Coventry and Warwickshire
Integrated Care Partnership

Integrated Care Partnership Meeting

Papers for the PUBLIC Meeting

Thursday 8th December 2022

Via Microsoft Teams

11.00-12.00

Coventry and Warwickshire
Integrated Care Partnership

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To be held in PUBLIC on Thursday 8th December 2022
11.00-12.00
Via Microsoft Teams

A G E N D A

No.	Time	Item	Presenter	Attachment	Purpose
1.	11.00	Welcome and Apologies	Chair, Danielle Oum	Verbal	
2.	11.00	Confirmation of Quoracy	Chair, Danielle Oum	Enc 0.1	
3.	11.00	Declarations of Interest	Chair, Danielle Oum	Enc A	Information
4.	11.05	Minutes of the Meeting held on 31ST October 2022	Chair, Danielle Oum	Enc B	Approval
5.	11.05	Matters Arising/Action Schedule	Chair, Danielle Oum	Enc C	Information
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.					
6.	11.05	Integrated Care Strategy	Liz Gaulton	Enc D	Approval
7.	11.50	Questions from members of the public about items on the Agenda	Chair, Danielle Oum	Enc E	Information
8.	11.55	Any Other Business	Chair, Danielle Oum	Verbal	
9.		Next Meeting Thursday 9th February 2023, Friargate, Coventry			
		MEETING CLOSES			

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

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

Coventry and Warwickshire
Integrated Care Partnership

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	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	Anne	Coyle	Chair of Warwickshire Care Collaborative	1. Leadership Centre Alumni Council - Member		✓				Sep-22	Current
Y	Anne	Coyle	Chair of Warwickshire Care Collaborative	2. Mini Digital Ltd - Spouse is Managing Director					✓	Sep-22	Current
Y	Stuart	Croft	Vice Chancellor of University of Warwick	Nil							Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	1. Member of QSAC (resigning from this Committee in July 2022)		✓				Jul-22	Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	2. Unit Leader - Girl Guides			✓			Jul-22	Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	3. Occasional Leader - Scouts			✓			Jul-22	Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	4. Association Director Public Health		✓				Jul-22	Current
Y	Peter	Fahy	Director of Adult Social Care and Housing (Coventry City Council), Chair of Coventry Care Collaborative	Nil						Aug-22	Current
Y	Russell	Hardy	Chair, George Eliot Hospital/South Warwickshire NHS Foundation Trust	Chair, George Eliot Hospital/South Warwickshire NHS Foundation Trust	✓					Aug-22	Current

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

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

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

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

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Y	Stella	Manzie	Chair of University Hospitals Coventry and Warwickshire	6. Trevor McCarthy (Partner) Independent Consultant in Addictions					✓		Current
Y	Stella	Manzie	Chair of University Hospitals Coventry and Warwickshire	7. Trevor McCarty (Partner) Associate Consultant, Figure 8 Consultancy – health and social care					✓		Current
Y	Nigel	Minns	Strategic Director, Warwickshire City Council	Employee of Warwickshire County Council		✓				May-22	Current
Y	Kirston	Nelson	Chief Partnerships Officer/ Director of Education and Skills at Coventry City Council	Nil						Jun-22	Current
Y	Julie	Nugent	Executive Director for Economy, Skills and Communities at West Midlands Combined Authority	Nil						Aug-22	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	1. Member of Healthwatch England Committee		✓				Sep-22	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	2. Son is a Coventry City Council employee (Community Support Officer, supporting people with advice on service queries)					✓	Sep-22	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

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					Financial Interest	Non-Financial Professional Interest	Non-Financial	Non-Financial Personal Interest	Indirect	Declared	To
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	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
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

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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

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

On Monday 31st October 2022 at 09.30-11.30am, Committee Room 2, Shire Hall, Warwick

Members	
Mr Danielle Oum	Chair, Coventry and Warwickshire Integrated Care Board
Mr Philip Johns	Chief Executive Officer, Coventry and Warwickshire Integrated Care Board
Councillor Margaret Bell	Warwickshire Health and Wellbeing Board Chair, ICP Deputy Chair
Mr Chris Bain	Chief Executive, Healthwatch, Warwickshire
Ms Caroline Graham	Engagement and Outreach Officer, Healthwatch, Warwickshire
Mr Stuart Linnell	Chair of Healthwatch, Coventry
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 Kate Hunt	Independent Living Regional Manager, Orbit Housing
Ms Anne Coyle	Warwickshire Care Collaborative Chair, South Warwickshire Foundation Trust
Mr Peter Fahy	Coventry Care Collaborative Chair, Director of Adult Services and Housing
Ms Kirston Nelson	Director of Education and Skills/Chief Partnership Officer, Coventry City Council
Ms Stella Manzie	Chair, University Hospital Coventry and Warwickshire
Dr Matt Baines	GP, Primary Care

Mr Russell Hardy	Chair, George Eliot Hospital NHS Trust and South Warwickshire University NHS Foundation Trust
Mr Jagtar Singh	Chair of NHS Coventry and Warwickshire Partnership Trust
Ms Ros Alstead	Coventry University (Deputising for Professor Lisa Bayliss-Pratt
In Attendance:	
Mrs Cheryl Brand	Executive Assistant, Coventry and Warwickshire Integrated Care Board (Minute Taker)
Ms Rachael Danter	Chief Transformation Officer, Coventry and Warwickshire Integrated Care Board
Dr Angela Brady	Chief Medical Officer, Coventry and Warwickshire Integrated Care Board
Ms Liz Gaulton	Chief Officer Population Health and Inequalities, Coventry and Warwickshire Integrated Care Board
Ms Debbie Dawson	Population Health Transformation Officer, Coventry City Council, NHS Coventry and Warwickshire ICB and Warwickshire County Council
Mr Daniel Taylor	Engagement Consultant, Good Governance Institute
Apologies:	
Councillor Kamran Caan	Coventry Health and Wellbeing Board Chair, ICP Deputy Chair
Mr Nigel Minns	Strategic Director for People, Warwickshire County Council
Mrs Anita Wilson	Director of Corporate Affairs, Coventry and Warwickshire Integrated Care Board
Ms Deepika Yadav	GP, Primary Care
Mr Stuart Croft	Vice Chancellor, University of Warwick
Professor Caroline Meyer	Pro-Vice Chancellor (Research) University of Warwick
Professor Lisa Bayliss-Pratt	Pro-Vice-Chancellor, Coventry University
Mr John Latham	Vice Chancellor, Coventry University
Dr Shade Agboola	Director of Public Health, Warwickshire

Dr Gordana Djuric	Consultant in Public Health, Warwickshire County Council
Mr Simon Lieberman	Orbit Housing, Regional Place Manager - Midlands
Mr Ajaz Mubasshir	Head of Health and Communities, West Midlands Combined Authority

Item No:		Action
1.	**Welcome and Apologies** The Chair welcomed all attendees to the Integrated Care Partnership meeting. Apologies were noted as above.	
2.	**Confirmation of Quoracy** The meeting was confirmed as quorate.	
3.	**Declarations of Interest** There were no items raised. Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.	
4.	**Minutes of the meeting held on 26th July 2022** The minutes of the meeting held on 26th July 2022 were agreed as a true and accurate discussion.	
5.	**Updated Terms of Reference** Ms Oum explained that the ICP Terms of Reference had been updated on the ICP website and stated that a Housing representative (Orbit Housing) have now joined the ICP. Ms Oum asked the ICP if they were happy to approve this update. Mr Singh asked what the rationale was for adding Orbit Housing? Ms Oum explained that Orbit Housing are one of the largest social housing providers and they have been very active and keen to engage. Members **APPROVED** the updated Terms of Reference.	
6.	**Citizen Voice** Ms Hunt presented this paper and stated that she was delighted to join the meeting to represent housing for the ICP. Orbit Housing have recently recruited a Health and Wellbeing Manager, whose role it is to commission health services for its citizens.	

	The paper explains that citizens at Orbit Queensway Court independent living scheme have been improving their mobility as part of a British Gymnastics Foundation Programme. The Love to Move programme helps to develop coordination, balance, core strength and flexibility. Declining health and mobility are huge barriers to people being able to remain in their own homes, so this programme enables citizens to continue to live independent lives for as long as possible. Housing now has a wider role so investing in communities and making referrals for their citizens is a key part of that role. Orbit Housing provide several other programmes and support to their citizens – Examples include healthy cooking, improving memory and decreasing loneliness. The aim is to enable their citizens to live their best lives in their own home. Ms Manzie welcomes the addition of Housing to the ICP as it is a very important element for citizens to live a fulfilled life. Cllr Bell asked what services are provided to those under 55? Ms Hunt explained that it is about finding out what is right for that person and providing the appropriate support, referral or help for that individual – it may be to help make adaptions to their property or moving the individual to supported accommodation. Mr Hill explained that they are one of Orbit's providers for Breathing Spaces and Orbit is very much about partnerships. Ms Oum thanked Ms Hunt for the update and suggested it would be useful for Orbit to provide a broader update for the next meeting. Ms Brand will add to the next agenda in February. **Action: CB** ICP Members: Noted for **INFORMATION** the value and importance of the Love to Move Programme which demonstrates the benefits of providing the best possible care close to home to enable citizens to maintain independent lives.	**CB**
7.	**Coventry and Warwickshire Integrated Health and Wellbeing Forum** Cllr Bell presented this paper and explained that the first meeting of the new Coventry and Warwickshire Integrated Health and Wellbeing Forum took place on 13 October 2022. The focus of this meeting was to inform the development of the Integrated Care Strategy and ensure that this is shaped by leaders from across the wider system, with an emphasis on population, health, inequalities and prevention. Key messages from the meeting were: - There is a need for a collective commitment to invest in preventative approaches, and an agreement and clarity about what is meant by this - Tackling health inequalities is a key driver that runs through everything we do	

	- The need to identify specific, practical actions and the importance of using data and evidence to inform priorities and spending decisions and to evaluate the impact of collective action - The significance of culture, relationships and trust, and the importance of the ICP principles as the basis for this - People and communities should be at the heart of everything we do - The health and care workforce including the informal workforce - The role of social care is very important - The value of meeting together and suggested more frequent meetings Mr Hardy noted that will never be situation where there will be enough money or be able to recruit sufficient staff, so it is very important that we all think hard about how we can do things differently. ICP Members: Noted for **INFORMATION** the outcomes of the first meeting of the Integrated Health and Wellbeing Forum.	
8.	**Healthcare Services for Asylum Seekers and Refugees in Coventry and Warwickshire** Dr Duggal presented this paper which explains the latest position regarding asylum seekers and refugee populations currently residing in Coventry and Warwickshire and their healthcare needs. Data provided is a snapshot in time and the asylum population is constantly shifting with people moving from being an asylum seeker to refugees once cases are concluded. Data on asylum seekers unsuccessful in their claims is very difficult to ascertain as these individuals become classed as 'no recourse to public funds.' There are four recommendations made to the ICP: 1. Provide support for the proposal to appoint an ICB lead/SRO for Migrant Health 2. Endorse the recommendation that the Asylum Seeker and Refugee Health (ASRH) Partnership Group is re-configured as an NHS-led group to focus on key issues for this expanding population group - a priority group identified in the NHS Health Inequalities strategy 3. Consider the need to identify/pool/coordinate resources across the system with the aim of providing a coherent primary care and mental health offer to these groups. 4. Approve the recommendation to collaborate, via the Asylum Seeker and Refugee Health Partnership Group (ASRH), with wider system partners (including the voluntary sector and place partnerships in Warwickshire) to develop and embed a sustainable system of healthcare for newly arrived communities. Ms Oum thanked the team for presenting a joint Coventry and Warwickshire paper.	

	Ms Yadav (not present) sent in a written question where she thanked the team for the paper and all the work that had gone into this and noted that it would be helpful to know where the funding received in 2020-21 was spent in Coventry and Warwickshire and what were the main challenges and accomplishments and what learning would we take to the following year's use of funds? Dr Duggal will provide a written respond back to Dr Yadav. **Action: Dr Duggal** Ms Nelson asked if there could be an education representative on the Asylum Seeker and Refugee Health Partnership Group (ASRH) Group. Dr Duggal confirmed that this would be possible. Mr Singh supports the aims and purpose but noted that financial information is not in the paper and the outcomes are not clear for the business case. There is also no Equality Impact Assessment (EQIA). Dr Duggal explained that the role of the SRO would be for them to take the next steps and agree a business case which will include an Equality Impact Assessment. Mr Bain welcomed the initiative and noted that it would be better for people to be referred to as people and not patients. Mrs Manzie noted that she was nervous to the wording in the paper as it referred to 'NHS-led' when housing, education are all as equally important. Ms Oum accepted that the phrase NHS-led was possibly not the right tone as it is about the NHS taking an active responsibility alongside other partners already working with this group. Mr Hardy noted that it is important to focus on the short-term practical actions and for long term issues (such as staffing and how long services can be provided) should also be carefully considered. Cllr Bell noted that the budget pressures for Councils was immense, and we need to find a way through it. Mr Linnell stated that Primary Care is a critical point and is the priority to resolve quickly. Ms Nelson noted that the strategy must focus on prevention and the long-term aspects are very important, so ensuring discussions are triangulated is imperative. Ms Oum summarised and noted that the ICP are keen to support asylum seekers and refugees a group highlighted within the system's Core20Plus 5 model and that this will need to be reflected in the ICS Strategy. ICP Members: **APPROVED** the above four recommendations.	**AD**

9.	**Integrated Care Strategy Development** Ms Gaulton presented this paper which updates the ICP on the progress of the Integrated Care Strategy. This is a crucial system document that will establish a vision of integration and collaboration for the system and sets out the strategic direction and priorities for the provision of health and care services to achieve the ICS aims. The strategy will provide a vision for Coventry and Warwickshire 5 years from now that leverages the benefits of the system, enables greater collaboration across partners and to which the ICB will have due regard when developing its 5 Year Forward Plan. Since July, the working group has completed a mapping exercise of existing and emerging system and partner strategies that will support delivery of this overarching strategy, capturing the breadth of determinants of health. The draft priorities and enablers were shared with the Coventry and Warwickshire Health and Wellbeing Forum on 13th October where members discussed what is the most critical to the system now. An engagement calendar has been developed to enable us to talk to residents of Coventry and Warwickshire to hear what their priorities are for health and care and what integration means to them. Reflecting the clear messages emerging from the public engagement and the feedback received from stakeholders, the ICP identified three core areas to focus on for the strategy: 1. Access to health and care services and restoring trust. 2. Prioritising prevention and improving future health outcomes 3. Immediate system pressures and resilience Ms Uwins explained that following several engagement meetings with different community groups, GP access has been a reoccurring theme from every group they have spoken to. People also feel like they have lost trust in what the NHS can do. There is a feeling that the fundamentals are broken, and the emergence of digital services have made many people feel nervous about navigating them. Cllr Bell stated that it was important to listen to what Ms Uwins is reporting back from the engagement groups. The lack of trust in the health service and as there are only two ways into healthcare – GP or through Accident and Emergency (A&E), access to healthcare in a timely way is critical and the strategy should be reflected to show this. In terms of digital Cllr Bell explained that following a digital exercise, the main message was that people do not want to go online for information. Ms Manzie noted that there is still a lot of work to undertake and suggested it may be better to divide the strategic priorities and ongoing priorities and link them to a number of smaller actions. It would also be useful to note what is already in place and what is going to be done. Mr Hardy agreed that we must listen to what communities are saying and face up to the reality of there not being enough money and rebuild the trust in the NHS. For priorities, we do need to be very explicit what about what the	

	ultimate priority is – what actions can we take, and brutal prioritisations will need to happen. Mr Linnell agreed that it would need to be about building trust back up again. Mr Singh acknowledged that the work undertaken with communities had been very good but questioned if all diverse communities had been consulted and there appears to be no Equality Impact Assessment taken into consideration. Ms Nelson thanked Ms Gaulton for the work her and her team had done in undertaking this work. The key message is to consider engagement first. Mr Johns agreed that the priorities do need expanding more and noted that what goes into the strategy in December will not be the final one as it will change and agreed that there does need to be a focus on GP primary care access. Mr Bain noted he was pleased to hear that the strategy is all about engagement and the strategy should focus on building trust and relationships with an understanding that one size does not fit all, and the engagements should continue once this strategy has been approved. Mr Fahy stated he could see that progress had been made since July but noted that we do need to be cautious about what we commit to in December until we are clear on the delivery mechanisms. Ms Winchcombe noted that as integration was increasing into the voluntary sector, abbreviations and language needs to be clear so that the voluntary sector can inform others what the ICS and ICB is. Ms Gaulton thanked the ICP members for their comments, and explained that the strategy would be further developed during November with 'access and trust' included as a worked up exampled to bring the strategy to life. Ms Oum thanked Ms Gaulton and her team for all the work which has taken place on this strategy. There is a need to look closely at the priorities and the scale of the challenge means that the structure of the strategy needs be clearer, separating out the priorities and the red 'hot' issues and the ongoing issues. GP access remains a key issue but not to lose sight of the ambitions about what we are trying to do by pooling resources, working differently and partnership working. ICP Members: Noted **FOR INFORMATION** the progress made in the development of the Integrated Care Strategy, including the engagement activity to date **DISCUSSED** proposals for the final content and structure of the strategy and **APPROVED** a preferred option. **APPROVED** a request for an extraordinary meeting of the ICP in December to approve the final strategy for publication and submission to NHS England.	
10.	**Questions from Visitors** There were no questions raised.	

11.	**Any Other Business** Mr Singh asked suggested that it would be beneficial to have a calendar/schedule of events that will be discussed at these meetings. Mr Singh explained to the members that it would be beneficial to ask ourselves at the end of each meeting if the items on the agenda have been covered as per the Terms of Reference and it is helpful to have an end of meeting evaluation. The Chair thanked Mr Singh for these suggestions.	
12.	**Dates of Next Meetings** December 2022 – Date to be arranged 9th February 2023, 10.00-12.00, Friargate, Coventry	

Enc C **ACTION SCHEDULE - COVENTRY AND WARWICKSHIRE INTEGRATED CARE PARTNERSHIP** Updated 30.11.2022

ACTION REF	MEETING DATE	AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	CURRENT STATUS	UPDATE
1	31/10/2022	6	Orbit Housing to provide a broader update covering other initiatives involved in the Housing sector for the next ICP meeting in February	Simon Lieberman	09/02/2023	In progress	Housing Update on the agenda for the 9th February 2023 ICP meeting
2	31.10.2022	8.0	Asylum Seekers and Refugees in Coventry and Warwickshire - Dr Allison Duggal to email Deepika Yadav explaining where the funding received in 2020-21 was spent in Coventry and Warwickshire	Dr Allison Duggal	22.11.2022	Completed	Information emailed to Deepika about Coventry and Warwickshire

Enc D

Coventry and Warwickshire
Integrated Care Partnership

Report Title:	**Integrated Care Strategy**
Report From:	Liz Gaulton, Chief Officer Population Health and Inequalities, NHS Coventry and Warwickshire Integrated Care Board
Author:	Debbie Dawson, Population Health Transformation Officer, Coventry and Warwickshire Integrated Care System
Previous Considerations and Engagement:	Coventry and Warwickshire Integrated Care Board, 16 November 2022 Population Health, Inequalities and Prevention Board (acting as Integrated Care Strategy reference group), 10 November 2022 Coventry and Warwickshire Integrated Care Partnership, 31 October 2022 Coventry and Warwickshire Integrated Health and Wellbeing Forum, 13 October 2022 Integrated Care Strategy working group (a working group of the ICP) – meeting every 3 weeks Integrated Care Strategy Engagement Task and Finish Group – meeting every 2-3 weeks Full details of engagement activity to inform the development of the strategy are included in the report.
Purpose:	For approval

Contribution to meeting the aims of the ICS:

The Integrated Care Strategy is a crucial system document that will establish a vision of integration and collaboration for the system and set the strategic direction and priorities for the provision of health and care services to achieve the ICS aims of:-

- Improving outcomes in population health and healthcare
- Tackling unequal outcomes, experience and access
- Enhancing Productivity and value for money
- Supporting the broader social and economic development of C&W.

Contribution to meeting the priorities of the ICB:

The development and approval of a system integrated care strategy will provide a vision for health and care in Coventry and Warwickshire 5 years from now that leverages the benefits of the system, enables greater collaboration across partners and to which the ICB will have due regard when developing its Integrated Care 5-year Plan.

The strategy will set the strategic direction and priorities for the system to improve population health and wellbeing, reduce disparities and provide health and care services to meet the assessed needs of the population.

Recommendation:
Members are requested to • **Approve** the draft Integrated Care Strategy for submission to NHS England.

Implications							
Conflicts of Interest:	None						
Financial and Workforce:	The draft Integrated Care Strategy includes sections on finance (as a key enabler) and workforce (as an area of focus within the priority on system pressures and resilience). It is expected that the priorities and strategic direction set out in the strategy will inform ICS decision-making and delivery, including spending priorities and the design of services.						
Performance:	The paper is about development of the Integrated Care Strategy and include details about how the impact of the strategy will be measured and monitored. When refreshing its strategy, the Integrated Care Partnership must consider whether the strategy is being delivered by the integrated care board, NHS England and local authorities, including its impact on commissioning and delivery decisions. 'Performance and assurance' is identified as one of the enablers to achievement of the strategic priorities in the strategy.						
Quality and Safety:	Quality is identified as one of the enablers to achievement of the strategic priorities in the strategy.						
Inclusion: **The EQIA tool can be found in the EQIA policy here.]**	**Has an equality impact assessment been undertaken?** An EQIA is required for new services or changes to service delivery. More detail on this can be found in the EQIA Policy.	**Yes** (attached or hyperlinked)	✓	**No**		**N/A**	
Patient and Public Engagement:	The report details our engagement approach, and how the strategy has been informed by insight from our diverse communities, with a particular emphasis on those with protected characteristics and groups that experience health inequalities. A full engagement report is being developed as an appendix to the strategy.						
Clinical and Professional Engagement:	Clinical and professional colleagues have been engaged in the development of the strategy through the reference group (role fulfilled by the Population Health Inequalities and Prevention Board), the						

	Integrated Health and Wellbeing Forum and the wider engagement plan, including a meeting of the Chairs of the Local Dentistry and Pharmaceutical Committees. Messaging was developed specifically for health and care staff and the survey included specific questions for staff to feedback, and was promoted at all Trusts to their clinical staff. A series of focus groups with clinical and care professional leaders is planned as part of an ongoing conversation about the concept of integration.
Risk and Assurance:	If the Integrated Care Partnership is unable to approve the draft Strategy on 8 December, it will fail to meet the December deadline for submission of the Strategy to NHS England. This also presents a risk to the ICB and its ability to develop its integrated care 5-year plan, informed by this Strategy, by the end of March 2023. It is intended that the strategic risks identified in the ICB Board Assurance Framework will be reconsidered upon the publication of the Integrated Care Strategy and the Integrated Care 5-year Plan.

End D

Coventry and Warwickshire
Integrated Care Partnership

Executive Summary

1.1 The integrated care strategy provides a vision for health and care in Coventry and Warwickshire 5 years from now that leverages the benefits of the system, enables greater collaboration across partners and to which the ICB will have due regard when developing its Integrated Care 5-year Plan by March 2023. The strategy will set the strategic direction and priorities for the system to improve population health and wellbeing, reduce disparities and provide health and care services to meet the assessed needs of the population.

1.2 The Health and Care Act 2022 requires integrated care partnerships to write an integrated care strategy, setting out how the assessed needs of the population can be met by the Integrated Care System (ICS). This draft integrated care strategy (appendix 1) has been co-developed by system partners through a widely inclusive process, and is informed by insight from our diverse communities, especially those with protected characteristics and groups that experience health inequalities.

2. Developing the Strategy

2.1 The ICP agreed its approach and plan for the development of the strategy in July, including establishment of working, reference and drafting groups which have met regularly to progress the work, as well as a task and finish group to oversee the aligned engagement activity. We have also drawn on external expertise in developing the strategy, through engagement with the Good Governance Institute.

2.2 The approach to drafting the strategy was as inclusive as possible, with lead 'owners' from across the system identified for each core area of content. Over 40 individuals have been involved in developing content.

2.3 The strategy has been informed by:

- extensive system and partner strategy and engagement mapping, to ensure alignment with and building on existing system-wide activity
- the collation of needs data from across the system
- statutory guidance on the preparation of integrated care strategies
- feedback from a range of public and clinical engagement activities running concurrent to the strategy development.

2.4 Engagement with C&W Integrated Health and Wellbeing Forum on 13 October helped to identify what is most critical to the system now and resulted in identification of a series of commitments that run through the strategy, aligned to achievement of the core purposes of the ICS.

2.5 The ICP reviewed the proposed strategy content and structure on 31 October. Members said they wanted to see:

- More focus, and clearer prioritisation in the strategy
- Reframing around ongoing, long-term actions and burning issues that need action now
- Access to services and trust brought out as a key theme.

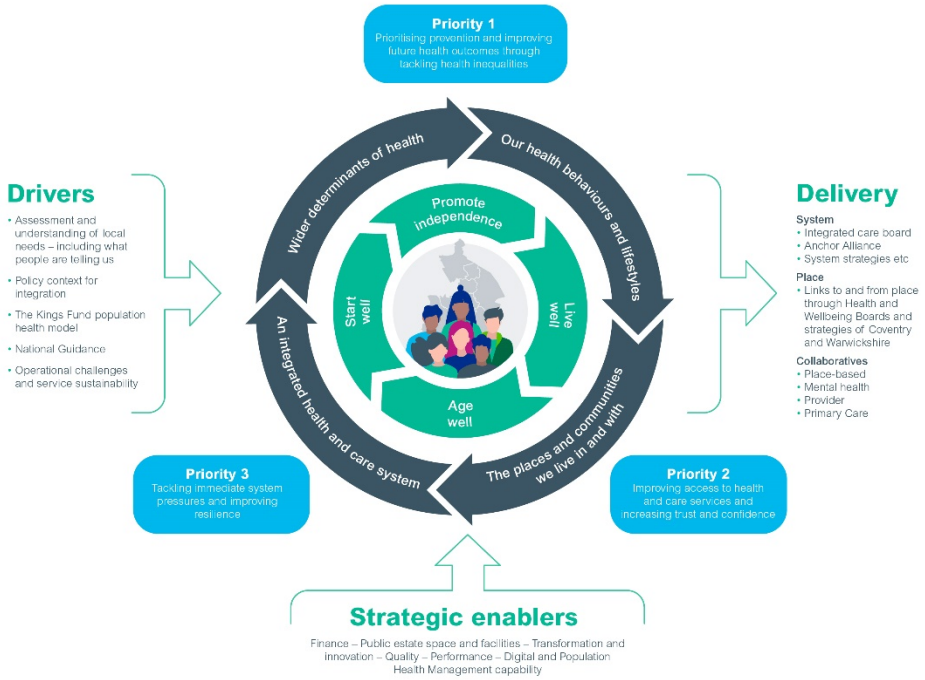
3. Strategy framework and content

3.1 Reflecting the direction from the ICP, and informed by key messages from the engagement activity, the final draft strategy includes three core 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.

3.2 For each of these core priorities we identify specific areas of focus and detail how we will change our ways of working over the next 5 years, and the actions we will prioritise. We have also identified a number of key enablers to delivery of our priorities, and we describe in the strategy where and how we need to integrate for each of these.

3.3 The overall framework for the strategy is described in the diagram below. There is strong emphasis throughout on harnessing the energy and resource of a wide range of system partners to improve population health outcomes and address health inequalities, highlighting the connections and overlaps between different areas of activity.



4. Engagement and equality impact

4.1 Ensuring effective and widespread community and stakeholder engagement to inform the development of this strategy has been a priority for the ICP from the outset. The engagement task and finish group responsible for this work included representatives from local authorities, NHS organisations, the voluntary and community sector, Healthwatch, faith groups and housing.

4.2 Our engagement approach was to ensure meaningful involvement, seeking input only where there was a gap in our knowledge and drawing on existing insight gathered by system partners. The task and finish group undertook a significant system-wide engagement mapping and analysis exercise, which identified gaps in insight around integration of services and priorities for health and care.

4.3 A wide range of engagement activities were undertaken and are detailed in the engagement report that accompanies the strategy. They include an online survey to address gaps in our insight which was promoted widely through partner networks and channels via the task and finish group members. We also held engagement events, focusing on those groups identified within our Core20PLUS health inequalities framework as currently under-served, as well as those who may be seldom heard or not have access to online services, including carers, refugees and asylum seekers.

4.4 Key priority areas identified through community engagement included issues relating to digital inclusion, access to primary care and there being an erosion of trust in health services. Our equality impact assessment (appendix 2) captures insights from engagement by protected characteristic and those experiencing health inequalities and demonstrates how this has informed the content of the strategy.

5. Next steps: publication and monitoring

5.1 The strategy is being presented to the ICP for approval and must then be submitted to NHS England by December 2022.

5.2 The strategy will be formally published alongside the Integrated Care Five-Year Plan in April 2023, allowing Health and Wellbeing Boards and other key stakeholders an opportunity to further review the draft strategy in January ahead of this. A suite of documents will be developed for publication, including an easy read version and an executive summary.

5.3 National guidance recognises that time restraints in this transition year may limit the breadth and depth of the initial strategy, which will mature and develop over time. ICPs are expected to develop and refine the integrated care strategy as part of an annual cycle of planning and review. When refreshing its strategy the ICP must consider whether the strategy is being delivered by the integrated care board, NHS England and local authorities, including its impact on commissioning and delivery decisions.

5.4 We plan to develop 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 the Integrated Care Partnership and regular reporting to our Health and Wellbeing Boards. Development of these monitoring arrangements will be an item for a future meeting of ICP.

Conclusion

The draft Integrated Care Strategy has been co-produced by a wide range of system partners, informed by insight from our communities and engagement with stakeholders. It sets out an ambitious vision for how as an Integrated Care System we can leverage the benefits of integration to deliver real improvement to the health outcomes of our population and tackle health inequalities.

Recommendation

Members are requested to **approve** the draft Integrated Care Strategy for submission to NHS England.

End of Report

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 to those services. The pandemic has pushed health and care services to the brink of their capacity, it has 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 are no less urgent or significant, and demand just as much commitment and ambition in 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 Intergrated Care System

Financial strain

£84 Million

Expected effeciency ask equating to 4.7% of the **£1.8 Billion** NHS opening budget for 2022/23***

Deprivation

137,208

of people live in the top **20% most deprived** areas nationally; equating to **14.2%**

99,153 (**26.1%**) of the 137,208 people reside in Coventry

38,055 (**6.5%**) 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

Willenhall	Warwickshire South
71.3 years	87.8 years

Staff Turnover

Continued increases in staff turnover (**recorded with an average of 15%**) poses a workforce challenge in capacity and service delivery.

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)

Increasing demand

in Emergency Presentations and Primary Care following the COVID-19 pandemic.

*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

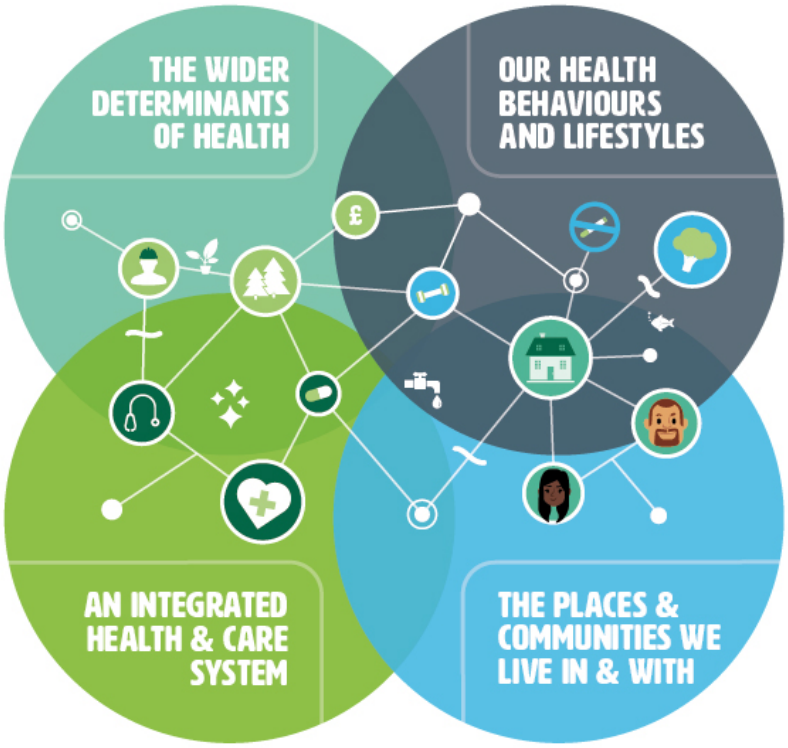
Tackle inequalities in outcomes, experience and access to services

Enhance productivity and value for money

Help the NHS support broader social and economic development

The Framework for our strategy

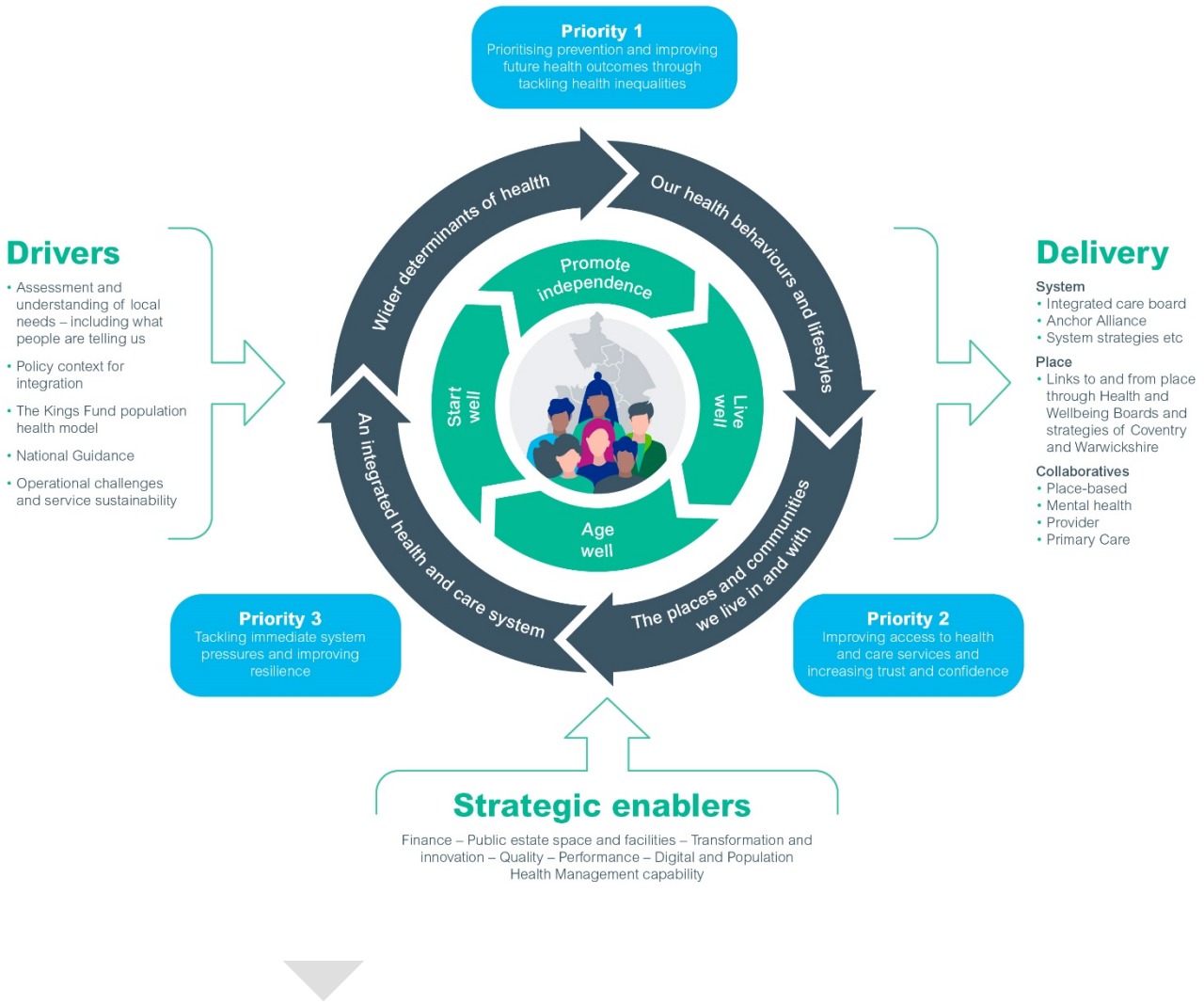
As we have transitioned to statutory ICS arrangements, The King's Fund population health model has framed our ICS strategic direction and underpins an inclusive, integrated approach to health and wellbeing. Both Coventry and Warwickshire Health and Wellbeing Strategies[1] are based around this model, 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.



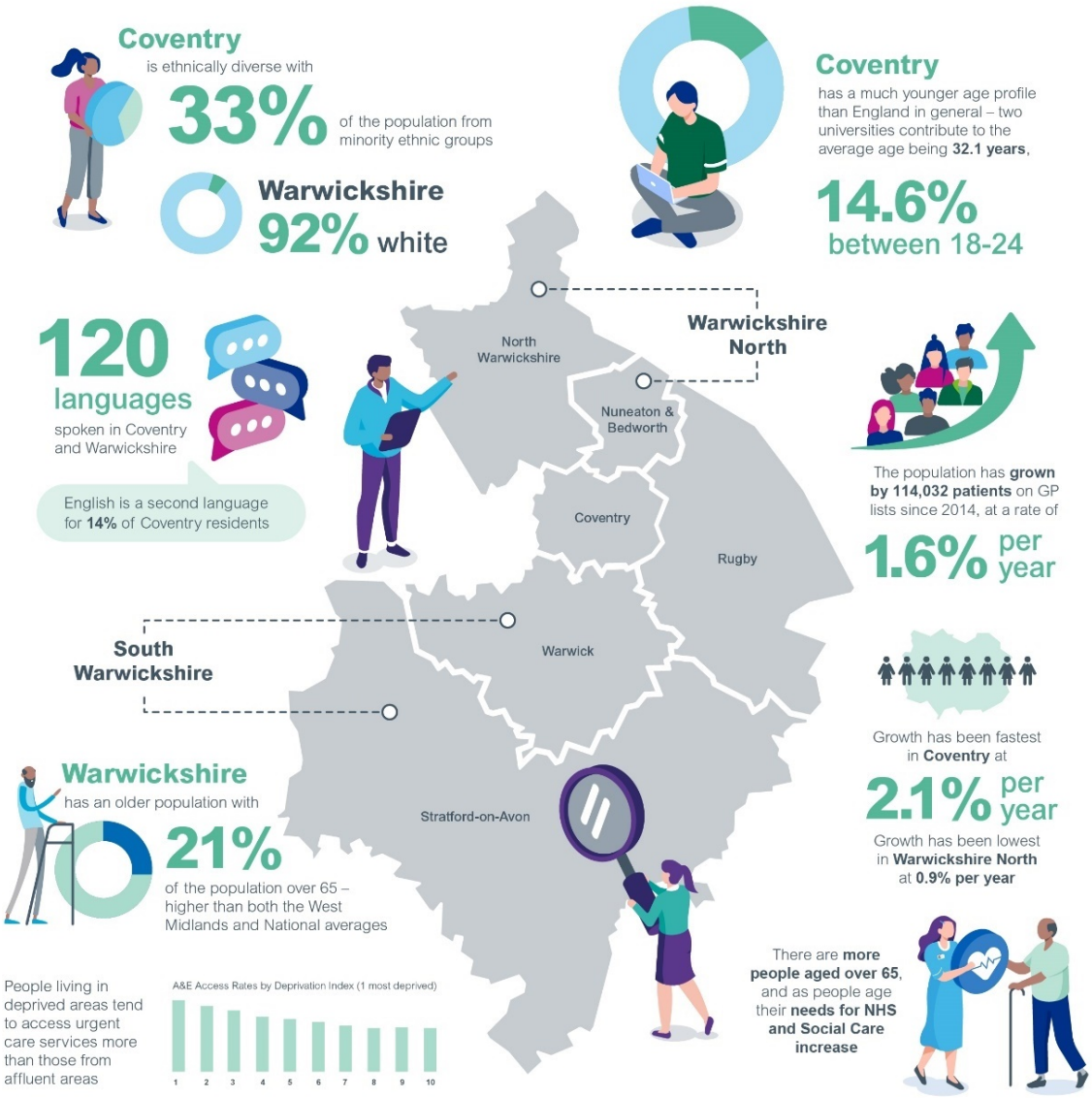
[1] Coventry Health and Wellbeing Strategy, 2019-2023
Warwickshire Health and Wellbeing Strategy 2021-2026

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. And they 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 of 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 for particular communities, groups and business sectors – this is a key focus for our shared approached 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 the 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 included **issues relating to digital inclusion, access to primary care and there being 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 five-year 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

- 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

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

- Enabling personalised care
- Improving access to services especially primary care
- Engaging and involving our people, communities and stakeholders
- Making services more effective through greater collaboration and integration

Tackling immediate system pressures and improving resilience

- Supporting people at home
- Developing and investing in our workforce, culture and clinical and professional leadership

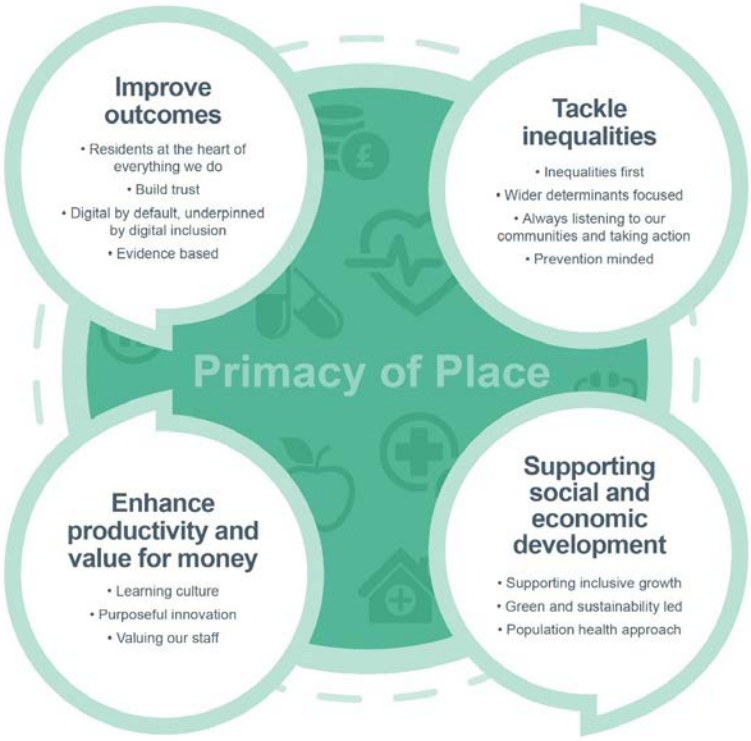
As we have developed these priorities and identified the outcomes and actions for each, we have done so through the lens of our population health model. Whilst each is an important and distinct area of activity, we also seek to highlight the connections and overlaps between them. So, for example:

- 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.

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.

Our commitments



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 of 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 yet have remained largely unchanged. The Covid-19 pandemic highlighted and unfortunately further exacerbated these, 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.

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 basis to shape our work. The Plan sets out our commitments on 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, which is also being 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 ICS Health Inequalities Strategic Plan will support in aligning work to ensure an integrated and coordinated approach to tackling health inequalities across Coventry and Warwickshire; embedding reducing 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 them 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 resources 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.

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; 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. 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 will be 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, including those on the Homes for Ukraine Scheme, receive appropriate physical healthcare, tailored mental health support and access to all services. This includes outbreak management and screening activity within our asylum seeker hotels.

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

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 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 that 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 CYP 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 is an opportunity to further align the work already happening across Coventry and Warwickshire 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 with the children and young people 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 of 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 to enable re-investment in sufficient capacity in the right place to respond to that 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 the development of a Children and Young People Health and Wellbeing Strategy.
- We will prioritise investment in children and young people's mental health and wellbeing services and develop a bespoke mental health service 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 across 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 prioritising.
- 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, have 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 had 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
- Developing our local Fuller Stocktake implementation programme centred on the action areas identified in the Fuller Stocktake Framework for Action
- Working with our local Primary Care Collaborative – a 'guiding coalition' of leaders from within the general practice sector – 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

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, enabling all those who want to be to be able to be part of identifying the issues and helping to find solutions in ways that work for them and meet the real 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 Integrated Care System (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 organisation of our health and care system so we have right vehicles 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 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 – as 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 needs. 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 LA and District councils
  - 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
- Developing and investing 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.

Through 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 through helping focus acute 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 through 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?

- Development and implementation of an integrated model that focusses on support at home and stemming the 'flow' to hospital settings in Coventry and reabling people to regain independence they may have lost as a result of a health episode
- 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 social care reforms that can form a wider part of our ability as a system 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

Developing and investing 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.

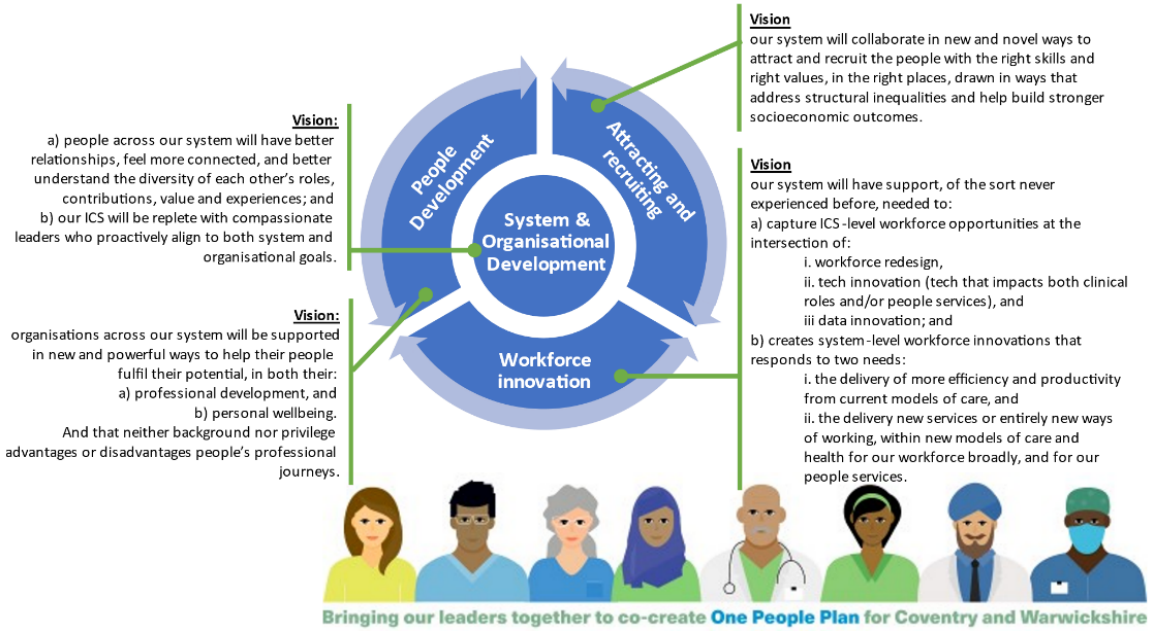
We have a diverse population and a diverse workforce, and to ensure we develop a sense of belonging and inclusion for all staff we must raise the profile of our diversity and inclusion work.

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.

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 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 workforce, where required to meet service needs, focussing on the local population, increasing uptake of health and care careers and retaining colleagues for longer
- 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. We have recently held system wide open days.
- **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 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

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

- **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 working, 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 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 the Section 106 & CIL. 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. Improve local air quality and reduce carbon emissions from travelling sustainably. Create 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, project, 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 void. To explore alternative ways of delivering our clinical services, including the use of digitisation. 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. 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

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.

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. Integrated performance management and monitoring is essential to enable transformation of services and evidence-based interventions that will improve outcomes across all focus areas.
    - 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** routed in principles of mutual accountability and equal partnership to collaboratively tackle challenged areas and achieve the Integrated Care 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

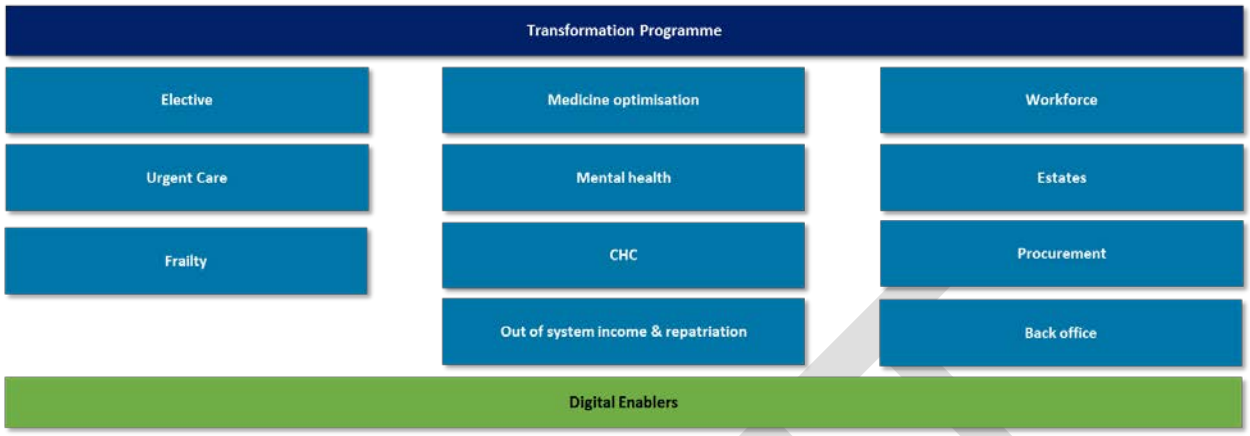
Following the Covid 19 pandemic, the recovery and sustainability of services is critical for our population. The innovations prompted by COVID-19 show the potential for us to revolutionise and transform service delivery and there are huge opportunities for collaboration, enhanced integration and transformation 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 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 ICB integrated care five-year plan which must be in place before 31 March 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 do plan to develop 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.

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.

Coventry and Warwickshire Integrated Care Partnership

Coventry and Warwickshire Integrated Care Strategy

Appendix 1: Contributors

Content leads and contributors

Name	Job title	Organisation
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Anita Wilson	Director of Corporate Affairs	C&W NHS Integrated Care Board

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

Coventry and Warwickshire
Integrated Care Partnership

Questions from members of the public about items on the agenda

This meeting is a business meeting which, for transparency, we hold in public, and which we record and publish on our website. 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 website.

Only questions about items on the agenda submitted by midday the day before the meeting will be considered and answered (where time permits*) during the meeting. Questions submitted after midday the day before the meeting will receive a written response.

*Where this is not the case, a written response will be provided after the meeting.

Questions not related to items on the agenda can be sent to the ICP by visiting our website.

Coventry and Warwickshire
Integrated Care Partnership

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

www.happyhealthylives.uk