sections of the ICPS. In addition to this, County Council and ICB colleagues co-developed a number of sections of the IHCDP. For example, Warwickshire's Chief Commissioning Officer (Health and Care) co-led on *improving access to health and care services and increasing trust and confidence*. Whilst Warwickshire's Director of Public Health co-led on *prioritising prevention and improving future health outcomes through tackling health inequalities*. Within which, the priority area of *enabling the best start in life for children and young people* was co-developed by Warwickshire's Assistant Director for Children and Families.

The IHCDP states that *services will be planned and delivered in an inclusive way through co-production with people and communities*. HWBB members are well placed to support engagement and collaboration with local residents and we would welcome the opportunity to be involved with this work, particularly through our place-based Health and Wellbeing Partnership mechanisms.

Signed

Date: 14.06.23

Councillor Margaret Bell, Chair of Health and Wellbeing Board on behalf of Warwickshire Health and Wellbeing Board

Enc H

Coventry and Warwickshire Integrated Care Partnership

Report Title:	**Integrated Care Strategy in action case study: Tackling inequalities through a population health approach to persistent back pain**
Report From:	Liz Gaulton, Chief Officer Population Health and Inequalities, Coventry and Warwickshire ICB
Author:	Debbie Dawson, Population Health Transformation Officer, Coventry and Warwickshire Integrated Care System
Previous Considerations and Engagement:	The project described was initiated as part of wave 3 of the national Population Health Management Development Programme, and an early case study was produced as part of the outputs from that programme.
Purpose:	For Information and Discussion

Achievement of the following ICP Priorities and Focus Areas is supported:

Priorities	☒ 1 - Prioritising prevention and improving future health outcomes through tackling health inequalities	☐ 2 - Improving Access to health and care services and increasing trust and confidence	☐ 3 -Tackling immediate system pressures and improving resilience
Focus Areas	☒ 1 - Reducing health inequalities	☒ 4- Enabling personalised care	☐ 8 - Supporting people at home
	☒ 2- Prioritising prevention and wider determinants to protect the health and wellbeing of people and communities	☐ 5 - Improving access to services especially primary care	☐ 9 - Developing and investing in our workforce, culture and clinical and professional leadership
	☐ 3- Enabling the best start in life for children and young people	☐ 6- Engaging and involving our people, communities and stakeholders	
		☐ 7 - Making services more effective through greater collaboration and integration	

The case study forms part of the approach to measuring the impact of the Integrated Care Strategy, and aims to bring to life the Strategy and evidence how partners are working together differently to deliver the ICP priorities. This case study focuses on delivery of priority 1, but also exemplifies partnership working to deliver personalised care.

Executive Summary and Key Points:

The paper outlines a case study of a targeted, person-centred, population health management approach for people with persistent back pain in Coventry Central Primary Care Network. This is a clinically-led multi-disciplinary project, involving primary care and the physiotherapy team at UHCW NHS Trust. It exemplifies a different way of working to support the delivery of the ICP's Integrated Care Strategy, with a particular focus on health inequalities, population health management, personalised care and the wider determinants of health. The case study is shared to help the ICP explore and evidence how, as an Integrated Care System, we are working differently together to deliver ICP Strategy priorities, and to learn from practice about enablers and challenges to working in this way.
Recommendation:
Members are requested to NOTE FOR INFORMATION the case study and **DISCUSS** the shared learning about how partners are working together differently to deliver Integrated Care Strategy priorities and how ICP members can contribute to and enable delivery.

Implications						
Conflicts of Interest:	None					
Financial and Workforce:	The project described has received healthcare inequalities funding and funding from the personalised care programme. It involves recruitment and training of two 0.5 WTE specialist physiotherapists for 12 months.					
Performance:	Expected benefits of the described project include fulfilling the recommendations of clinical guidelines, national pathways and the Getting It Right First Time (GIRFT) report for spinal pain, which have not yet been implemented in Coventry.					
Quality and Safety:	Expected benefits of the described project include reducing opioid pain prescription medications and treatments that offer little clinical benefit and carry risks of harm.					
Inclusion						
Has an Equality and Quality Impact Assessment (EQIA) been undertaken? [delete as appropriate]	**Yes** [attached or hyperlinked]		**No** [state why in the row below]		**Not applicable**	✓

An EQIA is required for new services or changes to service delivery. **For more information the EQIA Policy and Tool can be found here.**					[state why in the row below]	
The report does not propose a new service or changes to service delivery.						
Has a Health Equity Assessment Tool (HEAT) been completed? **HEAT may be used for new, changing or existing services and processes.** **More information can be found here.**	**Yes** [attached or hyperlinked]		**No** [state why in the row below]		**Not applicable** [state why in the row below]	✓
The report does not propose a new service or changes to existing services and processes.						
Engagement						
Patient and Public Engagement:	The project described demonstrates a personalised care approach, involving and empowering individuals in their own care. Patient stories and feedback are shaping the design and evaluation of the project.					
Clinical and Professional Engagement:	The project described is clinically led, and involves an integrated, multi-disciplinary team in its implementation.					
Risk and Assurance						
Risk	Not applicable as this is a case study designed to support the ICP in understanding the impact of its Integrated Care Strategy and inform a discussion about new ways of working. The project described has a risk log in place.					
Level of and Gaps in Assurance	The case study provides partial assurance about delivery of the Integrated Care Strategy. Case studies are one element of the ICP's approach to measuring the impact of its Strategy.					

1. Introduction

At the ICP meeting in February 2023 it was proposed that, as part of its approach to measuring the impact of the Integrated Care Strategy, ICP meetings would include an opportunity to explore more qualitatively where there are changes in working practice, including the quality of collaboration. One of each of the three priorities in the Strategy would be a specific focus at remaining ICP meetings this calendar year and case studies would be used as a framework for exploring how we are working differently in each area and to learn from practice.

The case study presented here focuses on delivery of priority 1, *Prioritising prevention and improving future health outcomes through tackling health inequalities*. It also exemplifies partnership working to deliver personalised care, which is both an area of focus for priority 2 and a theme that runs through the Strategy.

The case study evidences:

- a collaborative / multi-disciplinary working approach, including links with wider community partners
- good practice and impact in relation to health inequalities, population health management and personalised care
- wider socio-economic benefits in addressing long term sick leave
- how the project is promoting independence and empowering those who are benefitting from the intervention.

A video of clinicians describing the project can be viewed here: https://www.happyhealthylives.uk/staying-happy-and-healthy/digital/population-health-management/case-studies-phm-in-action/.

2. Details of the project

2.1 The project presented here originated as part of the national Population Health Management (PHM) Development Programme in Coventry and Warwickshire. As part of this programme, multi-disciplinary teams of clinicians and analysts worked together at a Primary Care Network (PCN) level, using linked data to identify and understand the needs of at-risk groups and develop and deliver new, holistic models of care.

2.2 Coventry Central PCN worked collaboratively with physiotherapists at UHCW to find alternative methods to manage back pain and reduce opioid medication for an identified group ('cohort') of patients, and they tested an evidence-based intervention on a small number of patients. This intervention, called Cognitive Functional Therapy (CFT), is designed to target the biopsychosocial complexity of persistent lower back pain. It is typically delivered over 4-6 months, with patients requiring around 8-10 treatment sessions, each lasting approximately 1 hour. The intervention is provided by Physiotherapists with extended skills in managing the biopsychosocial complexity of persistent back pain.

2.3 Building on early positive outcomes from the PHM programme, the team successfully applied for pump-prime funding from the ICB healthcare inequalities innovation fund to expand the intervention to a cohort of 150 patients to test out the model, with a view to scaling across local PCNs. Specialist physiotherapy staff have been recruited and are now being trained to deliver the intervention to this cohort over the next 18 months.

2.4 The cohort selected for the intervention reflects the 'Core20Plus' identified health inequalities, including people living in deprived areas who are currently not working or on long term sickness benefits. This cohort are adversely affected by a combination of biopsychosocial factors (e.g. physical, psychological, social, lifestyle, and health comorbidities) that cause high-impact persistent pain.

2.5 The programme will be robustly evaluated, with clinical outcomes measured at three and six-month follow-up, inclusive of return-to-work rates, pain intensity, disability levels and psychosocial functioning. Programme leads will also evaluate service user satisfaction and perform an economic analysis of direct health-care costs of consultations, prescription medications and imaging requests using a pre-post intervention design.

2.6 The team are also working with the ICS personalised care programme to create a person-centred video resource to help people manage persistent back pain, to be used as a tool in primary prevention. The video will be freely available to all communities across Warwickshire and will feature the voices of people with lived-experience and a range of healthcare professionals offering evidence-based and expert advice for this condition. All staff involved in the project will also be supported to undertake personalised care intervention training, with the specialist physiotherapists receiving mentoring during clinical practice in communication, personalised care and shared decision-making skills.

3. Working differently to deliver our ICP Strategy priorities

3.1 The project exemplifies working differently to prioritise prevention and improve future health outcomes through tackling health inequalities and brings to life the vision and approach set out in the ICP's Integrated Care Strategy in a number of ways.

3.2 A PHM approach is being used in the design and delivery of this intervention. Linked data has been used to understand the needs of a PCN patient population and inform design of a targeted intervention, and is also being used by clinicians to enable proactive case-finding.

3.3 The primary aim of the project is to reduce health inequalities of the target population. There is a higher recorded prevalence for long term conditions, including musculoskeletal (MSK) disorders, in more deprived areas in Coventry. Local clinical knowledge suggests that, for individuals in the selected cohort, living with persistent back pain impacts on ability to work and to engage socially and has an enduring impact on mental wellbeing. The cohort have poor outcomes and increasing

reliance on healthcare and other statutory support, including heavy opioid prescriptions, regular GP and hospital attendances.

3.4 Through its biopsychosocial approach, the project addresses the wider determinants of health. Improvements in back pain impact on increased ability to engage in work, family life and leisure activities, supporting individuals to engage more fully in their home and community life. An economic analysis to understand the return on investment of this intervention will be considered as part of the evaluation.

3.5 The project is collaborative, delivered by an integrated team of primary and secondary care clinicians, including GPs, physiotherapists, social prescribers and other allied health professionals. To enable individuals to transition to more positive and active lifestyle behaviours, the project is partnering with leisure services and facilities.

3.6 The intervention exemplifies a personalised care approach, incorporating shared decision making and facilitating patient activation and sustained self-management for this cohort, by focusing on what matters to the individual.

4. Project outcomes and learning

4.1 A patient story gathered as part of the initial pilot as part of the PHM Development Programme demonstrated positive early outcomes both in physical and mental health, as well as a sense of empowerment and improved self-efficacy.

4.2 As the project is scaled and delivered to the wider cohort (150 patients) the anticipated outcomes, that will be tested through evaluation, include:

- Reducing opioid pain prescription medications, imaging requesting and unnecessary specialist appointments
- Reduction in GP consultations as patients move to self-management.
- Improving the health and wellbeing of the cohort by
    - enabling increased participation in meaningful work, family, and social activities
    - reducing pain.
    - reducing levels of disability
    - improving psychosocial functioning
    - improving physical health.

4.3 The project has experienced some delays as a result of challenges around the recruitment and backfill of staff in a service experiencing significant operational pressures, as well as in establishing research governance for data sharing for the purposes of evaluation. Workforce and data are both key themes in the Integrated Care Strategy, and this learning reinforces the importance of both as enablers to delivery of the Strategy priorities.

5. Involvement and Engagement

5.1 The project demonstrates many of the 10 principles for working with people and Communities. For example, it takes a person-centred approach, that empowers individuals to take control of their own care and take an asset-based approach, which should help to build relationships based on trust with those affected by inequalities. The evaluation methodology is framed around patient outcomes and capturing service user satisfaction. The video described in 2.6 above will feature the voices of people with lived-experience.

6. Key Performance Indicators (KPIs), Measures of Success and Metrics

6.1 The project described contributes to the following proposed measures of impact for the Integrated Care Strategy:

- We will reduce the gap in life expectancy between people living in our most deprived communities compared with the least deprived by 5% in five years – by 6.5 months for males, and 4.5 months for females in Coventry, and 5 months for males and 4 months for females in Warwickshire.
- We will reduce the under 75 mortality rate from all causes considered preventable by 5% in five years, with the aim of achieving the largest reductions in Coventry, Nuneaton and North Warwickshire.
- We will increase the uptake of Personalised Care and Support Plans (PCSPs) each year, with a focus on individuals experiencing health inequalities.

7. Risk

7.1 The project has a risk log in place, including risks around recruitment of specialist physiotherapy workforce and sustainability beyond the initial project.

8. Assurance

8.1 Assurance for delivery of the project described is through the ICB healthcare inequalities monitoring and evaluation group.

9. Summary conclusion

This case study offers a rich example of how partners are working together differently, taking a population health approach, to reduce inequalities and improve health outcomes for a cohort of individuals in Coventry. Though small in scale and at an early stage, it demonstrates the potential impact of a holistic, integrated and proactive approach to care, and an approach that focuses on empowering

and enabling individuals to improve their health and wellbeing, rather than on treating illness. It also shows the added value of working together across sectors within the wider health and wellbeing system.

ICP members will have their own examples of how they are contributing to delivery of the Integrated Care Strategy priorities, and it is intended that this case study sparks discussion about what is already happening, and how partners can maximise the opportunity of the Integrated Care System to improve population health and wellbeing in its broadest sense, starting with the wider determinants of health.

10. Recommendation

Members are requested to NOTE FOR INFORMATION the case study and **DISCUSS** the shared learning about how partners are working together differently to deliver Integrated Care Strategy priorities and how ICP members can contribute to and enable delivery.

End of Report

Coventry and Warwickshire
Integrated Care Partnership

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

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