



Coventry and Warwickshire
Integrated Care Partnership

Integrated Care Partnership Meeting

Papers for the PUBLIC Meeting

Thursday 9th February 2023

One Friargate, Floor 1, Rooms M1.3 &
M1.4, Coventry City Council, Coventry,
CV1 2GN

10.00-12.00

Integrated Care Partnership Meeting

To be held in PUBLIC on 9th February 2023

10.00-12.00

One Friargate, Floor 1, Rooms M1.3 & M1.4, Coventry City Council, Coventry, CV1 2GN

A G E N D A

No.	Time	Item	Presenter	Attachment	Purpose
1.	10.00	Welcome and Apologies	Danielle Oum	Verbal	
2.	10.00	Confirmation of Quoracy	Danielle Oum	Verbal	
3.	10.00	Declarations of Interest	Danielle Oum	Enc A	Information
4.	10.00	Minutes of the Meeting held on 8 th December 2022	Danielle Oum	Enc B	Approval
5.	10.05	Actions/Matters Arising	Danielle Oum	Enc C	Approval
Seeking and acting on feedback from citizens and staff/ Developing strong partnerships					
6.	10.10	Citizen Voice	Anita Wilson	Enc D	Information
7.	10.20	Healthwatch "What are the people of Coventry and Warwickshire telling us?"	Stuart Linnell Chris Bain	Enc E Presentation	Information
Working together to improve population health/Tackle inequalities in outcomes, experience and access					
8.	10.50	Housing Update	Simon Lieberman, Orbit Housing	Enc F Pack 2	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.					
9.	11.10	The Integrated Care Strategy	Liz Gaulton	Enc G	Approve
10.	11.25	Measuring the impact of the Integrated Care Strategy	Liz Gaulton	Enc H	Discuss Approve
11.	11.35	Integrated Care Five Year Plan Development	Rachael Danter	Presentation Tabled on day	Information
12.	11.50	Questions from members of the public about items on the Agenda*	Danielle Oum	Verbal	Information
13.	11:55	Any Other Business	Danielle Oum	Verbal	

14.		Next Meeting 4 th May 2023 10.00-12.00 Committee Room 2, Shire Hall, Warwick			
	12:00	MEETING CLOSES			
<p>*Asking a question</p> <p>This meeting is a business meetings which, for transparency, we hold in public, and publish the papers on our ICP Meetings - Happy Healthy Lives. It is not a 'public meeting' for consulting with the public – we do this in a variety of different ways which we set out on our Your Voice - Happy Healthy Lives. Only questions about items on the agenda submitted by midday the day before* the meeting will be considered and answered** during the meeting. *Questions submitted after will receive a written response. **where time permits. Where this is not the case, a written response will be provided after the meeting.</p>					
<p>Declarations of Interest</p> <p><i>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.</i></p>					
Type of Interest		Description			
Financial Interests		<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:</p> <ul style="list-style-type: none"> • 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		<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is:</p> <ul style="list-style-type: none"> • 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		<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • 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; 			

	<ul style="list-style-type: none"> • A member of a political party; • Suffering from a particular condition requiring individually funded treatment; • A financial advisor.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, [grandparent], child, [grandchild] or sibling; • Close friend; • Business partner.

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

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

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					Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect	Declared	To	
Y	Steven	Hill	Chief Executive of Coventry and Warwickshire MIND	VCSE Provider representative 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

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 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 Extra Ordinary Coventry and Warwickshire Integrated Care Partnership Meeting Held in Public

On Thursday 8th December, 11.00-12.00, via Microsoft Teams

Members	
Ms Danielle Oum	Chair, Coventry and Warwickshire Integrated Care Board, Integrated Care Partnership
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 Nigel Minns	Strategic Director for People, Warwickshire County Council
Mr Chris Bain	Chief Executive, Healthwatch, Warwickshire
Dr Allison Duggal	Director of Public Health, Coventry City Council
Ms Karen Winchcombe	Chief Executive, Warwickshire CAVA
Mr Steven Hill	Chief Executive, Coventry and Warwickshire MIND
Ms Anne Coyle	Managing Director, South Warwickshire Foundation Trust
Ms Kirston Nelson	Director of Education and Skills/Chief Partnership Officer, Coventry City Council
Dame 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
Dr Deepika Yadav	GP, Primary Care

Professor Lisa Bayliss-Pratt	Pro-Vice-Chancellor, Coventry University – Deputising for John Latham
Dr Shade Agboola	Director of Public Health, Warwickshire and Warwickshire Care Collaborative Chair
Mr Simon Lieberman	Regional Place Manager - Midlands, Orbit Housing
Ms Julie Nugent	Executive Director of Economy, Skills and Communities, West Midlands Combined Authority
Ms Ruth Light	Healthwatch, Coventry – Deputising for Stuart Linnell
In Attendance:	
Mrs Cheryl Brand	Executive Assistant, Coventry and Warwickshire Integrated Care Board (Minute Taker)
Dr Angela Brady	Chief Medical Officer, Coventry and Warwickshire Integrated Care Board
Ms 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
Ms Rose Uwins	Head of Communications and Public Affairs – Coventry and Warwickshire Integrated Care Board
Mr Daniel Taylor	Engagement Consultant, Good Governance Institute
Mrs Anita Wilson	Director of Corporate Affairs, Coventry and Warwickshire Integrated Care Board
Jaiye Olaleye	Warwickshire GP - Observing
Ms Amy Parker	Public Health Registrar - NHS Coventry and Warwickshire Integrated Care Board and Coventry City Council
Apologies:	
Councillor Kamran Caan	Coventry Health and Wellbeing Board Chair, ICP Deputy Chair
Mr Stuart Croft	Vice Chancellor, University of Warwick

Mr John Latham	Vice Chancellor, Coventry University
Mr Stuart Linnell	Chair of Healthwatch, Coventry
Mr Ajaz Mubasshir	Head of Health and Communities, West Midlands Combined Authority
Mr Peter Fahy	Coventry Care Collaborative Chair, Director of Adult Services and Housing, Coventry City Council

Item No:		Action
1.	<p>Welcome and Apologies</p> <p>The Chair welcomed all attendees to the extra ordinary Integrated Care Partnership meeting. Apologies were noted as above.</p> <p>Dr Duggal noted that Cllr Caan would be listening into the meeting whilst travelling and they have spoken in advance about the meeting.</p>	
2.	<p>Confirmation of Quoracy</p> <p>The meeting was confirmed as quorate.</p>	
3.	<p>Declarations of Interest</p> <p>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.</p>	
4.	<p>Minutes of the meeting held on 31st October 2022</p> <p>The minutes of the meeting held on 31st October 2022 were agreed as a true and accurate discussion.</p>	
5.	<p>Matters Arising/Action Schedule</p> <p>The action log was updated.</p>	
6.	<p>Integrated Care Strategy</p> <p>Ms Oum introduced this item and noted there had been many opportunities to contribute and engagement has been very comprehensive with stakeholders, colleagues working in health, care and the communities.</p> <p>Ms Gaulton explained that the strategy is the vision for health and care in Coventry and Warwickshire over the next five years. The ICB will pay due regard to the strategy when the five year plan is developed and would be available after March 2023. The strategy sets the strategic direction not just</p>	

for the five year plan but for the wider partnership – improving population health and wellbeing, reducing inequalities and providing good health and care services across the system. At the back of the strategy there is a list of contributors who have helped to develop the strategy and an engagement report describing what engagement has taken place with communities.

Following feedback at the last ICP meeting, it was felt there were too many priorities and these have now been refined to three core priorities:

- 1) Prioritising prevention and improving future health outcomes through tackling health inequalities,
- 2) Improved access to health and care services and increasing trust and confidence
- 3) Tackling immediate system pressures and improving resilience

Underneath each of the priorities, there are areas of focus which bring the strategy to life with much more detail about what will be delivered over the next five years.

There are several key enablers which sets out how things such as integration and digital can be used to the best of our advantage. On page 9 of the strategy, there is a diagram which brings all of that together in one place.

In terms of engagement, widespread community stakeholder engagement has taken place which has helped to inform the development of the strategy and that has been a key priority. The engagement approach was to ensure meaningful involvement where there were gaps in our knowledge, and it also drew on existing insights such as the One Coventry approach who have done lots of engagement with communities.

Key priority areas were identified through the community engagement and part of that was digital inclusion, access to primary care and the erosion of trust in health and care services and this can now be seen throughout the strategy.

In terms of next steps, the strategy is at this meeting today for approval and then it will be submitted to NHS England in December. It will be formally published next year and this will include an short read version . Success measures will be developed with high level metrics aligned to the strategy.

Ms Oum and Mr Hardy thanked Liz and her team for all the work she has done.

Mr Singh noted all the work that had taken place and noted that, the focus should be to look at three or four outcome points and explain how these will be delivered. This will help to focus on delivery, so everyone is clear on how we are going to work in partnership and collaboration to support the delivery and hold ourselves to account.

Ms Manzie agreed that enormous progress had been made and likes the structure which explains what has been done already and what ways of working are going to change with key action points.

Ms Manzie suggested to look at the actions across the priorities as some are quite specific and others are very broad so it may be beneficial to narrow down the broad actions otherwise it will be difficult to know if any impact has been made. In addition, it may be useful to add a numbering system into the actions that relate to the priority which will help to trace the action into the plan.

Ms Manzie noted on page 39 one of the two actions listed entitled 'Developing and investing in our workforce, culture and clinical and professional leadership' – this sounds as if the problem is with our existing workforce and suggested the wording is revised.

Ms Nelson explained that this was taken to Coventry Council's Scrutiny Board and the same comments were fed back and in addition they asked how could we capture what the foundations are of each of the priorities and what does the current data look like. It is important to understand what the action plan looks like and what outcomes are trying to be achieved. Ms Nelson agrees that the workforce priority should be re-phrased.

Mr Minns agreed with all the comments received so far and noted that there is a commitment to developing a bespoke mental health service for 18-25 and this is the first time he has heard of this. Dr Brady noted that clarification of the language is required to acknowledge that the 18-25 aspect of that work needs some extra attention.

Mr Bain explained that he recently attended the Commitment to Carers conference and the issue of carers and their needs are evolving to understand their needs and it would be useful to reflect this in the strategy. The proportion of health and social care staff who themselves are carers impacts on their ability to contribute to the workforce challenges and should be reflected in the strategy over time.

Mr Bain also noted that the building of trust and relationships is good engagement and this is evolving as we gain a more depth understanding of what is needed. Mr Bain was pleased to hear that this is an iterative process, so there is clearly a commitment to engagement.

Ms Oum explained that we had recently signed up to the Carers Passport for colleagues and it is important that we have that noted in the strategy as when we engage with the public it will involve people who are undertaking that role.

Ms Light explained that she had attended the Coventry Steering Group and from they would like see the links between the strategy and vision to the action and the outcomes.

Dr Yadav thanked the team for producing the strategy and noted that it is a strategy that she could relate to, and it is a clear read. There are no surprises about the comments following the engagement work, so it has been useful to articulate that in a way that means we have something tangible to build on. Dr

	<p>Yadav agrees with Mr Singh's comments about working together on the delivery and having those priority items.</p> <p>Mr Johns explained about the development of the forward plan and how this might address some of the points that have been made today about the link between vision, action and resources. This is a strategy which colleagues have seen and they will be holding us to account for its delivery. The forward plan will be discussed at the ICB Development session on 21st December, and then it will go to the January or March ICB.</p> <p>Ms Oum noted the whole-hearted engagement that had taken place with stakeholders and how important it is to keep the conversation going. The strategy does not stop here as it will be turned into a plan and the progress will be monitored by the ICP.</p> <p>Ms Winchcombe stated that it would be useful to measure the effectiveness of the partnership working from an integrated approach and how do we know we are all working together well in an equal and open way. This will help the voluntary sector to be able to reach out to those grassroot organisations on the ground. The voluntary sectors needs to be very clear about what they can offer the ICS in a wider way and how to work together, make partnerships work and determine how that mechanism works. Warwickshire and Solihull Community Action (CAVA) and Voluntary Action Coventry (VAC) are putting together a VCSE group that cover Coventry and Warwickshire to provide those foundations and it will be a neutral group to ensure the offer is fair and open to all.</p> <p>Ms Gaulton thanked everybody for the great feedback received and noted that amendments will be made to the strategy and sent to NHSE. Success measures is the next step and if anyone would like to volunteer to help Ms Gaulton and her team; please let her know.</p> <p>Ms Gaulton thanked Debbie Dawson, Amy Parker and Daniel Taylor for all their hard work and collaboration to produce this strategy and bringing it all together.</p> <p>Ms Oum thanked everyone for the fantastic piece of work in a short period of time.</p> <p>ICP Members APPROVED the Integrated Care Partnership Strategy</p>	
7.	<p>Questions from members of the public about items on the agenda</p> <p>No questions were submitted.</p>	



8.	Any Other Business There were no items raised.	
9.	Dates of Next Meetings December 2022 – Date to be arranged 9 th February 2023, 10.00-12.00, Friargate, Coventry	

DRAFT

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	Complete	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	Complete	Information emailed to Deepika about Coventry and Warwickshire

Robert keeps his diabetes in check



Before starting out on the Healthier You: NHS Diabetes Prevention Programme, Robert had experienced a close bereavement, which led to clinical depression, months of not leaving the house and even thoughts of suicide.

He explained how he used to eat crisps and biscuits mindlessly in front of the TV and was reluctant to go out of the house for fear of what people would think of him.

Following a blood test, Robert received an invitation to the Healthier You: NHS Diabetes Prevention Programme via the post from his GP. He explained at first, he felt 'apprehensive', but found the letter positive and encouraging; and his practice, Forum Health Centre in Coventry, was very supportive where he felt valued and that people wanted to help.

Following Robert's initial assessment, weighing 141.6kg, he was booked onto the group programme in Coventry.

He said: "The biggest surprise to me has been how supportive and motivating I have found the group. Everyone is in the same position and I really look forward to going."

Robert, now weighing 131.8kg, says he has learnt a lot about nutrition, in particular his knowledge of carbohydrates and he is always looking for ways to be more active.

"Since losing weight I have been sleeping better and even driving feels better, where I don't have to squeeze myself between the steering wheel and the seat. People have started to say I look good, which is really encouraging."

“I feel more confident and I’m fitting into old trousers, choosing brighter coloured clothes (not neon he assures) and less dark clothing.”

Robert’s ultimate goal is to sit on a plane without asking for an extended seat belt and says he is determined to carry on with his new healthy lifestyle with the amazing support of the programme.

People in Coventry and Warwickshire can reduce and prevent their risk of developing Type 2 diabetes by making some simple changes to their lifestyle.

Being diagnosed with Type 2 diabetes can have a devastating impact on people and their families – it is a leading cause of preventable sight loss in people of working age and is a major contributor to kidney failure, heart attack, stroke and many of the common types of cancer.

It’s very important that you find out if you are at high risk of Type 2 diabetes so you can get support to lower your risk. You may also be eligible to sign up for your free local Healthier You NHS Diabetes Prevention Programme.

The programme which is delivered by Xyla provides personalised support to help people achieve a healthy weight, improve their diet and become more physically active, all together which have been shown to reduce the risk of developing Type 2 diabetes.

People should contact their GP Practice for more information or visit <https://preventing-diabetes.co.uk/coventry-warwickshire-2022/>

Healthier You: NHS Diabetes Prevention Programme is part of the Prevention arm of the Coventry and Warwickshire Integrated Care Board (ICB) Diabetes Strategy Group which is led by a Public Health consultant with support and involvement from local GPs, Secondary Care Diabetes Consultants, hospital and community service providers, third sector organisations, Diabetes UK, patients and collaborative working with the ICB commissioning lead.

The group coordinates diabetes work in an integrated way across the areas of prevention, primary care, diabetic foot, prescribing, inpatient nursing, structured education, paediatric transition, gestational diabetes, out of hospital. Currently the group is engaged with planning how to deliver on the last final of four years of transformation funding that was made available by NHS-E, COVID restoration and reviewing the impact the group has made on the population of Coventry and Warwickshire over the years it has been in place.

Report Title:	Presentation by Healthwatch Coventry and Healthwatch Warwickshire on the Healthwatch role, our work and issues from local people
Report From:	Chris Bain Chief Executive of Healthwatch Warwickshire Ruth Light Chief Officer Healthwatch Coventry
Author:	Presentation
Previous Considerations and Engagement:	Healthwatch has been active in the Health and Social Care System in Coventry and Warwickshire since 2013. They are statutory members of the Health and Wellbeing Boards and Adult Safeguarding Boards.
Purpose:	For Information

Contribution to meeting the aims of the ICS:

[Please describe how the paper contributes to:]

- **Improving outcomes in population health and healthcare:**

Healthwatch aims to put the lived experiences and needs of people at the heart of decision making in the commissioning and provision of Health and Social Care services. The supporting presentation demonstrates the means by which we seek to achieve our aims.

- **Tackling unequal outcomes, experience and access:**

Healthwatch aims to gather the views, lived experiences and needs of communities groups and individuals who normally find it most difficult to access Health and Social Care Services. Healthwatch will seek to actively engage with those communities groups and individuals to ensure that their views are properly heard and influence the ways in which services are commissioned and provided.

- **Enhancing Productivity and value for money:**

Ensuring that the views, lived experiences and needs of people, groups and communities are an integral part of the decision-making process for the commissioning and provision of Health and Social Care Services can be important in ensuring that there is value for money. It does so by promoting a closer alignment between the needs and aspirations of people and the service response to them, thus reducing the likelihood of waste and duplication through service not meeting need.

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

No readily identifiable and direct contribution to this aim. The indirect contribution is through the reduction of health inequalities and the promotion of health equity.

Contribution to meeting the priorities of the ICB:

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

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

Engaging, hearing and working with local people is essential for effective preventative programmes. The Healthwatch focus is on people not services including the interlinked issues people often experience. Creating routes for the intelligence and evidence from Healthwatch supports this ICB priority.

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

This presentation demonstrates the Healthwatch contribution to identifying and addressing health inequalities and variations in health and care provision.

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

Healthwatch has a focus on the most vulnerable. We aim to hear from those who find it most difficult to navigate and access services. Enabling what Healthwatch learns for local people to influence decision making and delivery will support this ICB aim.

Focus our delivery on Place-based care, supported by strong, well developed PCNs

The local Healthwatch are linked to local places and communities. They have knowledge and understanding useful for place based working and to inform place based care. People's experience can show the value of community focused approaches and how people's health is impacted and can be supported by joined up approaches.

Successfully manage urgent emergency care (UEC), particularly winter pressures (including Flu) alongside managing any further Covid-19 surges (continuing Covid-19 vaccination and mass testing)

Healthwatch focus on people and communities and understanding experience gives insight into how local people seek to use services. Healthwatch also work to ensure information aimed at local people about NHS services and initiatives is clear, useful and understandable to them.

Recommendations:

That the presentation be noted.

That effective engagement mechanisms are included at all levels in the Integrated Care System and that Healthwatch are considered integral and essential to those mechanisms.

That the statutory duties of Healthwatch, such as reporting and enter and view, are recognised and supported by the ICP and there is further consideration to how the ICP can support Healthwatch in the context of the ICS

The ICS supports further work to develop how as small bodies Healthwatch can more directly influence commissioning and delivery recognising the new complexities of the system and the challenge or resource.

Members are requested to

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

Implications

Conflicts of Interest:	Not applicable
Financial and Workforce:	Not applicable
Performance:	By promoting a closer alignment between the needs and aspirations of people and the service response to them, this will reduce the likelihood of waste and duplication and improve performance

Quality and Safety:	Quality and safety in terms of patient and public experience are routinely considered as part of the Healthwatch service						
Inclusion: The EQIA tool can be found in the EQIA policy here.]	Has an equality impact assessment been undertaken?	Yes (attached or hyperlinked)	✓	No	✓	N/A	✓
Patient and Public Engagement:	Public Engagement is a normal and continuous part of the Healthwatch activity						
Clinical and Professional Engagement:	Not applicable						
Risk and Assurance:	The main risk to this project is that there may be inadequate resources for engagement across the ICS						



The role of Healthwatch and issues from local people



Chris Bain and Ruth Light
February 2023

The role of local Healthwatch

Independent Health and Social Care Champion

We exist to see things from the perspectives of and to listen to service users; patients; carers; and those who feel excluded from using services

151 independent local Healthwatch in England.

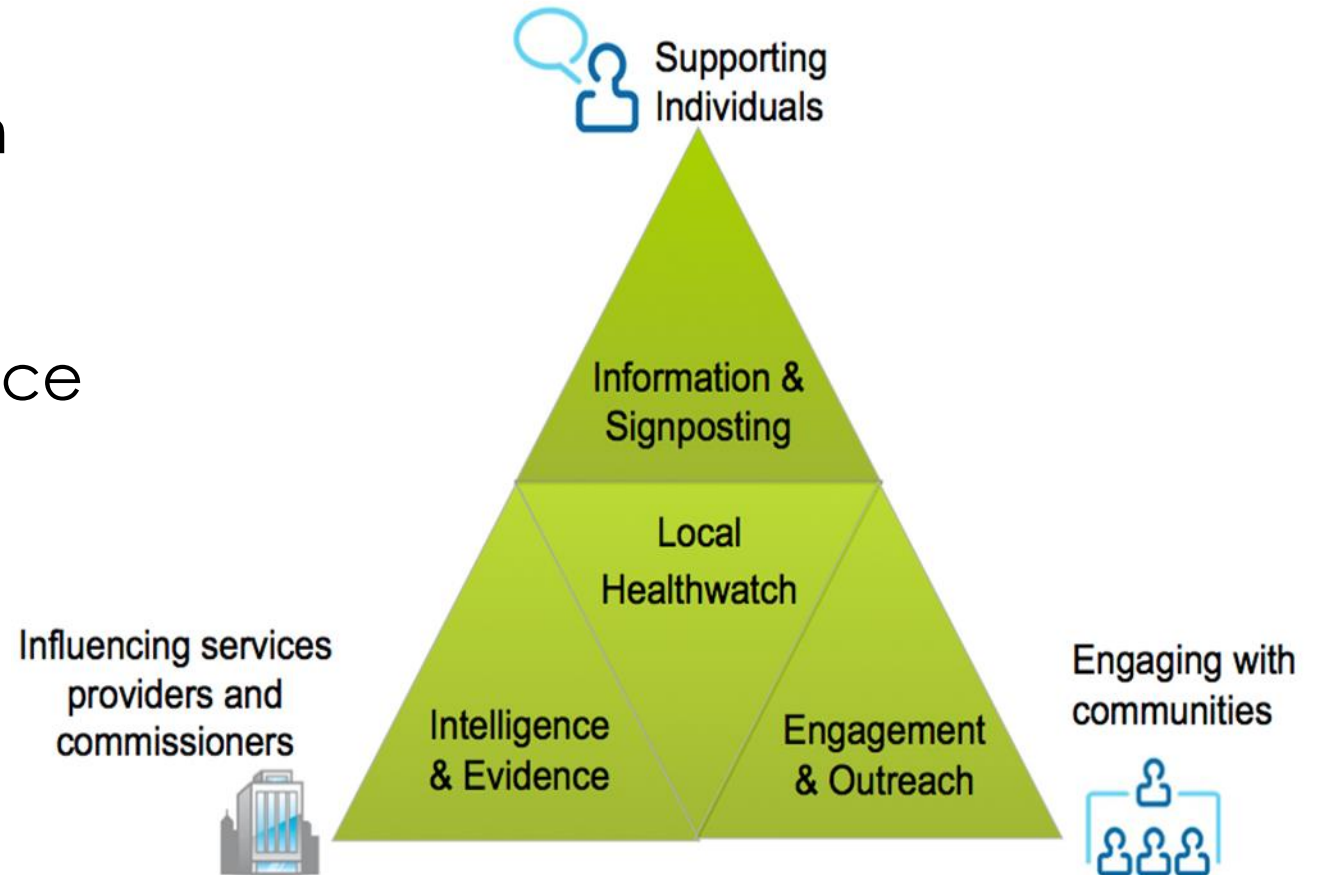
Core funding is national funding via local authority

Healthwatch England provides good practice support and collates findings from across the network for work to influence national policy




Our objectives

- To find out the experiences of people needing or using health and social care services.
- To seek the views of those who are not always heard and reduce the barriers they face in accessing health and care services.
- To act on what we hear to improve local health and care policy and services.
- To use our resources for the greatest impact.



Seven functions of Healthwatch:

1. Gather views and experiences of patients and the public
 2. Make these views known to NHS and care leaders, Healthwatch England etc
 3. Promote and support the involvement of people in commissioning of health services and how they are monitored
 4. Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission
 5. Provide advice and information to public about access to services and support for making informed choices
 6. Make known the views and experiences of people to other local Healthwatch organisations and Healthwatch England and provide a steer to help it carry out its role as a national champion
 7. Link people to NHS Complaints Advocacy Services
- 

Our approach

There are similarities and differences in the two Healthwatch because we have the same functions but serve different populations. We have independent decision making to set priorities based on what we hear from our populations.

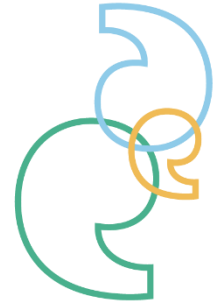
Our ways of working include:

- Partnership working
- Outreach and research
- Volunteer involvement
- Evidence based reports
- Strategic influence



Feeding into ICS

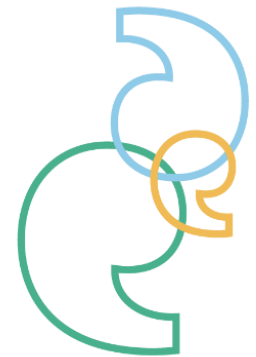
- Our work is relevant for all the emerging structures in the ICS. However a challenge to interface with all these structures
- Part of our role is to support and challenge the ICS using the evidence gathered
- We want outcomes for local people to address our recommendations and for involvement and coproduction to be part of the culture
- Committed to developing collaboration between the two Healthwatch. We want to take this forward - work to do



There are examples in other areas of the country about how the role of the Healthwatch has been supported in this new context

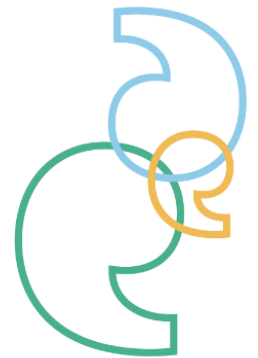
Most frequent issues raised by Coventry people

- Access to services – GP services, inequalities
- Communication (with both patient and family/informal carers)
- Challenges with getting a diagnosis, referral and delay
- Impact of additional NHS waiting times on mental wellbeing and financial wellbeing
- Loss of trust in services and people giving up trying
- Digital exclusion, access and skills



Healthwatch Warwickshire Emergent priorities

- Trust and Confidence
- GP Practices - access, face to face, digital exclusion
- Health inequalities
 - In service provision and health outcomes
 - Cost of living
- Delays in Assessments, diagnostics, treatments
- Mental Health – access to services, referrals, diagnosis
- NHS Dentistry, Pharmacy



Cross cutting - Cost of living

- Impact on people getting their medication due to cost
- Cost of phone calls to NHS services from landlines and pay as you go mobiles – eg cost of being on hold in phone queues
- Cost of Internet access to use services or access information
- Over one in ten (11%) have avoided booking an NHS appointment because they couldn't afford the associated costs, such as accessing the Internet or the cost of a phone call; up from 7% in October (HWE survey)



Our reports and recommendations

See publications sections of our websites - for example

Healthwatch Coventry Summary of issues and recommendations raised by Healthwatch Coventry

www.healthwatchcoventry.co.uk/report/2022-10-20/summary-issues-and-recommendations-raised-healthwatch-coventry

Healthwatch Warwickshire What did people tell us about dental services in 2022?

www.healthwatchwarwickshire.co.uk/report/2023-01-10/what-did-people-tell-us-about-dental-services-2022

Summary of activity and outcomes in our Annual reports published each June



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@HealthwatchWarw



@healthwatch_warwickshire

Report Title:	Housing Update
Report From:	Simon Lieberman, Regional Place Manager, Orbit Housing Association
Author:	Simon Lieberman
Previous Considerations and Engagement:	N/A
Purpose:	For Discussion / Information

Contribution to meeting the aims of the ICS:

The paper is for information and discussion. Health data show that social housing tenants have worse health inequalities than the wider population. The paper contributes through providing an update and discussion opportunity linked to the aims of the ICS:

- Improving outcomes in population health and healthcare
- Tackling unequal outcomes, experience and access

Contribution to meeting the priorities of the ICB:

The paper is for information and discussion and there are no recommendations in the paper. The opportunities for improved working between health and social housing include the following ICB priorities:

- Accelerate preventative programmes and activities that target those at greatest risk
- Work together, as partners, at system and Place to identify and address health inequalities and variations in health and care provision
- Protect the most vulnerable, ensuring inclusivity runs through everything we do

Recommendation:

Members are requested to

- Members are requested to discuss how the social housing and health sectors can identify opportunities to strengthen joint working to enable better health and wellbeing outcomes for social housing tenants / patients

Implications

Conflicts of Interest:	None
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Financial and Workforce:	Not applicable						
Performance:	Not applicable						
Quality and Safety:	Not applicable						
Inclusion: The EQIA tool can be found in the EQIA policy here.]	Has an equality impact assessment been undertaken? .					N/A	✓
Patient and Public Engagement:	Not applicable						
Clinical and Professional Engagement:	Not applicable						
Risk and Assurance:	Not applicable						

Executive Summary

- 1.1 The purpose of this paper is to update the Integrated Care Partnership on what the social housing sector is doing to support health and wellbeing.
- 1.2 The paper is for information and discussion. Health data show that social housing tenants have significantly worse health inequalities than the wider population. The paper provides an update for information and basis for discussion to explore opportunities for improved housing and health sector collaboration in line with the aims of the ICS, namely:
 - Improving outcomes in population health and healthcare
 - Tackling unequal outcomes, experience and access

2. Background

- 2.1 Housing is a fundamental pillar of health outcomes for people. If people do not live in a property meeting decent homes standards and meeting their personal circumstances and needs, health inequalities will worsen. The social housing sector exists to tackle homelessness, provide affordable homes and as outlined in the Social Housing (Regulation) Bill 2022/23, the Charter for Social Housing Residents, 'to be safe in your home' and 'to have a good quality home and neighbourhood to live in', which are integral to health and wellbeing.
- 2.2 Four million households live in rented social housing in England, which is 17% of all households in the UK. 2.4 million (10%) of all social housing homes are rented from housing associations, and 1.6 million (7%) are rented from local authorities. In Coventry and Warwickshire the two largest housing associations are Orbit and Citizen with around 40,000 homes in the area, with several others associations with significant stock levels e.g. Midland Heart and Bromford. Warwick DC, Nuneaton and Bedworth BC, Rugby BC and North Warwickshire BC have retained their council housing.
- 2.3 The social housing landlords in Coventry and Warwickshire tend to work in isolation rather than collaboratively and have historically only worked on individual projects with the NHS rather than in any coordinated, strategic manner. Each landlord has its own approach to community investment and support for their tenants, which is not a core landlord function.
- 2.4 Health inequalities for social rented households are far worse than the general population. Examples of this include: 1 in 3 people in social housing smoke, compared to around 1 in 10 people who own their home and 1 in 7 of the general adult population. The gap in smoking rates between people living in social housing and people living in other types of housing has worsened in recent years, exacerbating existing inequalities. Orbit customer data show:
 - 57% of Independent Living households have someone with a long-term health problem or disability
 - 45% of general needs customer live in a household with a disability
 - 23% of general needs customers consider their physical health to be poor or very poor.




3. Housing and Health initiatives across the sector

- 3.1 Good quality, suitable and affordable housing is vital to a person's resilience, health and wellbeing. Housing that is properly adapted to suit the needs of residents, and having the right support in place, is key to keeping people out of hospital and living independently.
- 3.2 There are many examples of health and housing initiatives across the country achieving outcomes to improve health and wellbeing and reduce NHS spend. 3.3 provides an example. Appended is the National Housing Federation report with more details on seven projects providing examples of how housing associations are working in partnership to achieve positive health outcomes.
- 3.3 Grand Union HA: Health is more than just the absence of disease; it is about people's overall wellbeing. Social, economic, and environmental factors all have direct impacts on health and housing associations have a responsibility to help create healthy thriving communities. Grand Union employs a Health & Housing Coordinator to help preserve and strengthen the link between health and housing. Advised and guided by the local Public Health team, the role creates and develops projects to help improve community health.
- 3.4 HACT (www.hact.org.uk) works with housing association to support best practice and innovation in 'community investment' activity, including health and wellbeing. They are a leading authority on the connection between NHS provider organisations and housing associations and is a key partner in the delivery of the Government's Memorandum of Understanding between Housing and Health. HACT has worked extensively across the country with mental health trusts, housing and housing support providers and commissioners to reform care pathways with a stronger connection with housing. They have established an Age Friendly Network and deliver an Age Friendly Social Housing Programme that supports social landlords, local agencies, and communities to work together to improve opportunities and outcomes for people aged over 50, initially trialling it in Bradford, Southwark, and the combined authority of Bournemouth, Christchurch and Poole.
- 3.5 Also appended is the Healthy Foundation report and recommendations produced by HACT and Mental Health Network (NHS Confederation) on integrating housing as part of the mental health pathway. This includes case studies of successful initiatives such as the multiagency mental health and housing strategy. Led by Sussex Partnership NHS Foundation Trust, this provides a strategic approach in developing housing, health and social care integration. The partnership created the newly formed Sussex Mental Health Collaborative that translated the strategy into a specific workstream, recognising that the home environment has a key role to play in providing recovery and reablement support for many people.

4. Coventry and Warwickshire

- 4.1 As the two largest housing associations in the ICB area, below are some examples of local Orbit and Citizen health initiatives.
- 4.2 Orbit has:
 - a Health and Wellbeing Lead who has developed a 4-year strategy and plan starting in 2023, focused on under 55s general needs customers
 - an Ageing Well Lead who is currently working on a delivery plan for over 55s living in Independent Living schemes and in general needs properties.




Identified priorities across both include obesity, smoking, heart disease, social isolation and loneliness, falls prevention and mental health.

- 4.3 Citizen has partnered with Coventry University to pilot an Occupational Health placements initiative hosting placements for third year OT students in sheltered housing schemes. The OT students run group exercise and awareness activities to promote better health, wellbeing and behaviours. They also undertake some 121 OT work with customers to support interventions that can help them maintain independent, safe and healthy lives. Placements are for 12 weeks at a time and the intention is to have three intakes a year. OT placements will also help to educate scheme staff on how to better identify hazards, challenges and advise and access support for customers, so they can age well in place.
- 4.4 Orbit has a number of wellbeing projects including funding a Dementia Navigator working across our Extra Care Schemes, Breathing Space mental health programme which support over 1,000 customers a year and Mason Mile (masonfoundation.co.uk/) fitness and social isolation programmes in Nuneaton and Leamington. We have also started our first smoking cessation programme in partnership with the NHS in Northamptonshire with the aim of rolling out wider.
- 4.5 Both housing associations have programmes to increase the use of assistive technology and aids and adaptations to support living independently longer. Citizen is taking part in a falls research study to trial if wearable tech can predict when people are likely to fall and therefore take steps to prevent falls from happening (flyer attached).
- 4.6 Through our wider community investment support programmes and core functions we play a crucial role in addressing the wider determinants of health including income and debt, employment and quality of work, housing and the built and natural environment.

4. Damp Mould and Condensation (DMC)

- 4.1 Following the tragic death of Awaab Ishak in Rochdale, all social housing landlords have to submit evidence to the Regulator of Social Housing to show that they have systems in place to deal with damp and mould.
- 4.2 Orbit inspects homes against Housing Health and Safety Rating System (HHSRS) standards every five years by a qualified building inspector. This supports our wider investment strategy to improve the quality of our homes. In the previous 5-year cycle of this strategy, we undertook the inspection of every home older than five years, fully inspecting 28,000 homes between 2017 and 2019. This process highlighted hazards related to damp and mould. Following this, a remediation programme was undertaken which tackled all the outstanding Category 1 and 2 HHSRS damp and mould hazards identified. Decent Homes compliance is at 99.91% (October 2022), with insulation works on the remaining homes scheduled to be completed by 31 March 2023. Orbit properties have an average EPC level C of 82.51% as at October 2022. This is well on track to achieve the target of 100% EPC C by 2030 which will have a significant impact on damp and mould.
- 4.4 Orbit has set up a DMC Task force. Diagnostic training has been given to key front-line employees and revised call centre scripting has been introduced to ensure customer-facing




teams can identify and prioritise reports of damp and mould. Property Operations colleagues who visit our properties have undertaken a structured training programme designed by our DMC consultant and have been issued with specialist diagnostic equipment. We are currently focussed on delivering the immediate works on DMC and are just at the stage of gathering insights e.g. what is building defect / what is a repair or maintenance issue / what is customer behaviour and will share this when available.

- 4.5 Since the Housing Ombudsman's report in 2021, Orbit has enhanced all aspects of how we manage damp and mould hazards in our homes. As part of this, we review our operational data on a monthly basis to track and report all mentions of damp, mould and condensation that are being worked on within our repairs and maintenance processes. Our operational focus is on the attendance and resolution of any issues found within our published repair timescales and we have implemented a whole organisation approach including a 'press for action' system used by any staff identifying damp and mould issue to ensure it is prioritised. We are also encouraging customers to raise any damp and mould issues as a complaint. We have also launched a suite of customer communications explaining how Orbit approaches damp and mould. These can be viewed on our customer website at: <https://www.orbitcustomerhub.org.uk/manage-my-home/my-home-community/home-safety/condensation-and-mould/>.
- 4.6 Citizen has also implemented a comprehensive response to deal with damp and mould. Any reports of damp and mould larger than fist size or more than one report of damp and mould in the last 12 months smaller than fist size are sent to their dedicated Damp and Mould Team in Maintenance Operations. There has been a major awareness campaign across the organisation and with their residents, with updated info on what can be done but also how to report it. New training for all staff has been introduced, and damp and mould responses are monitored closely by the exec team.

Recommendation

Social housing tenants have significantly worse health inequalities than the overall population. There are huge opportunities for the social housing and health sectors to work better together to address these. Possible areas for discussion and exploration are:

- Potential to improve housing's connections with the health sector on targeted health campaigns and programmes amongst our residents. The health sector holds much better data on health for our customers than we do which could be used to prioritise collaboration. An example is damp and mould e.g. we hold little data on the health issues of our customers but the NHS has specific details of people with respiratory conditions which could help us target our DMC response.
- Bed blocking, hospital discharges and hospital preventions.
- Improving social care assessment process e.g. the backlog of requests for social care assessments for housing with care/extra care means people aren't getting into homes that would be much better for them in the long term.
- Housing associations have 'captive' audiences in our older persons and supported housing schemes – it's relatively easy to engage with these customers, in particular if there is a relevant health and wellbeing issue.

- 
- Can we use the ICS to bring the social housing sector (including Local Authorities) in Coventry and Warwickshire together so that collaboration is across the housing sector and not just one or two social landlords?
 - Loneliness and social isolation
 - Assistive Technology and Health

We would welcome the discussion at the meeting to look at priorities for collaboration from the NHS standpoint and where we think we can jointly have the greatest impact and alignment. We recommend a follow up to the discussion inviting other social housing landlords to scope out the possible areas for collaboration and take forward one or two initiatives.

Report Title:	Integrated Care Strategy Update
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:	<p>Coventry and Warwickshire Integrated Care Board, 18 January 2023</p> <p>Coventry Health and Wellbeing Board, 23 January 2023</p> <p>Warwickshire Health and Wellbeing Board, 11 January 2023</p> <p>Population Health, Inequalities and Prevention Board (acting as Integrated Care Strategy reference group), 9 January 2023</p> <p>Coventry and Warwickshire Integrated Care Partnership, 8 December 2022</p> <p>Full details of engagement activity to support embedding the strategy in the system are included in the report.</p>
Purpose:	For approval

Contribution to meeting the aims of the ICS:

The Integrated Care Strategy is a crucial system document that establishes a vision of integration and collaboration for the system and sets the strategic direction and priorities for the provision of health and care services to achieve the ICS aims 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.

This paper outlines how the Strategy is being embedded and socialised within the Integrated Care System and plans for ongoing communications and engagement activity.

Contribution to meeting the priorities of the ICB:

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 and enables greater collaboration across partners. It sets 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.

This paper describes how the Strategy is informing the development of the ICB's Integrated Care 5-year Plan, and how it is being embedded within the system to shape and drive activity to support ICB priorities.

Recommendation:**Members are requested to**

- **NOTE FOR INFORMATION** how the approved draft Integrated Care Strategy is being embedded in the system and **APPROVE** plans and materials for communication, engagement and publication, including the draft short read version of the Strategy.

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, as the Strategy is embedded in the system, it will inform ICS decision-making and delivery, including spending priorities and the design of services.

Performance:

A separate report is being brought to the Partnership with proposals for 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)
The EQIA for the Strategy was shared on 8 December 2023

✓

No**N/A****Patient and Public Engagement:**

A full engagement report detailing the engagement that informed the development of the Strategy was shared on 8 December 2023. This report shares the communications and engagement plan for embedding the Strategy, which is aligned to engagement activity to support the development of the ICB's Integrated Care 5-year Plan.

Clinical and Professional Engagement:	<p>Clinical and professional colleagues were engaged in the development of the Integrated Care Strategy, as detailed in the 8 December 2022 report to the Partnership. This included the survey being shared with staff and specific questions aimed at staff. The attached 'short read' version of the Strategy is designed to be accessible for frontline staff, and once approved will be shared with accompanying staff newsletter articles by partner organisations.</p>
Risk and Assurance:	<p>The Integrated Care Partnership has statutory responsibilities to prepare and publish an Integrated Care Strategy and facilitate engagement and involvement in the Strategy by a wide range of partners and communities, including those at risk of exclusion. Once a strategy is published, the ICP should continue to consider how it is implemented. If the Integrated Care Strategy is not effectively embedded and socialised, the Integrated Care Partnership will fail to meet these responsibilities.</p> <p>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.</p>

Executive Summary

- 1.1 The ICP approved a draft Integrated Care Strategy at its meeting on 8 December 2022. The Strategy provides a vision for health and care in Coventry and Warwickshire 5 years from now that leverages the benefits of the system and enables greater collaboration across partners. It sets 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. The Strategy is now informing the development of the Integrated Care 5-year Plan by March 2023.
- 1.2 The development of the Strategy has created momentum, fostered collaboration and created expectation. How this momentum is built on and how the Strategy is now given life and purpose in the system is critical. This report provides an update on activity, to date and planned, to embed and socialise the Strategy, aligned to the communications and engagement activity supporting the development of the 5-year Plan.

2. Sharing the Strategy

- 2.1 Following the ICP meeting on 8 December to approve the draft Strategy, a number of minor amendments were made to reflect the feedback received. By the end of December 2022 the final draft was shared with NHS England and circulated to ICP members and everyone who contributed to the preparation of the Strategy. It was also uploaded to the ICS website here: <https://www.happyhealthylives.uk/integrated-care-partnership/icp-strategy/>. A comments box was included, to enable people to continue to provide feedback on the draft Strategy.
- 2.2 The Strategy was shared with Coventry and Warwickshire Health and Wellbeing Boards on 11 and 23 January 2023 respectively. The Boards were given the opportunity to provide feedback on the draft Strategy ahead of formal publication and asked to consider how they could contribute to delivery of the Strategy, and how it might inform further development of the Health and Wellbeing Strategies.
- 2.3 The Strategy was also shared with the ICB on 18 January. The ICB has a statutory duty to have regard to the Integrated Care Strategy in exercising its functions and should have due regard to the Strategy when developing its Integrated Care 5-year Plan. The latest [guidance](#) on development of the Plan states that the Plan is expected to “set out steps for delivering the Integrated Care Strategy”.




3. Embedding and socialising the Strategy

- 3.1 Both the ICP and the ICB have a key role to play in supporting activity to embed and socialise the Strategy throughout the system and beyond, supported by the Strategy working group, the ICB communications team, and the system-wide Engagement Task and Finish Group.
- 3.2 The working group have prepared a plan for the communication and embedding of the Strategy aligned to the ongoing engagement to support the preparation of the 5-year Plan. The joint communications and engagement plan is attached at appendix 1.
- 3.3 This plan details the materials that are being developed for key messengers, including ICP and ICB members, to use when communicating the Strategy. This includes a standard slide deck and accompanying script notes that can be adapted for different audiences. The slide deck is attached at appendix 2 and will be circulated to members in a Powerpoint format, with notes, following this meeting.
- 3.4 Also attached (appendix 3) is a draft 'short read' version of the Strategy, for approval by the ICP. This is designed as a more accessible version of the Strategy, to help increase awareness and understanding amongst frontline professionals with a role in its delivery and informed residents with an interest in the work of the ICS. The website content is being developed to enable live links in the short version to further detail sitting behind it.
- 3.5 Another way in which we plan to bring the Strategy to life is by identifying case studies that illustrate the potential of system integration to support the three core priorities, drawing on the enablers identified in the Strategy. We will share these at future ICP meetings, and at meetings of the Integrated Health and Wellbeing Forum, and we plan to include some in the final published version of the Strategy and on our website.

4. Next steps and publication

- 4.1 The Strategy will be formally published in April 2023, allowing stakeholders an opportunity to further review the draft Strategy ahead of this. A suite of documents is being developed for publication, which will include an easy read version in addition to the short version. This is important to support ongoing engagement and dialogue with stakeholders and communities, ensuring this is accessible and meaningful for everyone – and especially those with protected characteristics and groups that experience health inequalities.
- 4.2 The Integrated Health and Wellbeing Forum next meets on 2 March 2023 in Warwick, bringing together ICP and Health and Wellbeing Board members in an informal development session. This meeting will be an opportunity to explore further how the Strategy aligns with the ICB 5-year Plan and the Health and Wellbeing Strategies; share examples of integration and collaboration in action; and explore the role of members in promoting ownership, bringing the strategy to life, and leveraging the contribution of others.

- 
- 4.3 There is an important piece of work to be done around the annual review and development cycles for the Joint Strategic Needs Assessments, Health and Wellbeing Strategies, Integrated Care Strategy and the Integrated Care 5-year Forward Plan to coordinate and properly sequence this process so each component informs the other. Some initial work on this has been done and this will be progressed further through the planned engagement with the Health and Wellbeing Boards.
- 4.4 Identifying success measures and monitoring the impact of the Strategy is another important way in which it will be embedded in the system, and this is the subject of a separate report to this meeting of the ICP.

Conclusion

The approval of the draft Integrated Care Strategy by the ICP was an important step in the development of the ICS, but even more important is what follows in ensuring that the Strategy remains live and relevant and actively drives plans and activity within the system over the next 5 years. The interaction with the development of the Integrated Care 5-year Plan is a key aspect of this, as is the ongoing engagement and dialogue with stakeholders and communities and the annual process of review development.

Recommendation

Members are requested to:

- **NOTE FOR INFORMATION** how the approved draft Integrated Care Strategy is being embedded in the system; and
- **APPROVE** plans and materials for communication, engagement and publication, including the draft short read version of the Strategy.

End of Report



Communications plan – Integrated Care Strategy and 5 Year Integrated Care Plan

The first draft of the ICP Integrated Care Strategy (“the Strategy”) was published on our website on December 14th. This draft outlined the priorities which had been identified for Coventry and Warwickshire, the aspirations for these priority areas and those workstreams which enable their delivery.

Following this publication, work has already started on the development of the Integrated Care 5-Year Plan, which will outline how we will as a System respond to these priorities.

It is vital that both the Strategy and the Plan are informed by the people who they are for: local residents of Coventry and Warwickshire; local stakeholders; and the health and care workforce. This document outlines the next steps for engagement with these audiences.

Next steps for the ICP Integrated Care Strategy

This Strategy was developed following significant engagement with local residents of Coventry and Warwickshire, particularly those with a protected characteristic, and in close collaboration with stakeholders and partners across the ICS, including both Health and Wellbeing Boards. It also builds on the extensive engagement which has already been undertaken by all of the partner organisations of the NHS.

The outputs of the public engagement can be found here - [Involving local people and communities - Happy Healthy Lives](#). This work greatly informed the priorities of the Strategy and ensured that they are reflective of the priorities of local communities.

It is important with any engagement that those who contributed are able to see that the feedback that they have shared has made a difference.

The draft version of the Strategy is a working document, for use within the NHS and with partners to direct their activities. This means, inevitably, that it is often detailed and technical, and not immediately accessible for those not currently working in health and social care.

To support ease of understanding, a short read version of the Strategy has been produced which simplifies the content and focuses on the purpose of the Strategy and its priorities. Following final sign off of this document by the ICP in February, it will form the basis of our ongoing engagement with the public. Additional assets such as a PowerPoint deck will also be developed to support this explanation.

The website will also be updated to contain the full version of the Strategy, broken up into individual web pages. This will improve accessibility for those who are able to access online, as the website offers full translation options into 96 languages, as well as other accessibility features available through web browsers.

Following comment and sign off of the short version of the Strategy it will be circulated to

- Resident and Community Groups we have attended and engaged with as part of the development work
- Stakeholders, including Health and Wellbeing Boards, Health Overview and Scrutiny Committees and all ISC Partner Groups
- Voluntary and Community Organisations
- Workforce across Health and Care.

In addition to the short version of the Strategy, we will be signposting people to the website where they can view the full Strategy and offer feedback on the priorities and other areas. We recognise that not all groups we visited are able to get online, so we will also offer the opportunity for a follow up meeting to explain the Strategy and gather feedback verbally.

This feedback will be used to inform the next version of the Strategy.

Engagement key dates

Activity	Date
Circulation of the draft full version of the strategy and upload to website	14 th December 2022
Warwickshire Health and Wellbeing Board	11 th January 2023
Coventry Health and Wellbeing Board	23 rd January 2023
Short version of ICP Strategy developed	31 st January 2023
Short version of ICP Strategy signed off by ICP	9 th February 2023
Strategy uploaded to the website in full to complement short version	9 th February 2023
Short version of ICP Strategy circulated to all audiences	13 th February 2023
Engagement period for follow up online and in person	13 th February – 13 th March 2023
Engagement report from follow up available	17 th March 2023

Engaging on the Integrated Care 5-Year Plan

The Integrated Care 5-Year Plan (“the Plan”) will provide the operational detail around how the priorities of the ICP Integrated Care Strategy will be delivered.

When developing the engagement plan with local people and communities to inform the Strategy it was acknowledged that most residents and stakeholders would not distinguish between the two documents, instead seeing the development as a single process. The engagement delivered between August and November gathered rich data about local people’s priorities, what integrated care meant to them, what was working well and what could be improved.

The feedback gathered through this process will be used to inform the Plan and ensure that it reflects the priorities and needs of local residents, as well as feedback gained through the ongoing engagement outlined above. All relevant insight will be shared with the content leads as they develop their areas of the Plan.

Ongoing stakeholder engagement is also a priority as we develop the Plan, in order to ensure that we continue the collaborative approach taken with the Strategy. We are currently establishing a forward calendar of engagement but our stakeholders include:

- Warwickshire Adult Social Care and Health Overview and Scrutiny Board
- Coventry Scrutiny Board 5
- Coventry Health and Wellbeing Board
- Warwickshire Health and Wellbeing Board
- ICS Partners
- Primary Care
- Healthwatch
- Voluntary and Community Sector Leaders

This work will take place between February and March, in line with the public engagement outlined above.



Coventry and Warwickshire
Integrated Care System

A strategy for our system

[Insert audience/forum]

[Date]

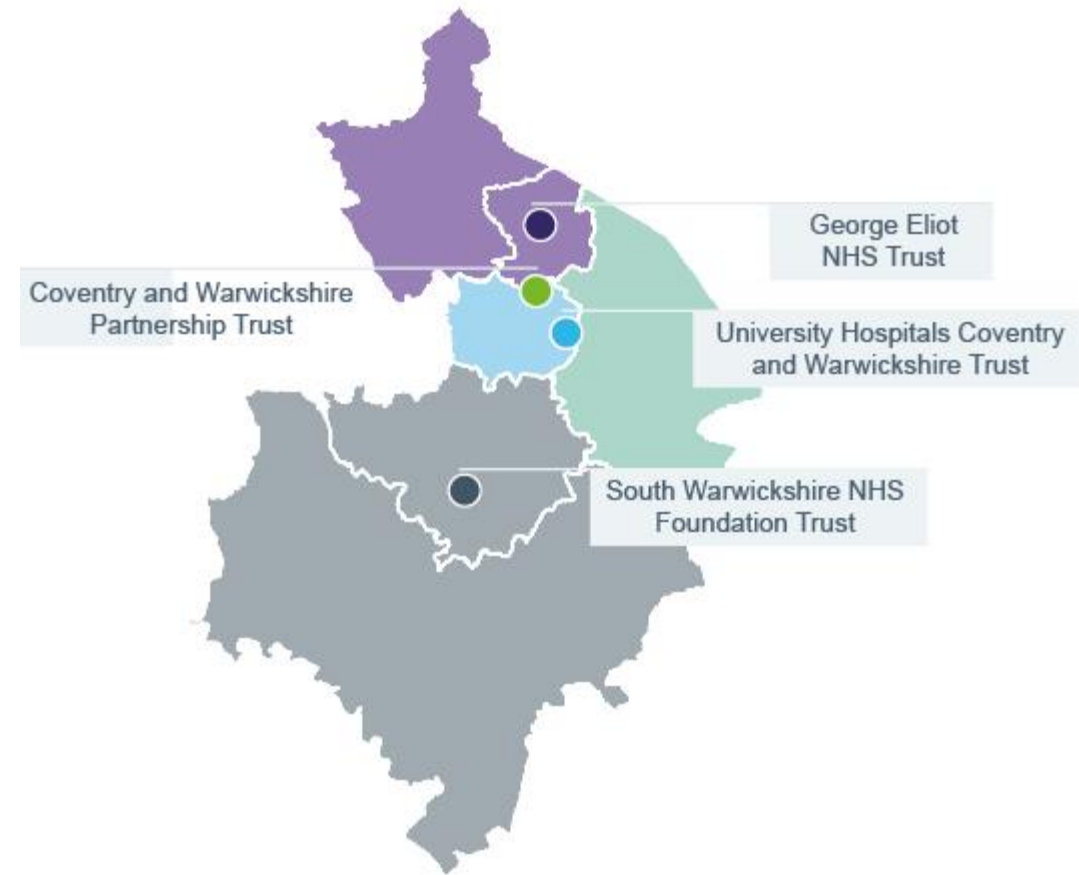


Integrated Care Systems



Integrated health and care

- Coventry and Warwickshire was already working together as an Integrated Care System (ICS)
- Last July **NHS Coventry and Warwickshire Integrated Care Board** was established as the statutory body to lead our ICS, formalising arrangements already in place
 - The ICB took over the role of the former Coventry and Warwickshire Clinical Commissioning Group
- Our aim is to plan and coordinate services together to make sure everyone gets the best care possible and can live happier, healthier lives.



A strategy and plan to realise the opportunity

All Integrated Care Systems were tasked with developing:

- An **Integrated Care Strategy**, setting a vision and strategic priorities for the system, by December 2022
- A 5 year **Joint Forward Plan**, which responds to the Strategy and outlines a more detailed plan of actions about how we will achieve the aims of the Integrated Care Strategy (to be in place by April 2023)

We were clear from the start we wanted the involvement of our communities and stakeholders in both.

Our ICP Principle of Engaging, Listening and Learning

- We will actively engage the people and communities of Coventry and Warwickshire on the strategic work of the ICP.
- We will foster a culture of engagement, learning and sharing across the ICS.
- We will engage with, listen to and learn from the expertise of professional, clinical, political and community leaders at the forefront of the ICP's strategic thinking and help promote strong clinical and professional system leadership.

Built for and by the system

To set the strategic direction and priorities for the provision of health and care services across the Integrated Care System

- ✓ Built from local assessments of needs
- ✓ Shaped by the Coventry & Warwickshire Health and Wellbeing Board strategies
- ✓ With input from partners and the people who live or work in the system
- ✓ Setting out how the assessed needs in the ICS will be met by organisations providing health and care services



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

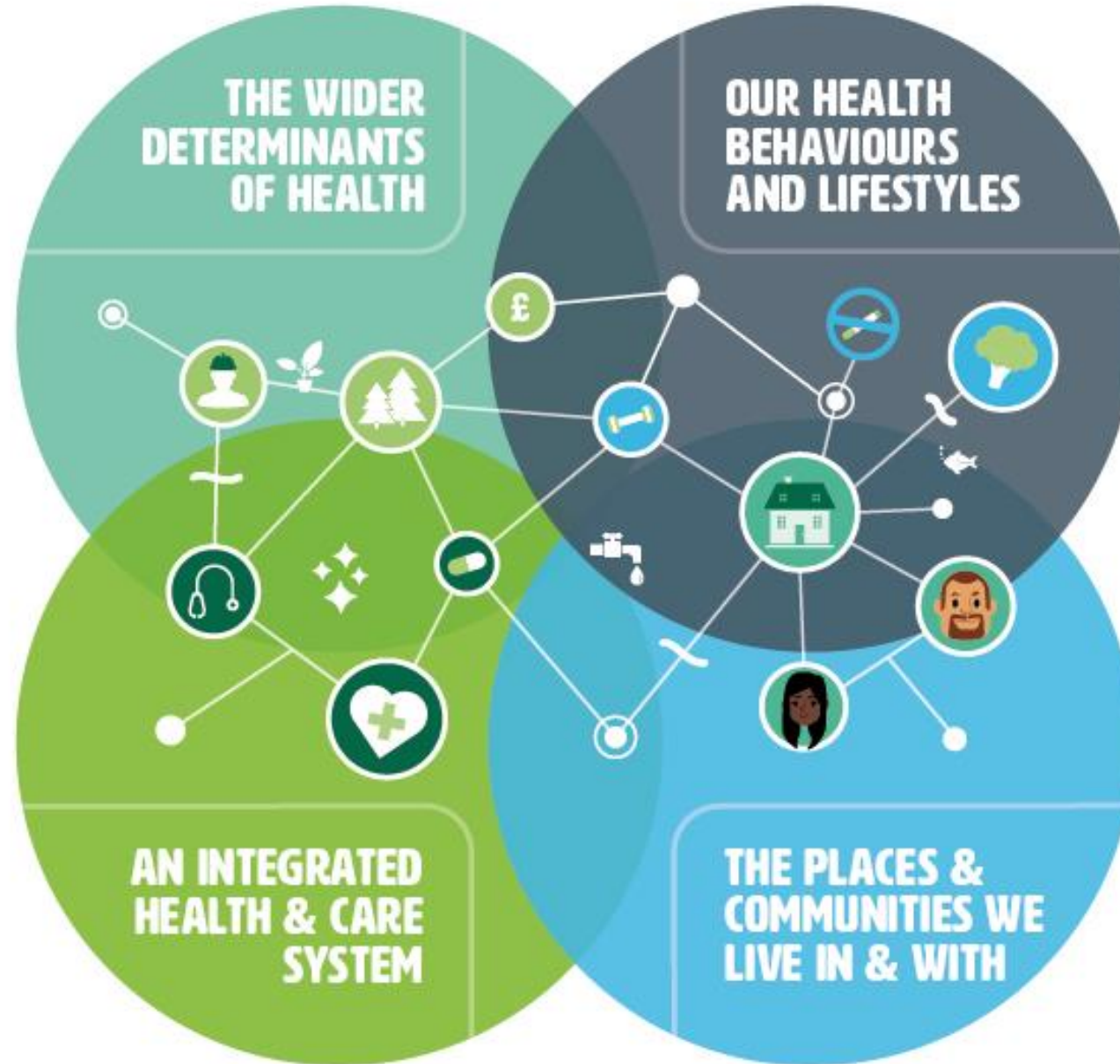


Enhance
productivity and
value for money

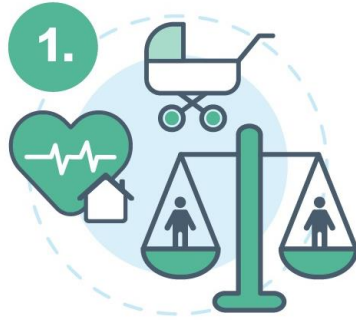


Help the NHS
support broader
social and economic
development

Our approach



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
- Improve 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

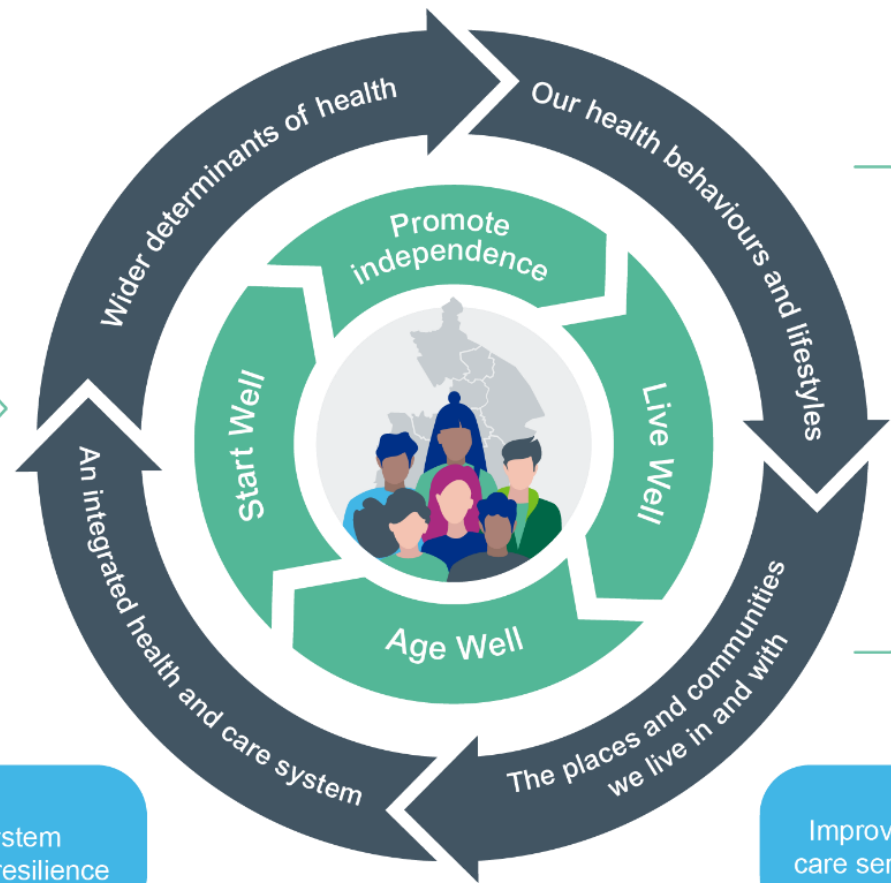
- Supporting people at home
- Develop, grow and invest in our workforce, culture and clinical and professional leadership

Our strategy on a page

Drivers

- Assessment and understanding of local needs – including what people are telling us
- Policy context for integration
- The Kings Fund population health model
- National Guidance
- Operational challenges and service sustainability

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



Delivery

System

- Integrated care board
- Anchor Alliance
- System strategies etc

Place

- Links to and from place through Health and Wellbeing Boards and strategies of Coventry and Warwickshire

Collaboratives

- Place-based
- Mental health
- Provider
- Primary Care

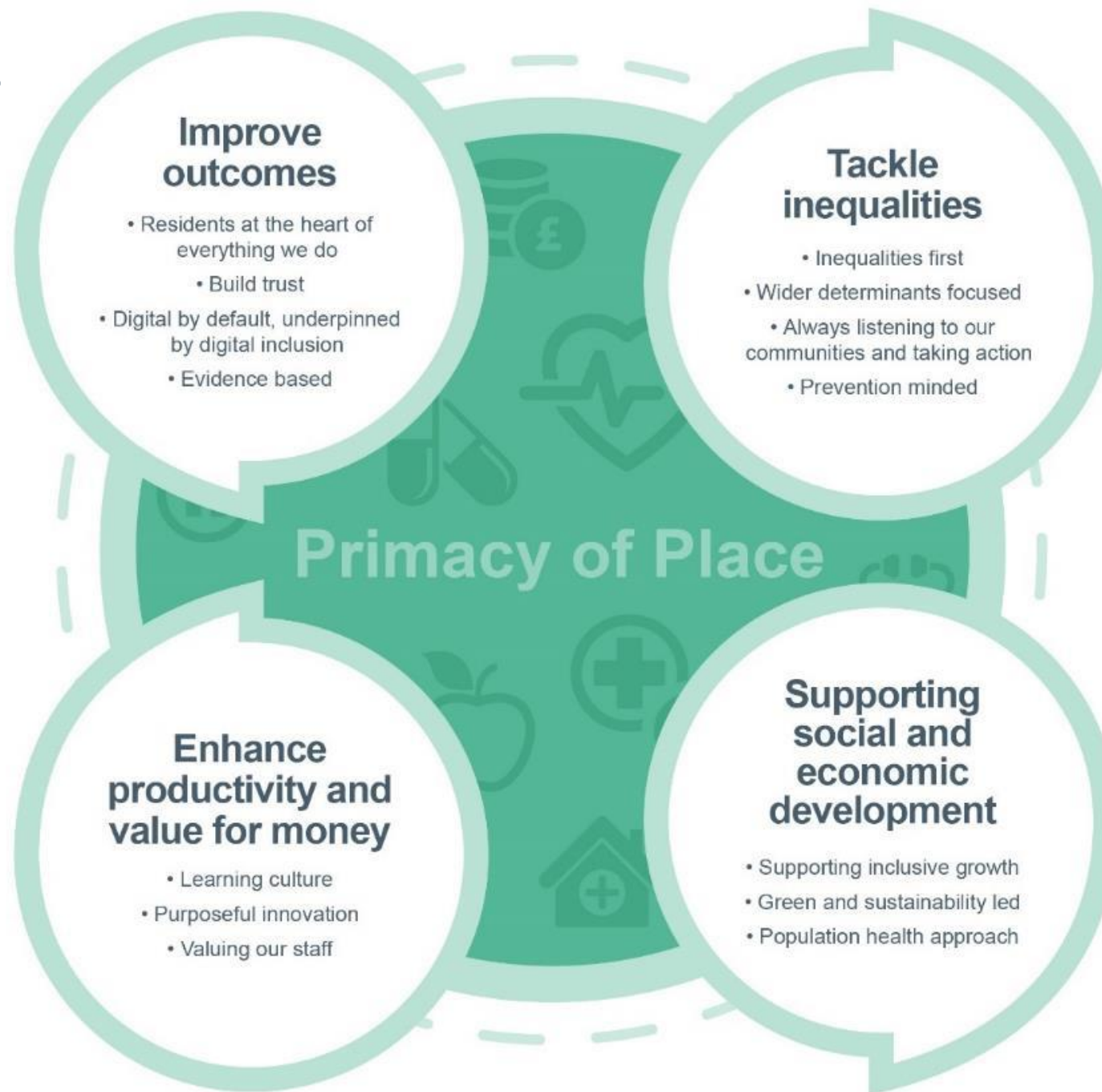
Priority 3
Tackling immediate system pressures and improving resilience

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

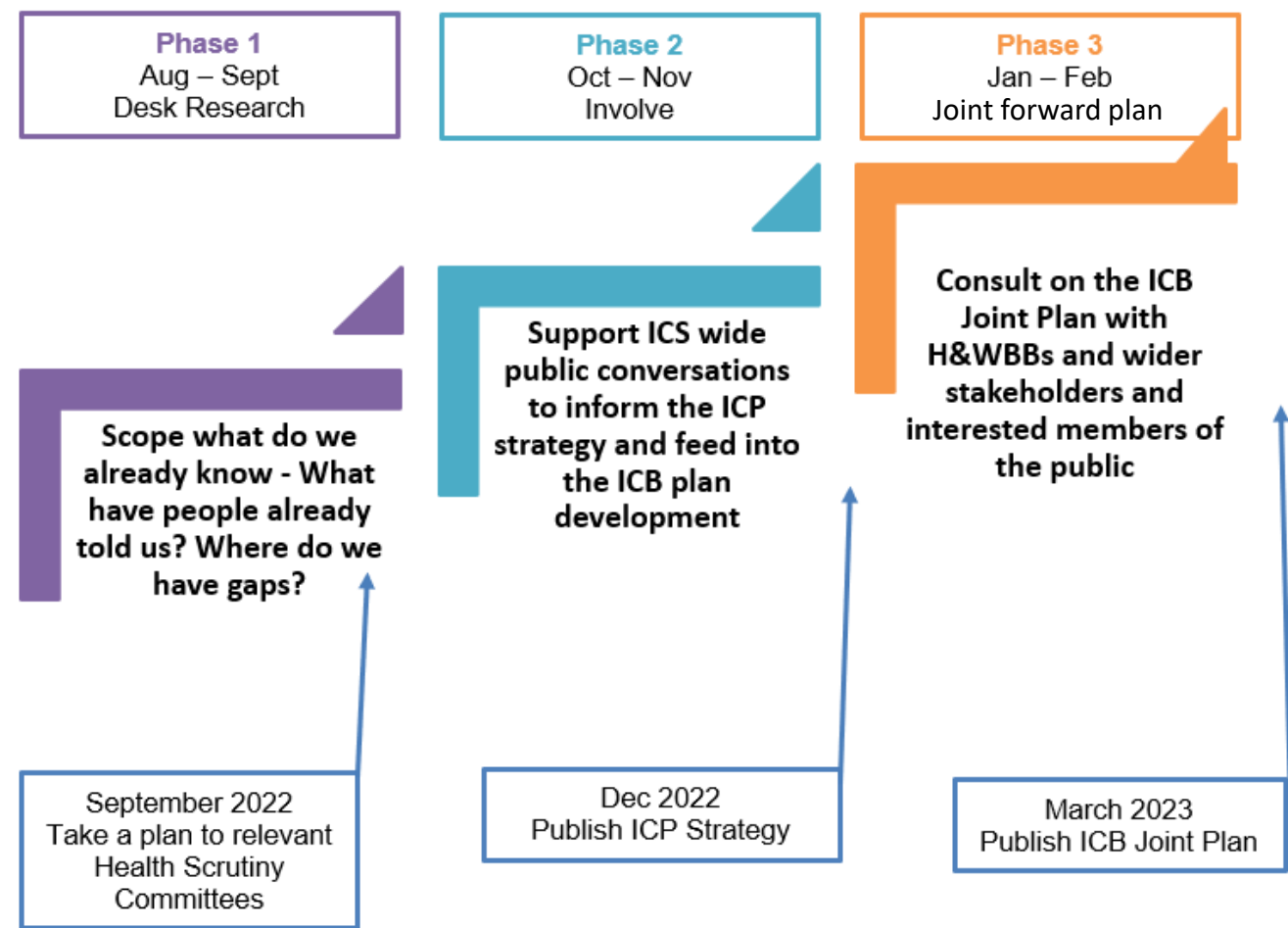
Strategic enablers

Finance – Public estate space and facilities –
Transformation and innovation – Quality – Performance
– Digital and Population Health Management capability

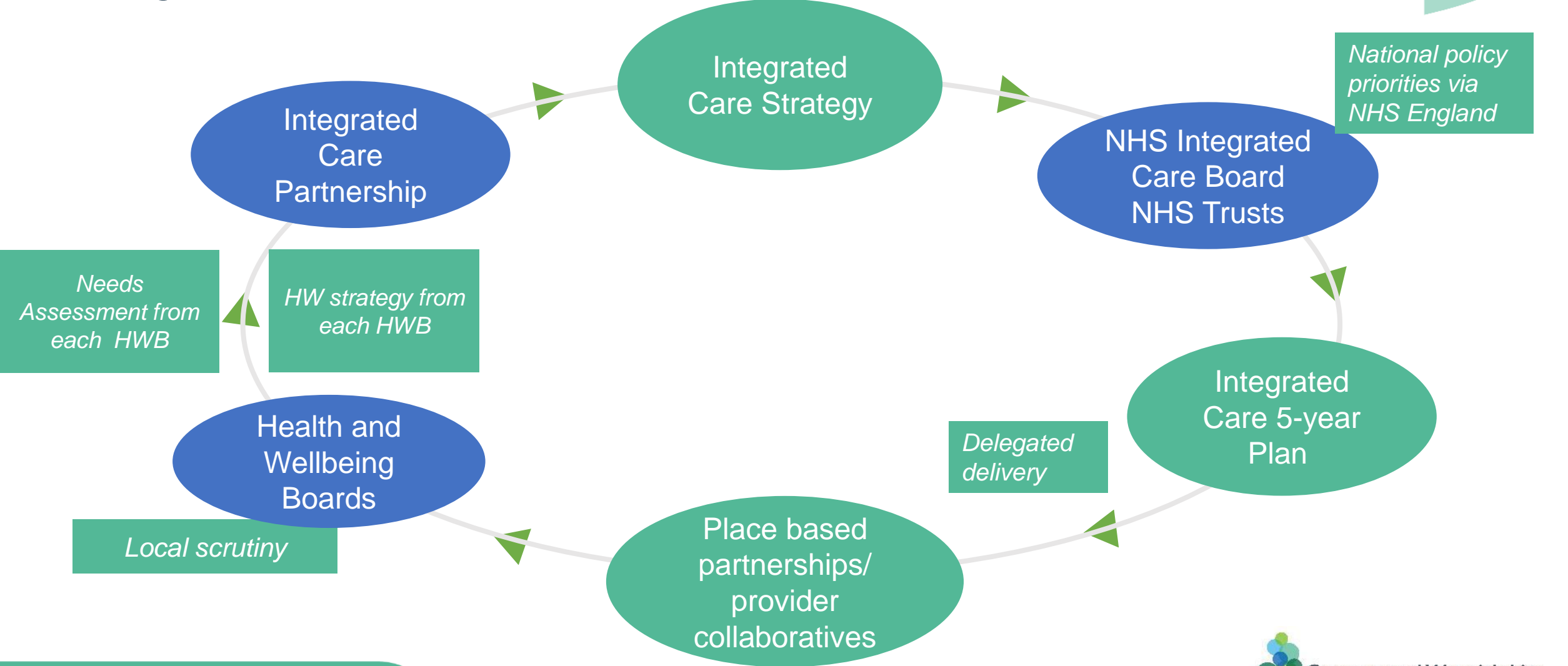
Our commitments



Engagement and involvement



The strategy will inform the Integrated Care Board's 5 year plan & both build on and influence partner and place plans & strategies



Next steps

January – March 2023

- Embedding and socialising, using case studies to bring to life
- Alignment with Integrated Care 5-year Plan engagement and development
- Development of success measures

April 2023 onwards

- Publication in April alongside Integrated Care 5-year Plan, including short and easy read versions
- Annual review and development cycle, involving Health and Wellbeing Boards



Coventry and Warwickshire
Integrated Care System

Coventry and Warwickshire

Integrated Care Strategy





Introduction

Delivering Health and Care in Coventry and Warwickshire

Integration means bringing services, people and organisations together.

Coventry and Warwickshire is an “Integrated Care System” (ICS). This means all of the organisations which support local people with their health and care, from the NHS and Local Authorities to community groups and the voluntary sector, all want to work better together to improve health, care and wellbeing for everyone who lives here.

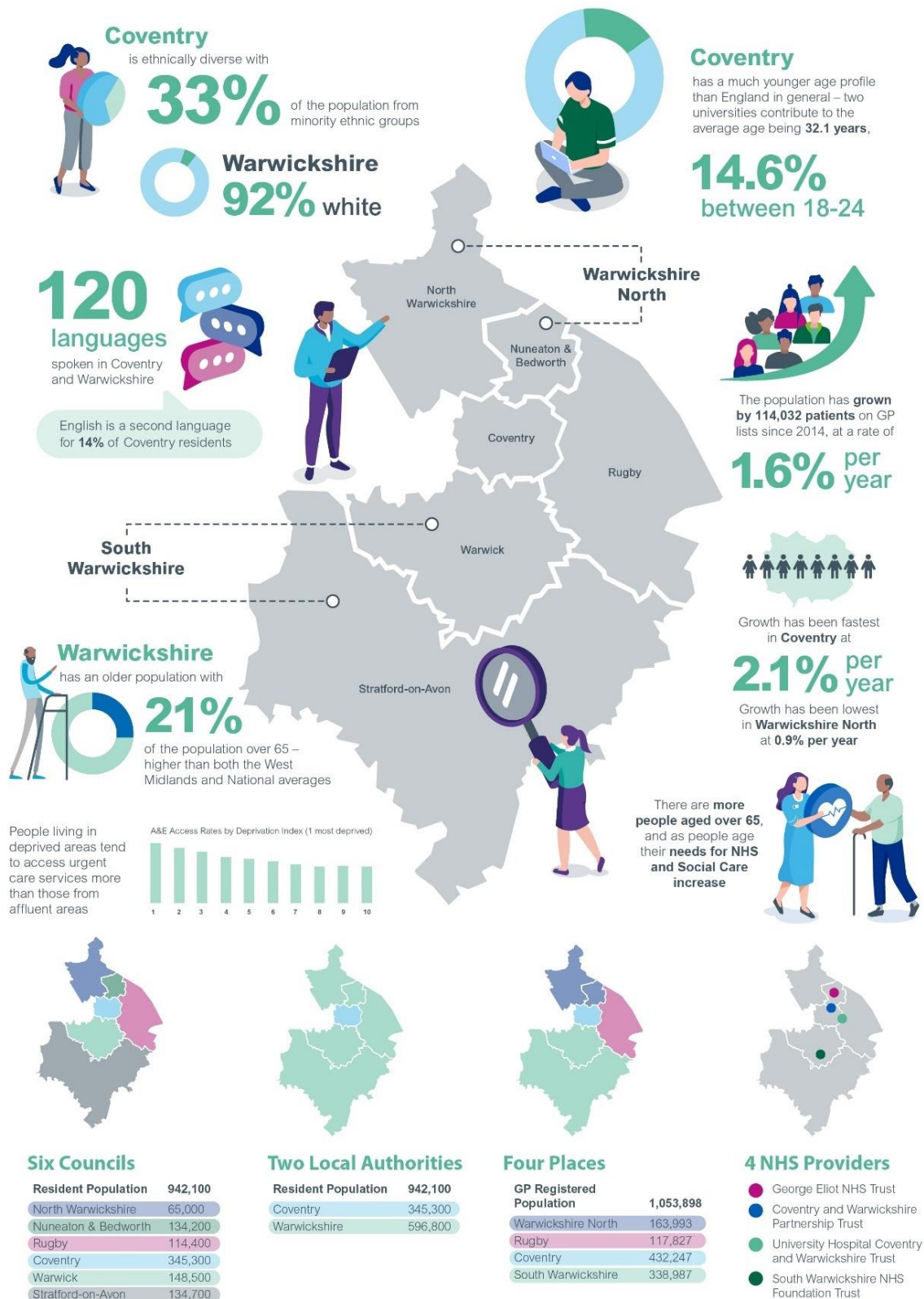
We became an Integrated Care System on the 1st July 2022 and provide health, care and wellbeing services and support to over one million people. One of the most important things our new ICS has done is develop a strategy to set out how we will all work together. This work was done by the Integrated Care Partnership, a group of representatives from local government, NHS, voluntary and community sector, housing, Healthwatch, universities and others.

This strategy explains what we think we can do over the next five years as an ICS, the difference we can make by working together, and how we will do it. It tells the story about where we want to get to, and what it is that we are all trying to change and improve together.

We won't make things better by just changing health and care services. By all working together we can start to improve some of the things that affect people's health and wellbeing, such as unsuitable housing or financial pressure. These are known as the “wider determinants of health” and affect our most vulnerable communities worst. If we can improve the wider determinants of health, we can improve everyone's health and wellbeing and reduce some of the inequality which people experience. Although this strategy is for all of Coventry and Warwickshire, a lot of what we do will be local and shaped by what communities need.

The Covid-19 pandemic tested our services like never before, but it also showed us what can be achieved when local organisations and communities work together. We now have new challenges to face and as you read through this strategy you will see how we plan to do it together.

Our local people and communities



Our Challenges



Financial strain
£84 Million

Expected efficiency 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

Population Growth
58,000



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



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

Challenges

facing the
Coventry and Warwickshire Integrated Care System

Place-based variation



Willenhall **71.3** years
Warwickshire South **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

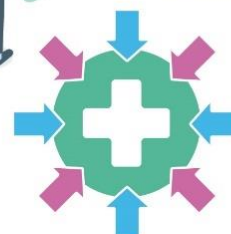
Coventry is in the top decile (10%) of Local Authorities in the Cost of Living Vulnerability Index.



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).

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



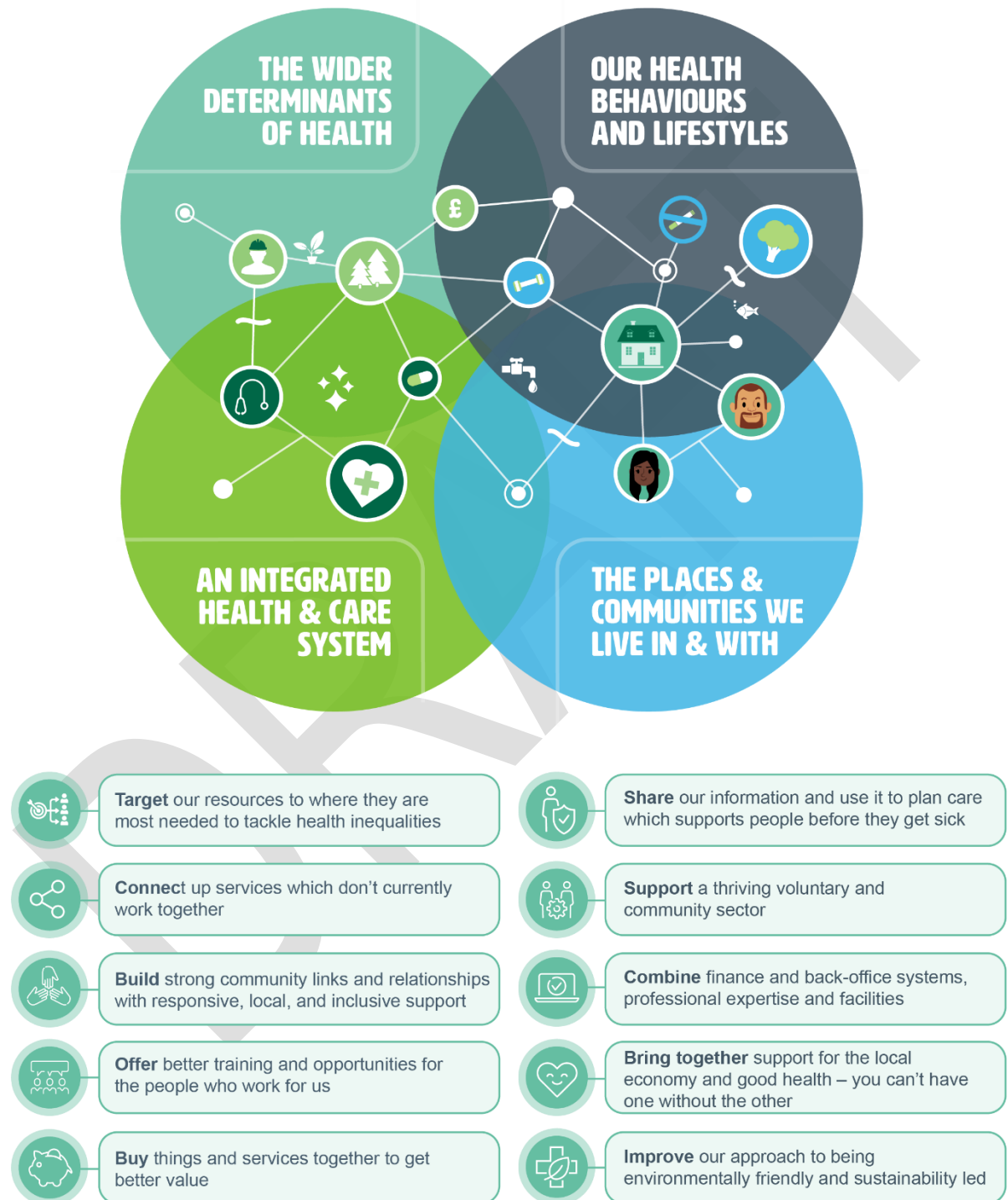
Enhance
productivity and
value for money



Help the NHS
support broader
social and economic
development



How we will improve health and care through integration





People at the heart of our strategy

This strategy is for everyone in Coventry in Warwickshire, so we knew it needed to be informed by those it speaks for – local people and their communities, as well as people who work in health and care.

We listened and spoke to nearly a thousand local people from a wide range of communities about what they thought was most important in health and care. They told us their priorities were **issues with accessing online services** (also called “digital inclusion”) and **being able to get GP and other healthcare appointments** (“access”). They also told us about how many people are **losing trust in health services**.

We also spoke to people who work in health and care, our “stakeholders”. They told us the important things to focus on were stopping people from getting sick in the first place (“**prevention**”), **reducing inequality** and **making sure we support the people who work for us**.

All of this information helped us to shape the priorities for the strategy.

We will continue to engage and seek feedback and input as we continue developing our strategy.

Our priorities

We have identified three priorities for this strategy which, if we get right, will help us achieve our vision for Coventry and Warwickshire. Over the next pages you will find a short summary of each priority.

There is a lot more detail behind each priority, what we’ve already done and what we need to do next to make change happen. You can use the links on the next pages to find out more about each area.

Priority 1: Prioritising prevention & 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.

What do we want to achieve

As a system we want to prioritise preventing ill-health and work together to support every person who lives in Coventry and Warwickshire to remain as independent and healthy as possible from early years through to the end of life. This means focusing especially on those whose health outcomes and experiences are worse than others and addressing the factors in their lives – from birth onwards – that make this the case.

Based on what local people and communities told us, we have identified three key areas that we need to focus on so we can prioritise preventing people getting ill 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.

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.

What we want to achieve

Our mission over the next five years is to improve access to and trust in health and care services across Coventry and Warwickshire. This means helping people to get the proactive support they need in the community, including harnessing digital technology to enable people to access information, support and care easily and confidently. We also want to give people more choice and control over the way their care is planned and delivered, based on what matters to them.

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 voluntary and community groups. We are committed to redefining the shape and scope of our local health and care system, starting with local neighbourhoods and empowering local communities to lead the way.

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

- enabling personalised care
- improving access to services, especially primary care
- engaging and involving local people, stakeholders and communities
- making services more effective and efficient through collaboration and integration.

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

We know that if we don't fix some of the immediate pressures facing our Integrated Care System will never be able to move on 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.

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.

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

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

Our commitments

All partners in the system have made the following promises that show how we will work together to deliver the strategy. These include making sure that we always think about how we make sure we put the needs of local places first in our decision-making and activity (“primacy of place”), and work across the whole of Coventry and Warwickshire when it can deliver better value for people.





Strategic Enablers

A number of key enablers have been identified to support 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
- Digital, Data and Technology and Population Health Management capability
- Public estates space and facilities
- Performance and assurance
- Quality
- Transformation and innovation

You can find out more about how we are addressing each of these areas by clicking on the links

DRAFT

How will we know if our strategy has worked?

Our strategy sets out bold ambitions for our Integrated Care System and the difference we can make by working together. We expect it to be part of 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 health and wellbeing, reduced health inequalities across Coventry and Warwickshire, and better 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, 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 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 5-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.

Report Title:	Measuring the impact of the 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:	System Strategy and Planning Group, 6 February 2023 Coventry Health and Wellbeing Board, 23 January 2023 Coventry and Warwickshire Integrated Care Board, 18 January 2023 Warwickshire Health and Wellbeing Board, 11 January 2023 Population Health, Inequalities and Prevention Board (acting as Integrated Care Strategy reference group), 9 January 2023 Coventry and Warwickshire Integrated Care Partnership, 8 December 2022
Purpose:	For discussion and approval

Contribution to meeting the aims of the ICS:

The Integrated Care Strategy is a crucial system document that establishes a vision of integration and collaboration for the system and sets the strategic direction and priorities for the provision of health and care services to achieve the ICS aims 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.

This paper outlines proposals for how the ICP will measure the impact of its Strategy.

Contribution to meeting the priorities of the ICB:

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 and enables greater collaboration across partners. It sets 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.

This paper describes how the ICP will measure the impact of its Strategy and ensure it is driving system activity to support delivery of the ICB priorities.

Recommendation:

Members are requested to

- **DISCUSS** the proposed success measures for the Strategy and **APPROVE** the proposed approach to measuring the impact of the Strategy.

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, as the Strategy is embedded in the system, it will inform ICS decision-making and delivery, including spending priorities and the design of services.						
Performance:	This report sets out proposals for how the impact of the strategy will be measured and monitored by the Integrated Care Partnership. 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) The EQIA for the Strategy was shared on 8 December 2023	✓	No		N/A	
Patient and Public Engagement:	A full engagement report detailing the engagement that informed the development of the Strategy was shared on 8 December 2023. A separate report to this meeting shares the communications and engagement plan for embedding the Strategy, which is aligned to engagement activity to support the development of the ICB's Integrated Care 5-year Plan.						
Clinical and Professional Engagement:	Clinical and professional colleagues were engaged in the development of the Integrated Care Strategy, as detailed in the 8 December 2022 report to the Partnership. This included the survey being shared with						


	<p>staff and specific questions aimed at staff. The attached 'short read' version of the Strategy is designed to be accessible for frontline staff, and once approved will be shared with accompanying staff newsletter articles by partner organisations.</p>
Risk and Assurance:	<p>The Integrated Care Partnership has statutory responsibilities to prepare and publish an Integrated Care Strategy and, once the strategy is published, the ICP should continue to consider how it is implemented. If the Integrated Care Partnership does not effectively measure the impact of its Strategy, it will fail to meet these responsibilities.</p> <p>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.</p>

Executive Summary

- 1.1 The ICP's draft Integrated Care Strategy, approved on 8 December 2022, provides a vision for health and care in Coventry and Warwickshire 5 years from now that leverages the benefits of the system and enables greater collaboration across partners. It sets 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 To ensure the Strategy mobilises and drives collective activity in the system to achieve its vision and leverage the benefits of integration, there is a need for clarity about what success looks like and how we will measure and monitor the delivery of the Strategy.

2. Measuring success – developing our approach

- 2.1 When the ICP considered the draft Strategy on 8 December 2022, the discussion and feedback strongly emphasised the importance of translating the Strategy into meaningful action and identifying some key outcomes that could be used to focus attention and measure the impact of the Strategy over time.
- 2.2 The draft Strategy itself sets out some key principles for our approach to measuring and monitoring its success. Specifically,
 - for most of the areas of focus and enablers in the Strategy, there are existing or emerging strategies and plans, with their own metrics, and we do not wish to create burdensome reporting mechanisms on top of these
 - our intention is to develop a core set of high-level metrics for each priority so that progress against the intended outcomes can be properly monitored
 - oversight is to be undertaken by the Integrated Care Partnership and through regular reporting to the Health and Wellbeing Boards
 - our approach to measuring impact will include drawing 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.
- 2.3 A small working group, consisting of members of the Strategy working group and colleagues from the ICB's Business Intelligence and Performance teams, has met several times to develop the proposed approach and identify potential outcome measures. This work has been informed by discussion with the Population Health, Inequalities and Prevention Board (which has served as the reference group for the Strategy development) and with the System Strategy and Planning Group. At the 8 December meeting, several ICP members volunteered to support the development of success measures, and these members have also been invited to comment on initial proposals.



2.5 To inform the approach, the working group carried out initial scoping of how other areas are measuring the success of their system strategies. Many systems are in a similar position to Coventry and Warwickshire in having agreed a Strategy but not yet confirmed the detail of how they will measure success. Where further detail is available, approaches include:

- identifying one main measurable goal per priority eg. reduction in inequality in life expectancy and a set of general supporting measurable goals (eg. North East and North Cumbria)
- developing a full set of measurable outcomes for each priority (eg. Cambridgeshire & Peterborough, Nottingham and Nottinghamshire).

West Yorkshire have identified ten 'big ambitions' which are a mix of measurable goals (eg. 'we will reduced suicide by 10% by X') and less measurable ambitions (eg. 'becoming a global leader in responding to the climate emergency').

2.6 We have also reviewed and drawn on existing local and national datasets, including the Warwickshire Health Inequalities Dashboard, Marmot Indicators (Coventry), latest Warwickshire Director of Public Health report indicators, measures in existing strategies linked to the priorities, OHID Public Health Profiles, the NHS Outcomes Framework, the Purpose Coalition Levelling Up goals and key NHS and Adult Social Care metrics.


3. Proposed approach to measuring the impact of the Strategy

3.1 The approach to success measurement needs to demonstrate the impact on population outcomes over the five years of the Strategy, but it is also recognised that the Strategy envisions changes in how we work together, and in our culture and practice as system partners at all levels, which are more difficult to evidence through quantitative metrics. The approach we are proposing therefore seeks to combine measurement of long-term outcomes alongside more short-term, qualitative change.

3.2 In terms of the long-term outcomes, we propose to develop a set of 12-16 high-level metrics (success measures) that will be measured over the 5 years of the Strategy. These will broadly encompass the three priorities and more loosely reflect the areas of focus within them, as well as the key commitments that run through the strategy, such as inclusive growth and the green agenda.

3.3 Alongside these success measures, we propose taking time at ICP meetings to explore more qualitatively where there are changes in working practice, including the quality of collaboration. We suggest taking one of the three priorities as a specific focus at the remaining ICP meetings this calendar year, reviewing progress against the actions identified in the Strategy and using case studies as a framework for exploring how we are working differently in each area and to learn from practice.

3.4 The ICB's Integrated Care 5-year Forward Plan will provide the operational detail about how the strategy's vision will be realised at an ICB level and is expected to provide a clear delivery plan



for achievement of the strategy priorities. This will build on and complement the ICP's own arrangements for measuring the success of its Strategy.

4. Success measures

- 4.1 A proposed set of high-level success measures will be presented to the ICP for consideration at the meeting. In identifying the measures, the working group has selected metrics for which the data is already publicly available. Other key considerations in selecting measures are:
- the timeliness of the data
 - frequency of collection
 - granularity – ie. the level / area by which the data is reported
 - source – credibility and accessibility
- 4.2 Our aim in selecting measures is to facilitate a focus on tackling inequalities wherever possible. We have also sought to identify measures that can be monitored at Place and System level, to enable Places and Care Collaboratives to understand the local context for the system priorities and identify their own areas of focus to reflect this. There is a further opportunity to work with intelligence leads at Place to explore where local data sources could add granularity to the system measures.
- 4.3 Once the success measures are approved by the ICP, further work will be undertaken on the presentation of the measures and progress against them. There is an opportunity to review how we present system performance data and make it available to stakeholders. This will seek to enhance transparency and public accountability, and could contribute to building trust and confidence in our health and care system.

5. Annual review

- 5.1 In addition to the proposed approach to measuring success and impact over the lifetime of the Strategy, ICPs are expected to develop and refine their Integrated Care Strategy as part of an annual cycle of planning and review, aligned with the Integrated Care 5-year Forward Plan, which must be published in April each year. When refreshing its Strategy, the ICP must consider whether the it is being delivered by the Integrated Care Board, NHS England and local authorities, including its impact on commissioning and delivery decisions.
- 5.2 This annual review process will build on and complement the approach described in this report.



Conclusion

The draft Integrated Care Strategy 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. The proposed approach to monitoring progress and measuring the success of the Strategy aims to drive real impact for each of the Strategy priorities. There is potential for the measurement of success to be a powerful tool to engage system partners in conversations about their contribution and to promote ownership of the Strategy at all levels of the system.

Recommendation

Members are requested to:

- **DISCUSS** the proposed success measures for the Strategy; and
- **APPROVE** the proposed approach to measuring the impact of the Strategy.

End of Report



Coventry and Warwickshire
Integrated Care Partnership



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