



Coventry and Warwickshire
Integrated Care Partnership

Integrated Care Partnership Meeting

Papers for the PUBLIC Meeting

Thursday 19th October 2023

Committee Room Three, Coventry
Council House, Earl Street, Coventry,
CV1 5RR

14.00-16.00

Integrated Care Partnership Meeting

To be held in PUBLIC on 19th October 2023

14.00-16.00

Committee Room 3, Coventry Council House, Earl Street, Coventry, CV1 5RR

A G E N D A

No.	Time	Item	Presenter	Attachment	Purpose
1.	14.00	Welcome and Apologies	Danielle Oum	Verbal	
2.	14.01	Confirmation of Quoracy	Danielle Oum	Enc A	
3.	14.02	Declarations of Interest	Danielle Oum	Enc B	Information
4.	14.03	Minutes of the Meeting held on 4 th July 2023	Danielle Oum	Enc C	Approval
5.	14.05	Actions/Matters Arising	Danielle Oum	No Items	
Seeking and acting on feedback from citizens and staff/ Developing strong partnerships					
6.	14.05	Citizen Voice – Tom's Story	Nikki Holmes	Enc D	Information
Working together to improve population health/Tackle inequalities in outcomes, experience and access					
7.	14.30	WMCA Mental Health Commission	Phil Johns Mubasshir Ajaz	Enc E (Presentation)	Discussion
Enabling people across Coventry and Warwickshire to start well, live well and age well, promoting independence and putting people at the heart of everything we do.					
8.	14.50	Prevention Concordat for Better Mental Health	Paula Jackson Steven Hill	Enc F	Endorsement
9.	15.10	Development of an Involvement Co-ordination Network and Assurance Framework for Engagement	Rose Uwins	Enc G	Discussion
10.	15.35	Healthcare Services for Asylum Seekers and Refugees in Coventry and Warwickshire Update	Liz Gaulton Peter Barnett Lily Makurah Dave Jones	Enc H (Presentation)	Discussion
11.	15.55	Questions from members of the public about items on the Agenda*	Danielle Oum	Verbal	Information

12.	15:55	Any Other Business	Danielle Oum	Verbal	
13.		Next Meeting Thursday 29 th February 2024, 10.00-12.00 Committee Room 2, Shire Hall, Warwick			
	16:00	MEETING CLOSES			

*Asking a question

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

Declarations of Interest

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

Type of Interest	Description
Financial Interests	<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; • 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
<p>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.</p> <p>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.</p> <p>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.</p>

Coventry and Warwickshire Integrated Care Partnership- Register of Interests

ENCLOSURE B

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	Non-Executive Director, NHS Northamptonshire ICB	✓					Dec-22	Current
Y	Mubasshir	Ajaz	Head of Health and Communities at West Midlands Combined Authority	Nil						Sep-23	Current
Y	Michael	Atkin	Group Manager Prevention, Warwickshire Fire and Rescue Service	Nil						Jun-23	Current
Y	Chris	Bain	Chief Executive of Healthwatch, Warwickshire	Trustee at Equalities and Inclusion Partnership				✓		Aug-23	Current
Y	Chris	Bain	Chief Executive of Healthwatch, Warwickshire	Trustee at Indendent Advocacy Alliance				✓		Aug-23	Current
Y	Matt	Baines	GP Member of the ICP	1. GP Partner is Coventry Practice	✓					Aug-23	Current
Y	Matt	Baines	GP Member of the ICP	2. Director of private medical company (Edenvale medical Ltd)	✓					Aug-23	Current

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					Financial Interest	Non-Financial Professional Interest	Non-Financial	Non-Financial Personal Interest	Indirect	Declared	
Y	Cllr Margaret	Bell	Warwickshire Health and Wellbeing Board Chair	1. Warwickshire County Council - Councillor	✓					Aug-23	Current
Y	Cllr Margaret	Bell	Warwickshire Health and Wellbeing Board Chair	2. North Warwickshire Borough Council - Councillor	✓					Aug-23	Current
Y	Cllr Kamran	Caan	Coventry Health and Wellbeing Board Chair	Nil						Aug-23	Current
Y	Adam	Carson	Managing Director of South Warwickshire University Foundation Trust	Managing Director of South Warwickshire University Foundation Trust	✓					Apr-23	Current
Y	Stuart	Croft	Vice Chancellor of University of Warwick	Nil							Current
Y	Emma	Daniell	Deputy Police and Crime Commissioner, Warwickshire	Nil						Apr-23	Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	1. Unit Leader - Girl Guides			✓			Aug-23	Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	2. Occasional Leader - Scouts			✓			Aug-23	Current
Y	Allison	Duggal	Director of Public Health, Coventry City Council	3. Association Directors Public Health		✓				Aug-23	Current

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					Financial Interest	Non-Financial Professional Interest	Non-Financial	Non-Financial Personal Interest	Indirect	Declared	
Y	Allison	Duggal	Director of Public Health, Coventry City Council	4. Partner is employed by Atkins (SNC-Lavalin) and is involved in work on highways and rail infrastructure, sometimes leading on bids for work with local authorities and NHS					✓	Aug-23	Current
Y	Peter	Fahy	Director of Adult Social Care and Housing (Coventry City Council), Chair of Coventry Care Collaborative	Nil						Aug-23	Current
Y	Russell	Hardy	Chairman of SWFT and GEH	Chairman, South Warwickshire University Foundation Trust	✓					Aug-22	Current
Y	Russell	Hardy	Chairman of SWFT and GEH	Chairman, George Eliot Hospital NHS Trust	✓					Aug-22	Current
Y	Russell	Hardy	Chairman of SWFT and GEH	Chairman, Wye Valley NHS Trust	✓					Aug-22	Current

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Y	Russell	Hardy	Chairman of SWFT and GEH	Chairman and Majority Owner of Maranatha 1 Ltd (trading as Fosse Healthcare Limited and Fosse ADPRAC	✓					Apr-23	Current
Y	Russell	Hardy	Chairman of SWFT and GEH	Chairman of Cherished	✓					Apr-23	Current
Y	Russell	Hardy	Chairman of SWFT and GEH	Son is employed by Deloitte LLP (SWFT's External Auditors)					✓	Apr-23	Current
Y	Steven	Hill	Chief Executive of Coventry and Warwickshire MIND	CW Mind is direct recipient of funding form the ICB and other commissioners of MH services in the system	✓					Aug-23	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

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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	✓					Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	2. Qualification Wales - Non-Executive Director	✓					Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	3.University Alliance - Director		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	4. Better Futures Multi Academy Trust Member		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	5. Coventry University Charitable Trust - Trustee		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	6. Coventry University Welfare Fund - Trustee		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	7. Palmer Foundation - Trustee		✓				Aug-23	Current

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Y	John	Latham	Vice Chancellor - Coventry University	8. Technology One - Advisor		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	9. Chartered Management Institute - Companion		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	10. Coventry and Warwickshire ESIF Committee - Chair		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	11. Universities West Midlands - Board Member		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	12. Institute of Directors - Member		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	13. British Computer Society- Honorary Member		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	14. UK Government National Growth Board - Board Member		✓				Aug-23	Current

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Y	John	Latham	Vice Chancellor - Coventry University	15. National Centre for Universities and Business - Member		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	16. European Commission Evaluator and Programme Advisor - FP7/Horizon 2020		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	17. Universities UK Transformation Advisory Group - Member		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	18. The Knowledge Hub Egypt Universities - Board of Trustees		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	19. Software Negotiations and Strategy Group - Universities UK/JISC - Chair		✓				Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	20. NHS England - Member, Workforce, Training and Education Committee	✓					Aug-23	Current
Y	John	Latham	Vice Chancellor - Coventry University	21. Home Team Academy (HTA) - Panel Member		✓				Aug-23	Current

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Y	John	Latham	Vice Chancellor - Coventry University	22. NHS Appointments - Senior Independent Panel Member		✓				Aug-23	Current
Y	Simon	Lieberman	Senior Placemaking and Partnerships Manager - Strategy at Orbit Housing	Nil						Aug-23	Current
Y	Stuart	Linnell	Chair of Healthwatch Coventry	Nil						Oct-23	Current
Y	Nigel	Minns	Executive Director, Warwickshire City Council	Employee of Warwickshire County Council - Executive Director - People		✓				Oct-23	Current
Y	Scott	Moultrie	Area Manager Prevention, Warwickshire Fire and Rescue Service	Nil						Jun-23	Current
Y	Kirston	Nelson	Chief Partnerships Officer/ Director of Education and Skills at Coventry City Council	Nil						Jun-22	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	1. Vice-Chancellor's Health Advisory Board, Coventry University		✓				Mar-23	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	2. Member of Healthwatch England Committee	✓					Sep-22	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	3. Director of a limited company providing rented accommodation	✓					May-22	Current

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Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	5. National Support Line Volunteer for Rape and Sexual Abuse Support Centre			✓			Mar-23	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	Expired May 2023 - to be removed November 2023 6. Befriending and Activity Volunteer for Trident Housing, homelessness Service			✓			Apr-23	Current
Y	Danielle	Oum	Chair of Coventry and Warwickshire ICS	7. Chair of Aquarius and Board member of Recovery Focus, charitable services to people with issues related to drugs, alcohol and gambling	✓					May-23	Current
Y	Jagtar	Singh	Chair of Coventry and Warwickshire Partnership Trust (CWPT)	1. Jagtar Singh Associates Ltd Consultancy business to Fire, Police, NHS bodies	✓					Aug-23	Current
Y	Jagtar	Singh	Chair of Coventry and Warwickshire Partnership Trust (CWPT)	2. Chair of Bedford Police Audit	✓					Aug-23	Current
Y	Jagtar	Singh	Chair of Coventry and Warwickshire Partnership Trust (CWPT)	3. Trustee of NHS Providers		✓				Aug-23	Current
Y	Jagtar	Singh	Chair of Coventry and Warwickshire Partnership Trust (CWPT)	4. APNA NHS Co-Chair		✓				Aug-23	Current

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Y	Peter	Wilson	Head of Prevention, West Midlands Fire Service	Nil						Jun-23	Current
Y	Karen	Winchcombe	Chief Executive of CAVA	Funding ICB to CAVA	✓					Sep-22	Current
Y	Deepika	Yadav	GP	1. Clinical Director for Integrated care UHCW	✓					Sep-22	Current
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

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Y	Deepika	Yadav	GP	4. RCGP Midland tutor	✓					Sep-22	Current
Y	Deepika	Yadav	GP	5. LMC member	✓					Sep-22	Current
Y	Deepika	Yadav	GP	6. Elected GP representative from Coventry on Coventry and Warwickshire ICS Primary Care Collaborative	✓					Sep-22	Current
Y	Deepika	Yadav	GP	7. Husband is a locum GP in Coventry and Warwickshire					✓	Sep-22	Current
Y	Deepika	Yadav	GP	8. Non-Executive Director at Birmingham Community Healthcare Trust	✓					Mar-23	Current

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

On Tuesday 4th July 2023, 14.00-16.00 Committee Room 2, Shire Hall, Warwick

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 Adam Carson	Managing Director of South Warwickshire University Foundation Trust
Ms Emma Daniell	Deputy Police Crime Commissioner, Office for the Police, Crime and Commissioner for Warwickshire
Dame Stella Manzie	Chair, University Hospital Coventry and Warwickshire NHS Trust
Dr Matt Baines	GP, Primary Care
Dr Allison Duggal	Director of Public Health, Coventry City Council
Dr Shade Agboola	Director of Public Health, Warwickshire and Warwickshire Care Collaborative Chair
Dr Deepika Yadav	GP, Primary Care, Coventry
Mr Simon Lieberman	Regional Place Manager - Midlands, Orbit Housing

Mr Michael Atkin	Group Manager Prevention, Warwickshire Fire and Rescue Service
Mr Pete Wilson	Head of Prevention, West Midlands Fire Service
Ms Liz Gaulton	Chief Officer Population Health and Inequalities, Coventry and Warwickshire Integrated Care Board
Mr Peter Fahy	Coventry Care Collaborative Chair, Director of Adult Services and Housing, Coventry City Council
Mr Simon Page	Non-Executive Director, South Warwickshire University NHS Foundation Trust (Deputising for Russell Hardy)
Ms Amanda Royston	Strategic Lead for Health, Coventry University (Deputising for Professor John Latham)
Professor Caroline Meyer	Pro-Vice Chancellor (Research), University of Warwick, (Deputising for Professor Stuart Croft)
Ms Sue Ogle	Voluntary Action, Coventry (Deputising for Steven Hill)
In Attendance:	
Mrs Cheryl Brand	Executive Assistant, Coventry and Warwickshire Integrated Care Board (Minute Taker)
Ms Debbie Dawson	Population Health Transformation Officer, Coventry City Council, NHS Coventry and Warwickshire ICB and Warwickshire County Council
Mrs Anita Wilson	Director of Corporate Affairs, Coventry and Warwickshire Integrated Care Board
Ms Gemma McKinnon	Public Health, Warwickshire County Council
Ms Sue Noyes	Observer, Non-Executive Member, Coventry and Warwickshire Integrated Care Board
Mr Gereint Stoneman	Head of Policy and Strategy, Warwickshire County Council (For Anchor Alliance item)
Apologies:	
Ms Kirston Nelson	Chief Partnership Officer, Coventry City Council

Mr Ajaz Mubasshir	Head of Health and Communities, West Midlands Combined Authority
Mr Jagtar Singh	Chair of NHS Coventry and Warwickshire Partnership NHS Trust
Councillor Kamran Caan	Coventry Health and Wellbeing Board Chair, ICP Deputy Chair
Professor Stuart Croft	Vice Chancellor, University of Warwick
Professor John Latham	Vice Chancellor, Coventry University
Mr Russell Hardy	Chair, South Warwickshire University Foundation Trust, George Eliot Hospital NHS Trust and Wye Valley NHS Trust
Mr Steven Hill	Chief Executive, Coventry, and Warwickshire MIND
Mr Stuart Linnell	Chair, Healthwatch Coventry

Item No:		Action
1.	Welcome and Apologies The Chair welcomed all attendees to the Integrated Care Partnership meeting. Apologies were noted as above.	
2.	Confirmation of Quoracy The meeting was confirmed as quorate.	
3.	Declarations of Interest There were no items raised.	
4.	Minutes of the meeting held on 9th February 2023 The minutes of the meeting held on 9 th February 2023 were agreed as a true and accurate discussion.	
5.	Matters Arising/Action Schedule There were no further actions to discuss.	
6.	Citizen Story – Paul’s Story Ms Oum introduced this citizen story which focused on Paul who receives support from several different partners including the Leamington Spa Primary	

Care Network Outreach Project and the P3 Street Outreach Team. A video was shown, where Paul explained he had been homeless for a period of time and has a variety of health conditions. He talked about some of the challenges of being homeless such as accessing health and care services. Through the Leamington PCN Outreach Project, Paul has received treatment for COPD and has been able to access regular medical support and has been referred for additional support outside of a healthcare setting, resulting in him being housed.

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

The story highlights the issue of health inequalities as people who are homeless have a life expectancy 30 years less than the general population. Those who are homeless are one of the Core 20 plus five segmentation in the Coventry and Warwickshire Strategy and this story demonstrates the need for additional focus on this extremely vulnerable group.

ICP members raised the observations and questions:

- It would be helpful to have a list of all the outreach services available.
- The importance of knowing what transition housing is available
- There is still a number of people living in temporary accommodation and the lack of suitable properties is worrying
- It would be beneficial to look at what the partnership and strategic groups are doing and add this to our Programme of work. It is important to fully understand the homeless provision and understand what is happening
- The importance of involving the Fire Service for safety checks
- The prevention agenda - there is a need to try and understand why people end up homeless. For example, Care leavers have an increased chance of being homeless
- It would be useful to have an update on homelessness in the next progress update
- Need to understand to what extent are homeless people denied GP access – Healthwatch Warwickshire referred to a report on their website which detailed what the barriers were

ICP Members:

Noted for **INFORMATION** the benefits of providing a tailored support system for individuals who are homeless and highlighted the importance the services coming together to provide a range of services outside of health.

7.	<p>Revisions to ICP Terms of Reference</p> <p>Ms Wilson explained that in line with the July 2022 approved version of the ICP's terms of reference an annual refresh of the terms of reference is now due. Revisions have included:</p> <ul style="list-style-type: none"> • Updating retrospective language and responsibilities that were concerned with the shadow operation and establishment activities of the ICP pre-July 2022 • Membership has been refreshed to include Fire Services and the Office of the Police Crime Commissioner in Warwickshire • A new paragraph to reflect matters that may be confidential • A new section on admission of the public to the meetings • A new Section on behaviours and conduct <p>ICP Members:</p> <p>APPROVED the revised ICP Terms of Reference</p>	
8.	<p>Coventry and Warwickshire Anchor Alliance: Purpose and links to ICP</p> <p>Mr Stoneman from Warwickshire County Council joined the meeting to give an update on the Coventry and Warwickshire Anchor Alliance, its purpose and links to the ICP.</p> <p>The Coventry and Warwickshire Anchor Alliance come together with key public sector organisations which include:</p> <ul style="list-style-type: none"> • Our City, County and District and Borough Councils • Our two world class Universities • Our three Health Trusts and the Integrated Care Board <p>The Alliance is a way of working that describes how organisations can work together on shared challenges and to deliver the greatest collective benefit for Coventry and Warwickshire.</p> <p>The aim is to have a collective reach and influence to inform direction, focus and activity for a range of agenda's including climate change and sustainability, education, skills and social mobility, health and social inequalities and inclusive economic growth and social value.</p> <p>They are focused on the connections between themes as it brings greater benefits by 'joining up'.</p> <p>The Anchor Alliance is an informal group and works in a flexible and responsive way as it arises.</p>	

As an influencing body, they offer a range of ways to bring people together and influence activity within the system

The Anchor Alliance and the ICP share objectives, but will take different approaches; however, they do share areas in common:

- Both aiming to influence the Coventry and Warwickshire system, public organisations and places
- Share common membership across local authority, health and universities
- Common spans of influence
- Common areas of interest and big, cross cutting themes
- ICP representation on the Anchor Alliance CEO and Delivery group

There are specific areas that the Anchor Alliance and the ICP could work on together:

- Health and prosperity, Inclusive growth (links to key system and organisation strategies)
- ICP and post LEP/growth board links
- Equality, Diversity and Inclusion
- Community power
- Net zero
- Inequality

This may consist of task and finish groups commissioned by the ICB, shared meetings, extended invitations and shared programme of connector events.

ICP members raised the observations and questions:

- There is a lot of learning to be shared
- Skills gap – what work is being done as there have been a lot of changes in the Further Education sector which are challenging those skills gaps
- The Connector events are very beneficial as it must be system led and it can reach out to those different areas of the system.
- An acknowledgement that different organisations do different things – for example on skills. Individual employers also run their own employment events.
- Large employers have better access to services than small businesses. Small organisations do not have the resources – could the Anchor Alliance reach out to some of those small businesses
- The importance of sharing information about what we are all doing to gain an understanding of what is happening across the whole system

Ms Oum thanked Mr Stoneman for coming to present to the ICP and updating members of the work of the Anchor Alliance.

ICP Members:

	<p>NOTED the role of the Anchor Alliance to expand understanding of how the ICP and the Anchor can both work together to influence improvements.</p>	
9.	<p>Integrated Care Strategy Publication and Measuring Impact</p> <p>Ms Gaulton explained that the ICP approved the draft Integrated Care Strategy at its meeting on 8 December 2022 and this has since been shared widely across the system. A proposed set of high level, aspirational ambition statements to measure impact of the Strategy have been developed and the Strategy has since been further embedded across the system. The draft strategy and measures are now ready for approval for publication. The formal launch of the strategy will be aligned with the communications around the publication of the Integrated Health and Care Delivery Plan.</p> <p>ICP members had the following comments:</p> <ul style="list-style-type: none"> • Is it enough to increase the total number of general practice appointments by 7.5% and what is this made up of – face to face, telephone, online appointments? • Is 75% in faster diagnostics of cancer diagnostics good enough. Treatment needs to be early so it would be helpful to say that. • How can we measure the achievement of the proportion of older people (65 and over) who are still at home 91 days after discharge? It was noted that this is measured and it is a very small selection of people • In terms of GP access, it would be good to undertake a demand and capacity piece of work with the ICB • For Adult Social Care – data is collected annually. • It is very important to be clear on what we are trying to achieve including the milestones along the way. • One of the enablers notes that by September 2023, there will be a jointly agreed three-year financial recovery plan showing a route to recurrent balance – could there be a commitment by March 2024 that there will be a stated percentage/monetary amount once the financial framework has been agreed. • Could there be a measure about how the voluntary sector can be more involved in the co-production as the diversity of the sector can play a crucial role • Would it be possible to undertake long case studies to track people through a process – for example tracking Paul the homeless person to see if it is improving. <p>ICP Members:</p> <p>APPROVED the publication of the final Integrated Care Strategy and supporting documents noting that a progress update will come to the ICP in February 2024.</p>	

	APPROVED the proposed ambition statements for measuring the impact of the Integrated Care Strategy.	
10.	<p>Integrated Health and Care Delivery Plan</p> <p>Mr Johns explained that the Integrated Health and Care Delivery Plan responds directly to the three strategic priorities and nine aligned areas of focus set out in the Integrated Care Strategy. The report summarises the context for and work undertaken since February 2023 to develop the plan through a collective approach and in line with both the principles in national guidance and an agreed set of local principles. The ICB endorsed the plan on the 21st June 2023 and was published on 30 June 2023.</p> <p>The ICB has established mechanisms of internal control that will be applied to support the delivery of the plan with work on-going through the ICB Governance Team to consider how these may develop over time to achieve optimal effectiveness in an evolving system of integration and collaboration. Arrangements for the tracking and performance monitoring of the plan are being developed by the ICB Performance and Delivery Team.</p> <p>Ms Manzie noted that the UHCW board stated the importance of the strategy interlocking as this will help with health pathways. Steps need to be taken to drive out money in various ways. Mr Johns explained that a financial meeting is taking place on 24th July and part of the discussion will be about how this can be approached together.</p> <p>The plan only focuses on one quadrant of the Kings Fund and the ICP needs to understand where the oversight will be for the other areas of the ICP strategy.</p> <p>Ms Oum noted that as a system we all need to be committed to the plan</p> <p>ICP Members:</p> <p>NOTED that the Coventry and Warwickshire Integrated Health and Care Delivery Plan was approved by the Board of NHS Coventry and Warwickshire Integrated Care Board on 21 June 2023 and published on 30 June 2023</p> <p>ASSURED that the Integrated Health and Care Delivery Plan was developed through a collaborative approach and articulates the health and care system shared delivery plan for the Coventry and Warwickshire Integrated Care Strategy.</p> <p>ASSURED that the ICB has established mechanisms of internal control that will be applied to support the delivery of the plan.</p>	

11.	<p>Integrated Care Strategy in action case study</p> <p>Liz Gaulton presented an Integrated Care Strategy in action case study about tackling inequalities through a population health approach to persistent back pain.</p> <p>The paper outlines a case study of a targeted, person-centred, population health management approach for people with persistent back pain in Coventry. This is a clinically-led multi-disciplinary project, involving primary care and the physiotherapy team at UHCW NHS Trust.</p> <p>It exemplifies a different way of working to support the delivery of the ICP's Integrated Care Strategy, with a particular focus on health inequalities, population health management, personalised care and the wider determinants of health.</p> <p>The case study is shared to help the ICP explore and evidence how, as an Integrated Care System, we are working differently together to deliver ICP Strategy priorities, and to learn from practice about enablers and challenges to working in this way.</p> <p>ICP Members:</p> <p>NOTED FOR INFORMATION the Case Study in action.</p>	
12.	<p>Questions from members of the public about items on the agenda</p> <p>No questions were submitted.</p>	
13.	<p>Any Other Business</p> <p>There were no items raised.</p>	
14.	<p>Dates of Next Meetings</p> <p>The next meeting will take place on 19TH October 2023 in Committee Room 3, Coventry Council House, Earl Street, Coventry, CV1 5RR</p>	

Report Title:	Citizen Story – Tom’s* story
Report From:	Nikki Holmes Project Manager and Lyn Ranson Clinical Consultant Lead- West Midlands/CWICB Trauma Vanguard 2022-2025
Author:	Nikki Holmes Project Manager and Lyn Ranson Clinical Consultant Lead- West Midlands/CWICB Trauma Vanguard 2022-2025
Previous Considerations and Engagement:	N/A
Purpose:	For Information

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

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

Executive Summary and Key Points:

In August 2021, Coventry and Warwickshire Clinical Commissioning Group (now Integrated Care Board) was awarded Vanguard status for the West Midlands via the NSHEI Framework for Integrated Care, one of 9 nationally in each NHSE region. Our Framework was designed by Coventry and Warwickshire young people and was developed as a response to the NHS England & NHS Improvement Long Term Plan (LTP) commitment to provide additional support for the most vulnerable children and young people with complex needs across multiple domains between the ages of 0-18, including some of the most complex children locally who have been subjected to child exploitation, significant trauma(s) and those impacted by health inequalities.

This funding has enabled the ICB and partners to pilot work across the ICS with our young people who have led on the design of the framework, and offers us a unique opportunity to respond and assess the impact of this new approach to achieve cultural and organisational change.

Our young people have told us that they want:

1. Practitioners that are trauma informed and understand our story
2. Practitioners to take time to get to know us and what we like and are good at
3. Practitioners that are relatable
4. Practitioners and resources that are accessible and that connect us back with our community (Social Prescribing)
5. Don't label us as bad
6. Don't diagnose us as mad

The project has responded to this clear steer from our young people. This has ensured that all aspects of the project have been produced and developed with young people living across the Coventry and Warwickshire footprint. The project is a true partnership with young people, and with a range of statutory and community stakeholder that deliver aspects of the project. These include CWICB, NHS England Health and Justice (Regional and National), Coventry City Council, Warwickshire County Council, CWPT, West Midlands Violence Reduction Partnership, Coventry Local Authority Public Health, Warwickshire Local Authority Public Health, Coventry Safeguarding Partnership, Warwickshire Safeguarding Partnership, West Midlands Police, Warwickshire Police, St Giles Trust, Horse and People Project, Creative Optimistic Vision, Sky Blues in the Community, CRASAC and Positive Impact Foundation.

The impact of the investment by NHS England is exemplified in Tom's* story. Tom's story brings to life all the ICS' priorities and focused areas and demonstrates the impact of one workstream of the Vanguard's investment into Trauma Informed Youth Workers, employed in both Coventry and Warwickshire Children's Services, using a relationship approach that connects young people back into education as well as into both universal and a suite of enhanced social prescribing offers identified as a gap in our engagement with young people.

Tom's story

- Tom and his family have experienced significant health inequalities and challenge in their lives due to deprivation, trauma, and adversity.
- Tom was initially referred into Coventry Children's Services 'Edge of Care' service as he was at risk of coming into care
- Tom was referred to the Vanguard's pilot service 'Positive Directions' commissioned in partnership with both Local Authorities that delivers a Trauma Informed Youth Worker support approach when the Edge of Care support 12week support came to an end but there were further unresolved needs for the young person.
- Tom continued to experience dysregulation with his emotions and displayed challenging behaviour following the 12 week intervention by Edge of Care, likely due to adverse experiences that he was subjected to in the past. This dysregulation presented as violent behaviour towards family and property, and such was the concern related to his presentation, this put him at risk of hospitalisation as a child in crisis.
- There was a notable lack of positive community-based interactions for the young person, who was at risk of exploitation in the community by peers
- Tom was not attending school or college
- Tom spent a lot of time alone in his bedroom, struggling with motivation and confidence

Tom's and his family's story demonstrate the value of a youth worker approach by his Positive Directions Practitioner, using a 'time to talk' with a non-judgemental manner understanding the individual experiences and needs of the young people and letting them process and communication about this in their own time. The Vanguard has invested significantly in the ongoing training, support, and supervision of the Positive Directions youth worker service, which is underpinned by both access to an Occupational Therapist and Case Formulation that is delivered by a Clinical Psychologist. This has given the practitioners the skills, support and multi-agency vision to inform a psychological and occupationally informed approach to work with complex young people to improve their health, education, social and economic outcomes.

Through the relationship with the Positive Directions Practitioner, Tom and his family felt listened to and the worker was able to explore what he wanted, what he was good at and what he wanted to achieve. Through these conversations, the worker identified that he really wanted to re-engage with education.

- Tom participated in the Enhanced Social Prescribing offer of Equine therapy delivered by the Horse and People Project, having never experienced any activity or contact with horses he discovered a love for the horse he was partnered with for the sessions.
- Tom has engaged with Creative Optimistic Vision 12-week Business Level 1 'Changes' educational offer that supports young people to develop the entrepreneurial skills and increase their self-esteem and confidence encourages learners who have not been in education regularly to develop social enterprises and business ideas, and now has the confidence to go back to education enrolling at college in the upcoming academic year.
- Through support from the Positive Directions worker, Tom's dysregulated incidents have stopped, leading to more positive relationship with his mother and his home life is more settled.

Tom's story is one of many examples from this pilot project that seeks to empower young people through a relationship-based approach to connect young people back into their community to maximise their potential and pilot an entrepreneur education course that gives young people the qualifications to access college course or develop a business idea. We have had 3 young people set up small business and we offer seed funding via a Social Prescribing Assurance Group that monitors the impact of this investment.

The project not only seeks to improve the health and wellbeing of the individual, but it represents value for money for health and social care, reducing the need for children to come into care, be at risk of exploitation or serious youth violence, which has cost impacts to the ICS. Through our project, we support young people to make new friends, have fun and be connected back to activities in their communities using a social prescribing approach that encourages independence and supporting individuals and families to support themselves.

Through the Vanguard Project, supporting Tom and his family through a relationship approach, helped him try out the Equine offer, make friends and gave him the confidence to participate in the tailored education offer. This suite of interventions ensured that

1. Tom stayed in his family home and didn't come into care
2. Decreased his risk of exploitation, gang affiliation and serious youth violence
3. Decreased the behaviours that put him at risk of hospitalisation as a Child in Crisis to our children's ward
4. Gave Tom the confidence to leave his bedroom and gave him a qualification to access a college placement improving his social and economic chances into adulthood

Recommendation:

Members are requested to

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

Implications

Conflicts of Interest:

Financial and Workforce:

Performance:

Quality and Safety:

Inclusion

Has an Equality and Quality Impact Assessment (EQIA) been undertaken? [delete as appropriate]
An EQIA is required for new services or changes to service delivery.
For more information the EQIA Policy and Tool can be found [here](#).

Yes
[attached or hyperlinked]

No
[state why in the row below]

Not applicable
[state why in the row below]

Has a Health Equity Assessment Tool (HEAT) been completed?
HEAT may be used for new, changing or existing services and processes.
More information can be found [here](#).

Yes
[attached or hyperlinked]

No
[state why in the row below]

Not applicable
[state why in the row below]

Engagement

Patient and Public Engagement:

Clinical and Professional Engagement:

Risk and Assurance

Risk

Level of and Gaps in Assurance

West Midlands Mental Health Commission

Dr Mubasshir Ajaz
Head of Health and Communities
West Midlands Combined Authority

Context

The West Midlands Combined Authority (WMCA) convened a Mental Health Commission to explore *the post-COVID-19 pandemic gross and differential impact on the mental health and wellbeing of people across the region.*



The Commission specifically aimed to support the pursuit of a mentally healthier region by exploring 6 topic areas to:

Better understand the differential mental health and wellbeing impacts post COVID-19 pandemic on local people – at home, in education, at work and at play.

Better understand the response to the pandemic, particularly recognising and celebrating local innovation and good practice in supporting mental health & wellbeing;

Co-develop priority recommendations and implementation actions to make further contributions towards a mentally healthier region, and to reduce inequalities in mental health.



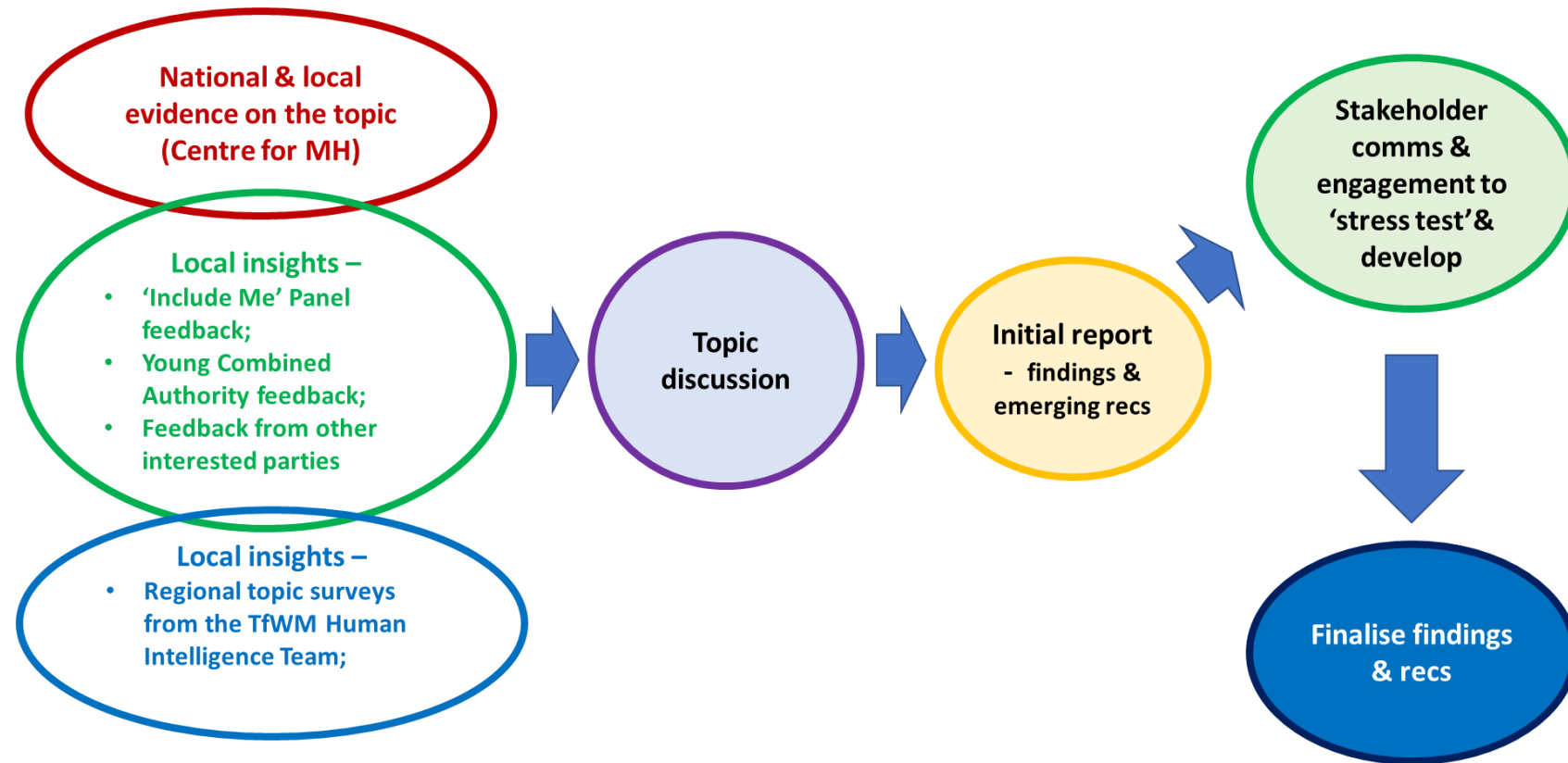
Considerations

There were a number of key considerations that informed the work of the Commission, including:

- As an independent Commission, to take the opportunity to be bold;
 - To give due regard to potential role of system partners in addressing identified issues, not just the potential role of the WMCA;
 - Giving clear consideration to mental health inequalities;
 - Give due regard to different perspectives on the issues, including consideration of the wider determinants of health;
 - In formulating recommendations, to consider opportunities to 'add value' to local work, to plug gaps in knowledge or action, and to expand good practice across the region.
-

How the Commission Worked

- For each topic, work was initially undertaken to capture local and national insights – predominantly through the work of the Centre for Mental Health – and formed into an ‘evidence pack’ / insights paper to inform a Commission discussion.
- This discussion then generated some initial findings and recommendations.
- These were captured in a draft ‘topic report’ which was then ‘stress tested’ through further stakeholder communication and engagement before arriving at finalised findings and recommendations.



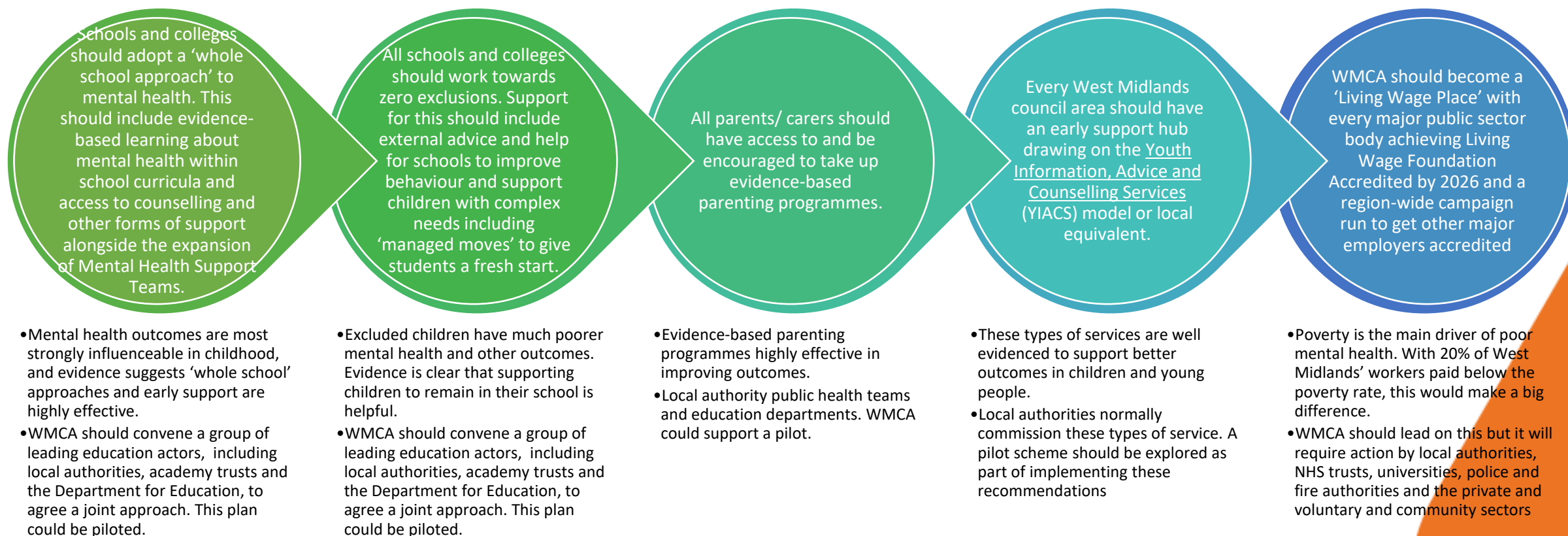
Topics Explored

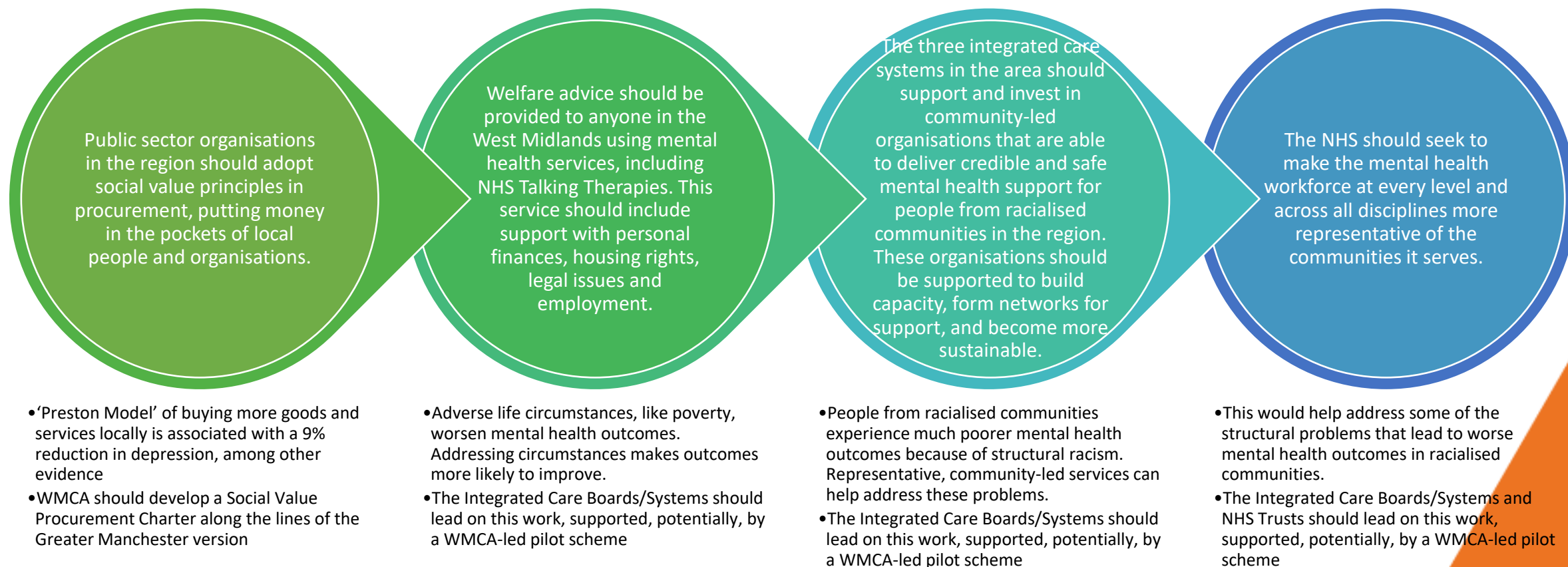
The Commission explored the following 6 topic areas:

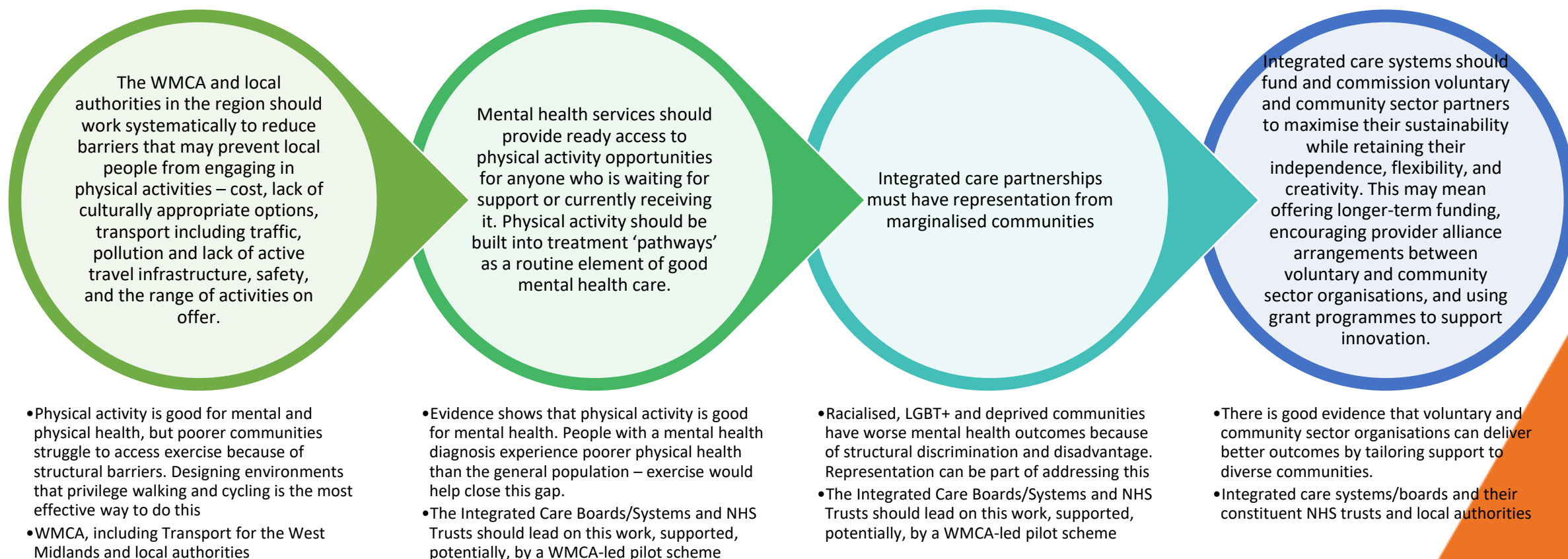
- **May 2022** The impact on children & young people in the education system, particularly those with special educational needs and disabilities
- **Jun 2022** The opportunities presented by physical activities & sports (including the Commonwealth Games) to support mental health and wellbeing
- **Sep 2022** The mental health implications of the cost of living crisis (in conjunction with the Health of the Region Core Group)
- **Oct 2022** The core ingredients that support mentally thriving communities
- **Nov 2022** Racial inequalities and MH – what works, for whom and why? (in liaison with the Race Equalities Taskforce)
- **Dec 2022** The contribution of the voluntary, community and faith sector to meeting MH needs, including early help and prevention, particularly for women and girls

*Evidence packs & topic facilitation was provided by the Centre for Mental Health.

Mental Health Commission Recommendations







WMCA Response

Focus on Young People

Thrive at College initiative will be backed by up to £1m funding from the WMCA and will focus on mental health needs of both students and staff. It will include training for mental health champions and developing a workplace well-being framework with support from our successful Thrive at Work programme. We hope to launch this programme from the new academic year. It will also heed the Commission's recommendations and specifically work through Local Authorities on a zero exclusion approach in school and college and promote a supportive inclusive system.

Cost of Living Crisis

In recognition of the importance of financial wellbeing for mental health and the firm recognition from the WMCA Health of the Region work that health and wealth are two sides of the same coin, we accept the recommendation of the Commission on working towards becoming Real Living Wage Region. We will also work with our health partners to launch a joint programme to provide bespoke welfare and health advice to vulnerable populations in the region.

Physical Activity and Mental Wellbeing

We commit to investing £365,000 of funds from the Sport England Lottery investment to support joint work in integrating physical activity in mental health care pathways for children and young people, through a joint pilot with our local integrated care boards.

Community Empowerment

As part of our efforts to empower citizens to have more say over their care, especially their mental health, we will invest up to £5.5m of funds for physical activity and mental wellbeing initiatives delivered locally through a Community Grant scheme due to be launched in September as part of the Commonwealth Games Legacy Enhancement Funds.



ICB and Health System Focus

Physical Activity and Mental Wellbeing

- Joint work in integrating physical activity in mental health care pathways

Community Empowerment

- VCSE organisations capacity to provide mental health support to people from racialised communities
- Mental health services workforce representative of community it serves
- ICP representation from racialised communities
- Longer term support for VCSE

Cost of Living Crisis

- Welfare advice and access to NHS Talking Therapies
- Real Living Wage Region

Discussion

Report Title:	Prevention Concordat for Better Mental Health
Report From:	Steven Hill – Chief Executive Officer, Coventry and Warwickshire Mind Shade Agboola – Director of Public Health. Warwickshire County Council Allison Duggal – Director of Public Health, Coventry City Council
Author:	Paula Jackson – Public Health Consultant, Coventry and Warwickshire Integrated Care Board / Warwickshire County Council Frederica Longfoot - Senior Transformation Manager (Mental Health), Coventry and Warwickshire Integrated Care Board Claire Taylor - Public Health Principal (Mental Health and Wellbeing), Warwickshire County Council
Previous Considerations and Engagement:	Coventry and Warwickshire's Mental Health Collaborative 26/09/2023 Coventry and Warwickshire's VCSE Mental Health Alliance. 18/09/2023 Health and Care Partnership Mental Health Long Term Plan Programme Delivery Board. 14/09/2023 Children and Young People's MHWB Board. 10/10/2023
Purpose:	For endorsement

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

Priorities	<input checked="" type="checkbox"/> 1 - Prioritising prevention and improving future health outcomes through tackling health outcomes	<input type="checkbox"/> 2 - Improving Access to health and care services and increasing trust and confidence	<input type="checkbox"/> 3 - Tackling immediate system pressures and improving resilience
Focus Areas	<input checked="" type="checkbox"/> 1 - Reducing health inequalities	<input type="checkbox"/> 4 - Enabling personalised care	<input type="checkbox"/> 8 - Supporting people at home
	<input checked="" type="checkbox"/> 2 - Prioritising prevention and wider determinants to protect the health and wellbeing of people and communities	<input type="checkbox"/> 5 - Improving access to services especially primary care	<input checked="" type="checkbox"/> 9 - Developing and investing in our workforce, culture and clinical and professional leadership
	<input checked="" type="checkbox"/> 3 - Enabling the best start in life for children and young people	<input checked="" type="checkbox"/> 6 - Engaging and involving our people, communities and stakeholders	
		<input checked="" type="checkbox"/> 7 - Making services more effective through greater collaboration and integration	
Enabler	<input checked="" type="checkbox"/> 1 - Creating the conditions for change to happen	<input checked="" type="checkbox"/> 2 - Transforming our system	<input checked="" type="checkbox"/> 3 – Delivering through our four Places

Executive Summary and Key Points:

The National Prevention Concordat for Better Mental Health is intended to provide a focus for cross-sector action to strengthen mental health and wellbeing and reduce mental health inequalities. It is a vehicle for local system delivery of actions to prevent mental illness that is grounded in Joint Strategic Needs Assessment (JSNA) and harnessing wider system partner contribution to a shared vision. The programme focuses upstream on the wider determinants of mental health and reducing inequalities and is based on an assessment of local needs and assets. The transformation of mental health services set out in the NHS Long Term Plan will be supported through strong prevention and early intervention, as we know that evidence-based prevention and promotion interventions reduce demand on the mental health system and support recovery.

Achieving system sign up to the Concordat for Better Mental Health to drive cross sector action on improving mental health and wellbeing and tackling inequality is a key area of focus for the ICS (ICS Mental Health Key focus for Mental Health Inequalities & Public Mental Health). Mental health - Happy Healthy Lives

By endorsing the consensus statement, the ICP is committing to a prevention and promotion action plan with yearly refresh demonstrating our commitment.

Recommendation:

Members of the ICP are requested to **ENDORSE** the submission of an application to the Office of Health Improvement and Disparities (OHID) Prevention Concordat for Better Mental Health on behalf of Coventry and Warwickshire Integrated Care System (ICS).

Implications

Conflicts of Interest:	None identified
Financial and Workforce:	<p>Not applicable. No financial commitment required as part of application. Funding will be sought from identified funding sources such as the <u>Mental Health Investment Standard</u> – Inequalities Funding to support development or programmes and reduce inequalities and support better MHWB.</p> <p>Workforce implications will be positive and will include opportunities for developing a prevention focus such as through Making Every Contact Count, ensuring staff are aware of services and support for mental health and wellbeing and provision of resources to support work such as guidance on managing self harm in schools.</p>
Performance:	We will regularly review and refresh our prevention approach and our action plan, giving an annual account of progress with input from OHID.
Quality and Safety:	Not applicable. No clinical quality or safety implications as part of application.

Inclusion

Has an Equality and Quality Impact Assessment (EQIA) been undertaken?	<p>Not applicable</p> <p>This does not relate to a new service or change in service delivery</p>	✓
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Has a Health Equity Assessment Tool (HEAT) been completed?	Not applicable Specific HEATs may arise as the work progresses	✓
Engagement		
Patient and Public Engagement:	The application draws on evidence from local citizens from JSNAs and strategies, many of which included extensive public engagement. Issues raised at local Alliances such as the VCSE Mental Health Alliance and the Cultural Inclusion Network have also been included in the application. Practitioners involved in developing the application have also shared the findings of citizens and those with lived experience through their ongoing work. There are plans detailed in the application to undertake further co-production as part of the year one (and future) actions.	
Clinical and Professional Engagement:	The development of the application has included clinical and professional engagement from colleagues on the Mental Health Provider Collaborative and other key partners including Mind and VCSE Mental Health Alliance	
Risk and Assurance		
Risk	Not applicable. There are no risks associated with this report/decision.	
Level of and Gaps in Assurance	Significant assurance. The application has been socialised with key ICS groups and is overseen by the Mental Health Collaborative.	

1. Introduction

- 1.1** The purpose of the report is to seek endorsement for the submission of an application to the Office of Health Improvement and Disparities (OHID) Prevention Concordat for Better Mental Health. The application involves signing a consensus statement and developing a 12-month action plan. By endorsing the consensus statement, the Integrated Care System (ICS) is committing to a system wide plan to strengthen mental health and wellbeing and reduce mental health inequalities by taking collective action to address protective and risk factors.
- 1.2** Governance and assurance on delivery will be overseen by the new Coventry and Warwickshire Mental Health and Emotional Wellbeing Board established by and reporting into the Mental Health Collaborative
- 1.3** Coventry and Warwickshire Local Authorities signed up to the Concordat pre pandemic and there is now a national drive to achieve system level sign up across the country.
- 1.4** Endorsement for the application and approach is being sought from the Integrated Care Partnership (ICP) as lead partnership on the application. The ICP members are considered to be the most robust representation of organisations to support achievement of the actions detailed in the Concordat application across the system. Furthermore the ICP is a statutory committee of the ICB, adding

further strength to a system wide approach and commitment that will also support achievement of the vision, aims and priorities outlined in the ICP Strategy.

2. Prevention Concordat for Better Mental Health

2.1 The Prevention Concordat focuses upstream on the wider determinants of mental health and reducing inequalities and is based on an assessment of local needs and assets. It is based on the five-domain framework for local action¹. These are:

- Domain 1: Effective use of data and intelligence
- Domain 2: Partnership and alignment
- Domain 3: Translate need into deliverable commitments and tackle inequalities
- Domain 4: Defining success outcomes
- Domain 5: Leadership and accountability

2.2 A small working group with representatives from Coventry City Council, Warwickshire County Council, VCSE, ICB and CWPT have drafted the application on behalf of Coventry and Warwickshire system. As part of the development of the application, several Boards and groups have been attended to socialise the application and gain commitment for the approach and support for the actions. These are detailed on page 1.

2.3 The application describes what the ICS hopes to achieve over the next 12 months. It is informed by system level plans developed over the past few years which aim to improve mental health & wellbeing and tackle inequalities. These include the Integrated Care Strategy, Integrated Health and Care delivery plan, ICB Healthcare Inequalities Strategy, Coventry & Warwickshire Suicide Prevention Strategy and Health & Wellbeing Strategies, alongside the Mental Health Collaborative strategic priorities.

2.4 The Concordat takes a Life course approach which focuses on priority groups in key settings including local communities, schools, workplaces & health services. Actions are evidence-based and many are a continuation of existing prevention and promotion plans. The programme ensures we have a plan to stay committed to reducing mental health inequalities by taking action to address protective and risk factors.

2.5 System sign up to the national Concordat means we will:

- Work as a whole system and across organisational boundaries to take action to address protective and risk factors for mental health.
- Support place-based population mental health through co-ordination of partnerships at ICS, Place, and neighbourhood levels.
- Use existing and emerging needs assessments in partnership with local stakeholders, communities, people with lived experience and carers, all of whom know what matters most.
- Use employment and procurement levers to improve population mental health and wellbeing

¹ <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-planning-resource>

- 2.6** We believe that the transformation of mental health services set out in the NHS Long Term Plan will be supported through strong prevention and early intervention, as we know that evidence-based prevention and promotion interventions reduce demand on the health and care system and support recovery. The inter-relationship between good mental health and physical health should also inform the delivery of physical health improvement. As such this programme will form part of the mental health transformation structures overseen by the Mental Health Collaborative.
- 2.7** Signing up to the Prevention Concordat will directly support the delivery of our local system strategic priorities linked to improving mental health and wellbeing, preventing suicides, and tackling inequalities across the life course. In addition, it will contribute to work of the newly established ICB Prevention Board.
- 2.8** There are several benefits of becoming a Prevention Concordat signatory, include access to specialist resources, webinars and newsletters, as well as national and regional OHID support. Our ICS name will be added to the Prevention Concordat webpages on Gov.uk and a certificate will be awarded. Furthermore the Concordat provides our system with an evidence based framework to structure our local approach and monitor and evaluate impact.

3. Involvement and Engagement in Application Process

- 3.1** This is described in section 2. The deadline for the Concordat application to OHID is 1st November 2023. Confirmation of the application result and feedback will be provided within 8 weeks.

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

- 4.1** We will measure impacts identified in system wide strategies and plans, which will enable us to review the long-term effects on mental health and emotional wellbeing. For example, metrics outlined in the Coventry and Warwickshire integrated care system strategy and delivery Plan.
- 4.2** We will use national and local public health outcome measures alongside other monitoring tools such as the Marmot Monitoring Tool and annual household survey which are already being used in Coventry and Warwickshire County Councils Health Inequalities Dashboard.
- 4.3** We will regularly review and refresh our prevention approach and our action plan, providing an annual account of progress with input from OHID. This will be led by the new Mental Health and Emotional Wellbeing Board. In addition, we will keep Health & Wellbeing Boards and other Boards and groups updated on progress.

5. Risk and Assurance

- 5.1** There are no risks associated with this report/decision other than consideration of the reputational risk of not achieving system sign up to the Concordat.

5.2 A Mental Health and Emotional Wellbeing Board (MHEWB) will be established to oversee the action plan, which will report into the Mental Health Collaborative. This group will bring together public health and mental health professionals to address the upstream causes of mental health issues.

6. Summary conclusion

6.1 Signing up to the Prevention Concordat demonstrates the shared commitment of the ICS to work as a whole system and across organisational boundaries to support the prevention of mental ill health and promotion of better mental health and wellbeing

7. Recommendation

7.1 Members are requested to **ENDORSE** the submission of an application to the Office of Health Improvement and Disparities (OHID) Prevention Concordat for Better Mental Health on behalf of Coventry and Warwickshire Integrated Care System (ICS).

End of Report

Report Title:	Development of an Involvement Co-ordination Network and Assurance Framework for Engagement
Report From:	Rose Uwins, Head of Communications and Public Affairs, ICB
Author:	Rose Uwins, Head of Communications and Public Affairs, ICB
Previous Considerations and Engagement:	None
Purpose:	For Discussion

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

[Tick all Priorities, Focus Areas and Enablers that apply. For those that do apply, an explanation **must** be provided in the Executive Summary below as to **how**. Delete this paragraph.]

Priorities	<input checked="" type="checkbox"/> 1 - Prioritising prevention and improving future health outcomes through tackling health outcomes	<input checked="" type="checkbox"/> 2 - Improving Access to health and care services and increasing trust and confidence	<input type="checkbox"/> 3 -Tackling immediate system pressures and improving resilience
Focus Areas	<input checked="" type="checkbox"/> 1 - Reducing health inequalities	<input type="checkbox"/> 4- Enabling personalised care	<input type="checkbox"/> 8 - Supporting people at home
	<input type="checkbox"/> 2- Prioritising prevention and wider determinants to protect the health and wellbeing of people and communities	<input type="checkbox"/> 5 - Improving access to services especially primary care	<input checked="" type="checkbox"/> 9 - Developing and investing in our workforce, culture and clinical and professional leadership
	<input type="checkbox"/> 3- Enabling the best start in life for children and young people	<input checked="" type="checkbox"/> 6- Engaging and involving our people, communities and stakeholders	
		<input type="checkbox"/> 7 - Making services more effective through greater collaboration and integration	
Enablers	<input checked="" type="checkbox"/> 1 - Creating the conditions for change to happen	<input checked="" type="checkbox"/> 2 - Transforming our system	<input checked="" type="checkbox"/> 3 – Delivering through our four Places

Executive Summary and Key Points:

This paper summarises the work taking place to develop our mechanisms to co-ordinate involvement across the system, improving our engagement with people communities and stakeholders.

- Launching an Involvement Coordination Network with representatives from ICS partners and others working at Place and Collaborative levels with responsibility for
 - Shared Calendar for Transformation
 - Shared Data Repository
 - Assurance Framework for engagement
 - Mechanisms for two way sharing of insight across the ICS
 - Links with the VCSE for involvement
- The Network will not just be made up of the partner organisations of the ICS, but also include representatives from faith networks, community sector networks and the voluntary sector, ensuring that the priorities and preferences of communities and local people are met through any mechanisms put in place.
- The development and implementation of the Assurance Framework is the measure of success of the key area of focus in the ICP Strategy. Once in place it will support decision making at all levels of the Integrated Care System, offering a mechanism to assess whether we are truly putting people at the heart of everything we do, while allowing for local determination of how engagement and involvement is delivered.
- This work is being co-produced with colleagues from across the ICS to ensure it encapsulates the priorities of all organisations. As we begin the development of the framework this will be co-produced with local communities throughout to ensure that we capture what matters most to them.
- This work also supports our approach to tackling inequality. By developing new mechanisms through which the voices of communities which are under served and frequently ignored can be heard and centred we will better be able to address the priorities of these groups.

Recommendation:

Members are requested to

- 'Members are requested to DISCUSS the development of these initiatives.

Implications

Conflicts of Interest:

None

Financial and Workforce:

Through delivering joined up involvement and a framework which shows how involvement must happen the workforce will be supported to understand the value of the citizen voice and the impact on their work

Performance:	An assurance framework will support performance by showing clear requirements at all levels of the ICS for involvement, enabling decisions to be taken safely and with patients at the heart of everything they do					
Quality and Safety:	Enabling the voices of local communities to be heard allows us to better monitor quality and safety of services					
Inclusion						
Has an Equality and Quality Impact Assessment (EQIA) been undertaken? An EQIA is required for new services or changes to service delivery. For more information the EQIA Policy and Tool can be found here .	Yes (attached or hyperlinked)		No		Not applicable and please state why	✓
Has a Health Equity Assessment Tool (HEAT) been completed? More information can be found here .	Yes (attached or hyperlinked)		No		Not applicable and please state why	✓
Engagement						
Patient and Public Engagement:	Referenced in paper					
Clinical and Professional Engagement:	Not applicable					
Risk and Assurance						
Risk	The main risk to this project is: If there are inadequate resources for the project, there is a risk that the project will not be able to deliver on the aims of the communities strategy, resulting in the ICS being unable to deliver it's vision of putting people at the heart of everything we do					
Level of and Gaps in Assurance	This work has been developed in collaboration with partners, Healthwatch and VCSE representatives.					

1. Introduction

“Putting people at the heart of everything we do” is the vision of the Integrated Care System and this strategy is an integral part of how we can achieve that. The four aims of the ICS will not be achievable without the input of local people and communities and changing how we work, co-producing services and listening to the people we serve will support us to reduce health inequalities, improve health and wellbeing, improve value for money and address the wider determinants of health.

At the ICP meeting in February 2023 the importance of co-ordination and a system wide approach to engagement was discussed

This paper outlines the current progress against this action, based on the ICS Communities Strategy, namely the development of a system-wide Involvement Coordination Network, which brings together the partner organisations of the ICS, Voluntary Sector, Faith and Community groups, Healthwatch and more to make sure that the involvement which we do is co-ordinated across the system and puts people at the heart of everything we do.

2. Background

- 2.1. At the ICP meeting in February 2023, as part of the Healthwatch agenda item, a discussion was held regarding the need for co-ordinated engagement. The affect that a lack of two-way engagement has on community trust and the need for us to set up a way to measure that was highlighted, in addition to the importance of shared intelligence and data.
- 2.2. Without hearing the voices of communities who are under served and frequently ignored, and acting on what they tell us, we will be unable to build trust but also unable to develop joined up services which meet their needs and address the inequalities within our system.
- 2.3. This reflects the vision and goals from the Coventry and Warwickshire Communities Strategy, which was produced collaboratively across the system as part of the transition to becoming an Integrated Care Board. The strategy was developed through engagement with system partners, facilitated through a working group with representation from all partner members of the ICS and both local Healthwatch organisations. It was then socialised across the system to allow for wider input from a range of stakeholders
- 2.4. The strategy outlines our approach to developing our involvement functions and networks across the ICS to support the delivery of the ICS vision and become a system where working collaboratively with each other and our population is the default. This will create the conditions for better coordination and delivery of engagement, enable us to hear and centre the voices of local communities and address the questions raised at the February ICP meeting.

3. Developing our involvement functions and networks

3.1. In order to become a system in which working collaboratively with each other and our population is the default and people are at the heart of everything we do, we need to better co-ordinate and develop the involvement functions across the system. Each organisation within the ICS retains its own strong community links and relationships and there is considerable innovation across the system as well as successful models for involvement. We need to build on these areas of good practice to establish a consistent and meaningful approach to involvement and engagement across the ICS.

3.2. The working group leading on the strategy developed the following vision and critical actions to deliver this objective

The ICS 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			
Our vision for involvement	We will work together to make our health and care system work for everyone			
How we will do this (our critical actions)	Drive cultural change across the ICS to put people at the heart of everything we do	Build trust and relationships through always listening and learning	Equip everyone with the tools they need	Demonstrate the difference that community involvement makes
Underpinned by	An assessment framework which supports working together and primacy of place, while still acknowledging statutory obligations			

3.3. Alongside addressing our vision of better working together, our initial focus of delivery is developing a framework to support working together, promoting cultural change and building trust and relationships. These activities will deliver the building blocks to achieve the third and fourth actions.

3.4. Further detail on these activities can be found in the Communities Strategy but in summary, in order to deliver on our vision we need to agree and develop

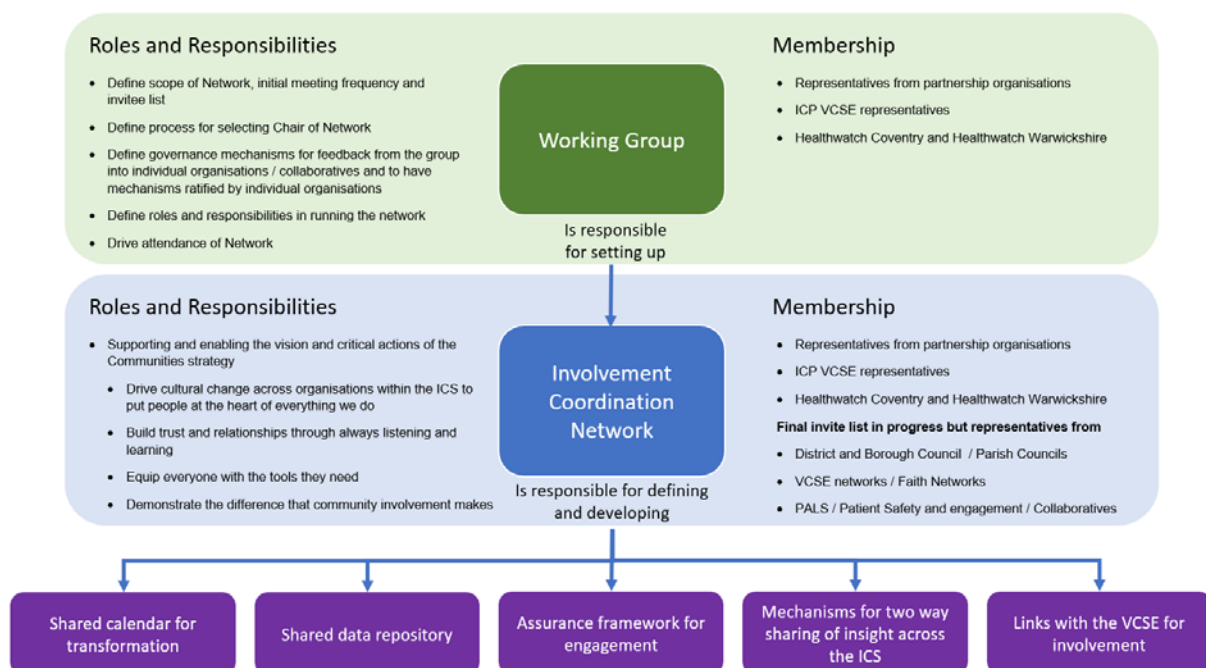
- An assurance framework for involvement across the ICS which enables our Collaboratives, Places and providers to undertake engagement and involvement in the way that works best for them, while keeping the statutory organisations safe and people at the heart of everything we do
- A co-produced approach across the ICS to establish what “good engagement” looks like (understanding that “good” will be different for every community)
- An approach to insight sharing of insight and experience across the ICS

4. Delivery

- 4.1. To ensure this work is developed in a collaborative way which meets the needs of all ICS partners we are establishing an “Involvement Coordination Network” for the ICS. A working group has been pulled together with representatives from the partner organisations of the ICS, Healthwatch and ICP VCSE representatives to drive the development of the Network.
- 4.2. The working group has nominated a Chair and Deputy and established a terms of reference. The purpose of the working group is to establish the Network, ensure representative attendance from across the system, setting the initial scope of the Network based on the Communities Strategy.
- 4.3. It is also the purpose of the working group to define governance mechanisms for the outputs of the Network within their individual organisations / collaboratives and to have these mechanisms ratified. This is essential to confirm and maintain buy-in across the ICS for co-ordinated engagement.
- 4.4. The purpose of the Network is to bring together those people who work in delivering involvement and engagement across the ICS together in a single place for discussion, collaboration and co-ordination. It will be responsible for the development of our local principles or framework for what good looks like outlined in section 2, and agree a joint but flexible approach to involvement, insight sharing and co-production across the ICS.
- 4.5. The working group have agreed the following as the initial scope of the Involvement Network
 - Driving the development of an assessment framework for engagement across Coventry and Warwickshire
 - Developing a shared calendar for transformation which is accessible to partner organisations and the VCSE which indicates what is coming up, where we are planning engagement
 - Developing a method of shared insight data / a data repository for across the system
 - Exploring how the Network can support a two-way street of meaningful engagement, influence and feedback outside of a project-based engagement cycle, both into organisations and back to communities/stakeholders
 - The links between the Involvement Network and the VCSE
 - Best practice sharing across the system
- 4.6. The Involvement Network will not just be made up of the partner organisations of the ICS, but also include representatives from faith networks, community sector networks and the voluntary sector, ensuring that the priorities and preferences of communities and local people are met through any mechanisms put in place.
- 4.7. It is important to note that the scope of activities for the Network is focused on the mechanics of **HOW** we deliver engagement and creating the conditions for good engagement and involvement to happen within the Integrated Care System.

It is not intended to take on the responsibility for delivering involvement and engagement or act as a representative panel for feedback into the ICS and individual organisations will retain their independent involvement functions. Places/Care Collaboratives will develop their own arrangements to ensure that they involve and engage with the local communities they serve, drawing support from the network and other constituent ICS organisations as appropriate.

- 4.8. The working group meets bi-weekly while setting up the Network, and the first Network meeting is tentatively scheduled for November. The following diagram describes the working group and Network and the role played by each.



Developing an assessment framework to support community involvement at a system level

- 4.9. A key part of the work of the Involvement Network will be to co-produce the assurance framework, The transformation of our ICS through the development of geographical Care Collaboratives underpinned by our four Places, along with other other emerging collaborative structures mean that both involvement and decision making will be happening at a more local level, focusing on local community priorities. This means people can be better involved in issues that are directly relevant to them and there will be more opportunity to build trust and for organisations and collaboratives to clearly demonstrate the difference their involvement makes. However, statutory obligations to ensure appropriate involvement under the Health and Social Care Act 2022 still remain with the Integrated Care Board. This means that, as an ICS, we must agree an assessment framework, set of principles or other mechanism that supports how we work together and allows us to outline what good involvement looks like in Coventry and Warwickshire for the benefit of local communities.

4.10. A standardised assessment approach to involvement will offer assurance to the statutory organisations that all decisions have been made with the legal duties around involvement delivered appropriately, while also allowing the individual organisations, Care Collaboratives and Places the freedom to do things in ways that are tailored to the diverse communities they serve and directly address their priorities, building on the good practice and knowledge already built through the work of the partner organisations of the ICS. It must be developed in conjunction with local communities and our workforce and support all ICS partner organisations to ensure best practice involvement throughout all their activities. As the framework must address the statutory requirements outlined in the Health and Care Act, its scope will be assuring and supporting Health and Care involvement, however it will need to recognise that involvement of individuals and communities can often range much more widely than single topics and cover a much wider variety of topics of interest to the community.

4.11. The framework will allow any engagement to be assessed under three domains

- Does the engagement undertaken allows the ICB and Local Authorities to be assured that they are discharging their statutory functions for involvement
- Has the engagement been done in such a way that affected communities would consider themselves to have been appropriately engaged
- Has the engagement provided sufficient insight to enable a decision to be made which puts the priorities of local people and communities at the heart of everything we do.

5. Next steps

- 5.1. The Involvement Co-ordination Network invitation list is being finalised and invitations will be sent out for the first meeting in November
- 5.2. Public Involvement will be essential to the development of the assurance framework, and it is anticipated that the Network will be aiming to run co-production work with local communities, faith networks, voluntary sector and other groups across Q3/Q4 to start to co-produce “what good looks like” to support the development of the framework
- 5.3. The shared calendar for transformation is anticipated to be delivered in Q3 to start the process of co-ordination.

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

- 6.1 This work will be measured against the measure of success set out in the Integrated Care Strategy for engagement.
- 6.2 By 2024 we will co-produce a Framework for what good looks like with our local population. By 2026 the Framework will be in use at both ICB and Collaborative level, with 100% of significant change decisions made under the Framework to put people at the heart of everything we do.

7. Risk

- 7.1 Risk – There is not sufficient participation in the Network from across the ICS
- 7.2 Developing a new network takes significant time both in organisation and participation, which will need to happen in addition to of individual's day jobs. The Network will be the delivery engine for development of the structures to put people at the heart of everything that we do across the ICS. Without active input from individuals across the ICS it will not be able to deliver meaningful change.
- 7.3 Mitigation – Senior buy in and support (in time and resource) for the Network
- 7.4 The Communities strategy is the driver for a key element for the ICS vision – to put people at the heart of everything that we do. Senior leaders must champion the set up of the Network, allowing their staff to prioritise it within their workload. There must also be buy in for the output of the Network, with an agreement to participate from all ICS organisations.

8. Assurance

- 8.1 This paper is being developed collaboratively amongst partner ICS organisations, Healthwatch and the ICP VCSE representatives to ensure that it addresses the priorities of all organisations in delivering joined up involvement.

9. Recommendation

- 9.1 Members are requested to DISCUSS the development of these initiatives.

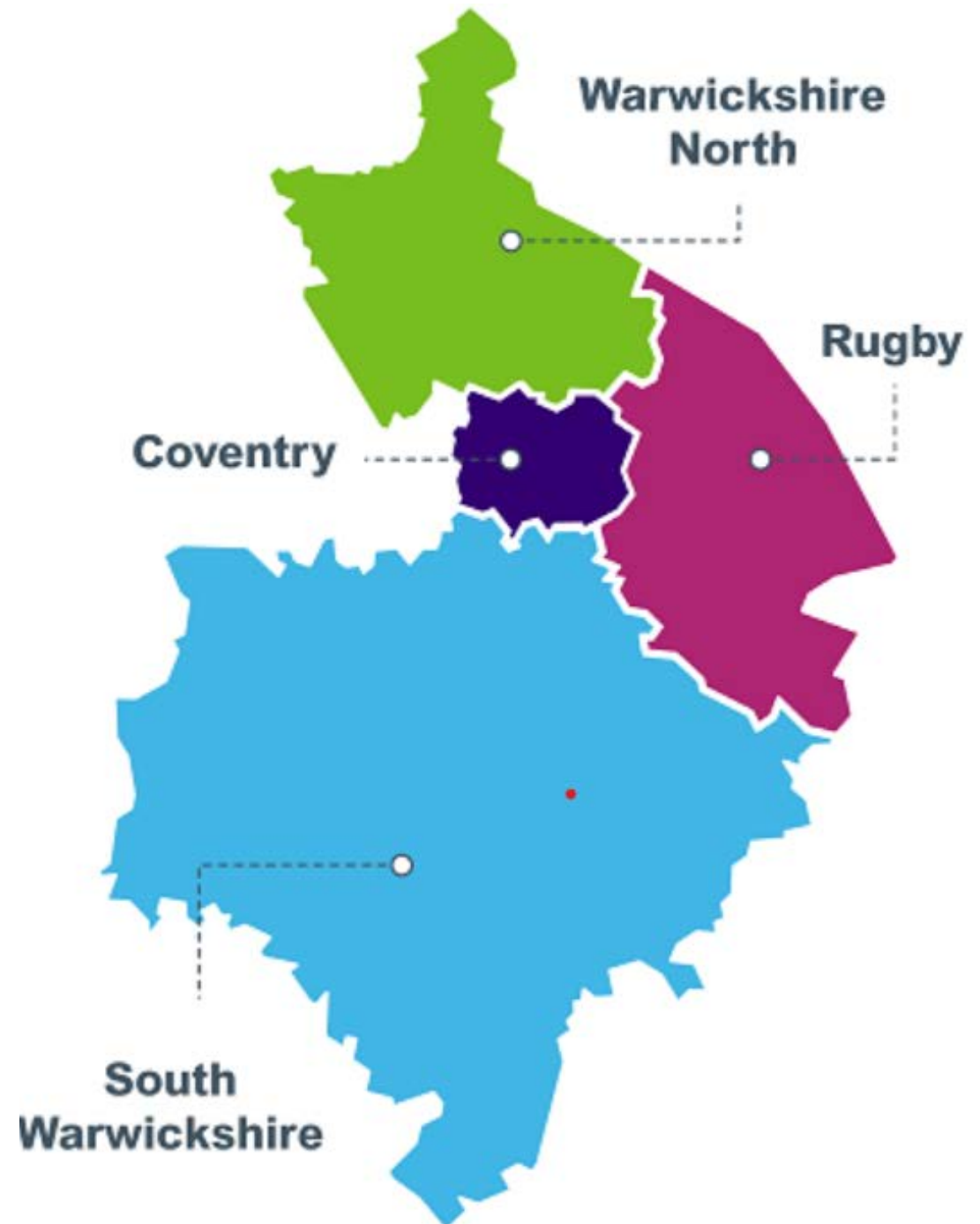
End of Report



Coventry and Warwickshire
Integrated Care System

Healthcare services for asylum seekers and refugees.

Integrated Care Partnership 19th October 2023



The strategic approach

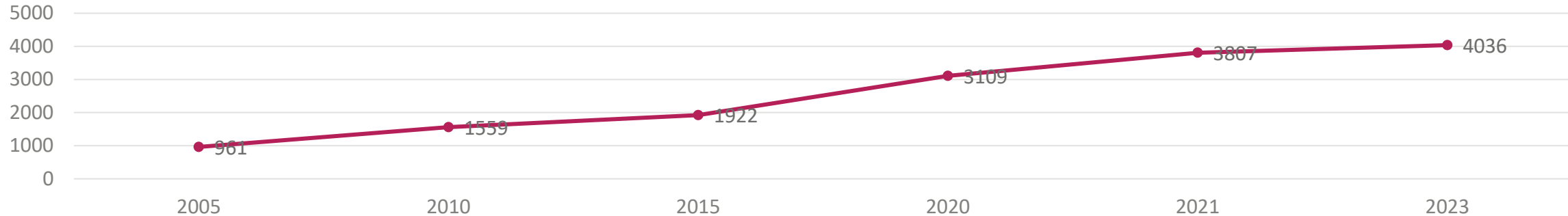
- Coventry and Warwickshire's 5-year Health Inequalities Strategic Plan sets out our approach to tackling healthcare inequalities across the system and reflects NHSE's Core20Plus5 priorities
- Transient communities is the system priority (Plus) group - people experiencing homelessness, gypsies, travellers and boaters, newly arrived communities including refugees, asylum seekers and guests from Ukraine
- Since 2014, Coventry has been involved in the Refugee resettlement scheme with Warwickshire hosting new communities since 2016.
- Many programmes of activity across our health and care partners for newly arrived communities, at delivery level
- The numbers of new communities seeking asylum and placed by the Home Office in Coventry and Warwickshire continues to grow
- The number of new communities choosing to settle in Coventry and Warwickshire has increased rapidly and continues to grow.

The strategic approach

- Need identified for a system, strategic approach to review health services available across all organisations for newly arrived communities
- In Apr'23, a system Newly Arrived Communities Strategic Health and Care group formed to:
 - review available health services, across organisations
 - identify any gaps
 - ensure no newly arrived communities are overlooked
- ICB led, in partnership with senior leads from local authority migration services, health protection, mental health, primary care, Local Maternity Neonatal Service (LMNS) lead, health inequalities, comms/engagement, safeguarding, urgent care, finance and commissioning
- Initial discussions have focused on:
 - population and demographics
 - access to primary care, roll out of Safe Surgery across GPs and translation services
 - Sustaining mental health support
 - finance and contracting

Meridian Practice:

- Meridian Practice is commissioned to provide Primary care services to Asylum seekers and refugees in Coventry.
- The service was first commissioned around 2000.
- Meridian is designed to meet healthcare needs of the asylum seekers and refugee population.
- Practice population is grown from 961 in 2005 to 4036 in 2023 (registered population).



- Meridian provides holistic primary health care service to registered population.
- Individualised care designed for patients which starts with 90 minutes appointments with Nurse that covers BBV screening, catchup immunisation. It also covers taking medical and social history from the patient which becomes a base line for other healthcare professionals to work on patients health needs.
- Meridian closely partners across Coventry with agencies to support medical and social needs. Good examples are counselling services dedicated to this population and Refugee wellbeing service (dedicated mental health service refugees)
- Longer appointment time (20 minutes) with GP and interpreters provided for all patients where English is not their first language.
- Culturally sensitive matters like FGM is discussed and managed by trained staff.
- Patient education for issues like FGM, Immunisation, cervical smear and access to NHS services.

Health Access Refugee Programme (HARP)

ICB Funded Two Year Pilot Project

Tackling Health Inequalities
&
Barriers to Health Access
for
Refugees and Asylum Seekers

- ✓ Health Care Professionals supported to understand the complex needs and experiences of Refugees & Asylum Seekers
- ✓ Implement solutions through 'Personalised Care Approach' developing a 'Show not Tell' understanding of the UK Health system



HARP



HARP

Delivery Partners

- ✓ 4 x Key Local **Community Partners** with 4 x **Community Connector** Champions will **engage with 4500 Refugees & Asylum Seekers** .
- ✓ Carriers of Hope
- ✓ Joining Communities Together
- ✓ Community Refugee & Migration Centre
- ✓ St Francis Employability
- ✓ Work Creatively and Collaboratively to **Raise Awareness** of **Key messages**
- ✓ **Engage** with new & **hard-to-reach communities**.

Digital Inclusion

- ✓ **Innovative activities** and access to **ICT resources**.
- ✓ Creation of **targeted videos** translating and tailoring messaging . **VR !**
- ✓ Update the **Welcome to Coventry App** platform with a **new section on access to health**.

Research Evaluation

- ✓ Conduct a quantitative and qualitative **data intelligence exercise** over the two years gaining understanding of the **health support gaps** and requirements .

Two Year Pilot Project Tackling >>>>

Health Inequalities (Principle Drivers)

- ✓ Income
- ✓ Education
- ✓ Access to green space
- ✓ Healthy food
- ✓ The work people do
- ✓ The homes they live in

Barriers to Health Service Access (NHS England)

- ✓ The availability of services in their local area
- ✓ Service opening times
- ✓ Access to transport
- ✓ Access to childcare
- ✓ Language (spoken and written)
- ✓ Literacy
- ✓ Poor experiences in the past
- ✓ Misinformation
- ✓ Fear



HARP

Safe Surgeries Scheme

Run by Doctors of the World UK

www.doctorsoftheworld.org.uk/safesurgeries/

Why Coventry and Warwickshire?

- Meridian GP practice resources under constant demand and expectation that this would increase
- Rising numbers of new arrivals
- Mapping of resettled communities showed many not registered with local GP

Why is a scheme needed?



Administrative difficulties (lack of ID or proof of address)



Immigration status checks



Lack of knowledge regarding the NHS



Fear of being reported to the Home Office



Barriers around accessibility (language, digital, transportation)



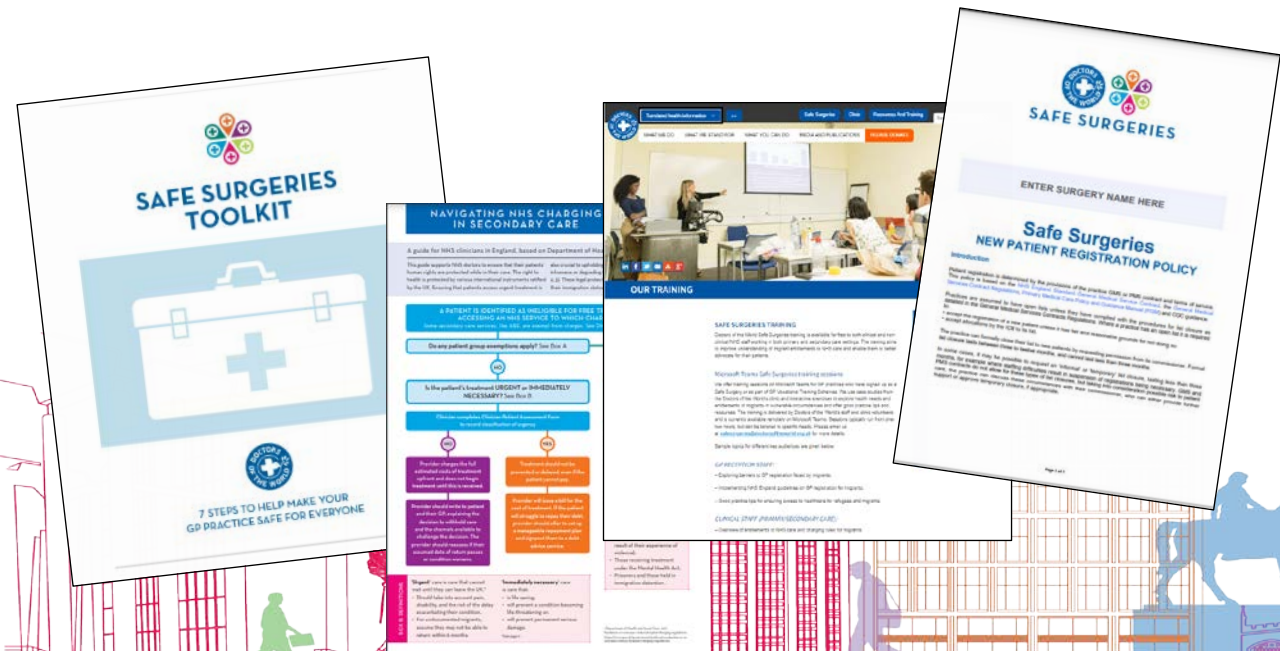
Safe Surgeries



- A **network of GP practices** committed to tackling barriers and promoting the health of everyone regardless of nationality or immigration status
- GP Practices **sharing resources**, training, policy updates and enabling peer-to-peer support
- **Providing toolkits**, training, network events, template documents, resources for patients and staff

15 Practice Signed Up – so far !

- ICB Support ~ **Joint letter to all GP practices** to endorse the scheme and encourage them to join
- **Mapped GP Practices and PCN's** in areas with highest population of resettled communities
- Presentations to Primary Care Forums
- Secondment of local GP from Meridian Practice to engage with local primary care colleagues (**peer-peer endorsement**)
- **On-line FAQ webinars** for practices to attend and find out more about the scheme
- **Articles & case studies** about practices who have signed up locally to demonstrate the benefits



Warwickshire County Council-Migration Team

Co-ordination and delivery of support/ Key successes (1)

Background and challenges:

- Since July 2021 a large number of families and individuals have arrived in the county via different migration schemes (Afghan/UKRS/Ukraine/Hong Kong BNO/Asylum)
- Unprecedented numbers of arrivals over a short space of time, often with little or no prior notification
- Families and individuals are spread right across the county in numerous towns and villages.
- Schemes operate and are funded in different ways. Common cross cutting themes.

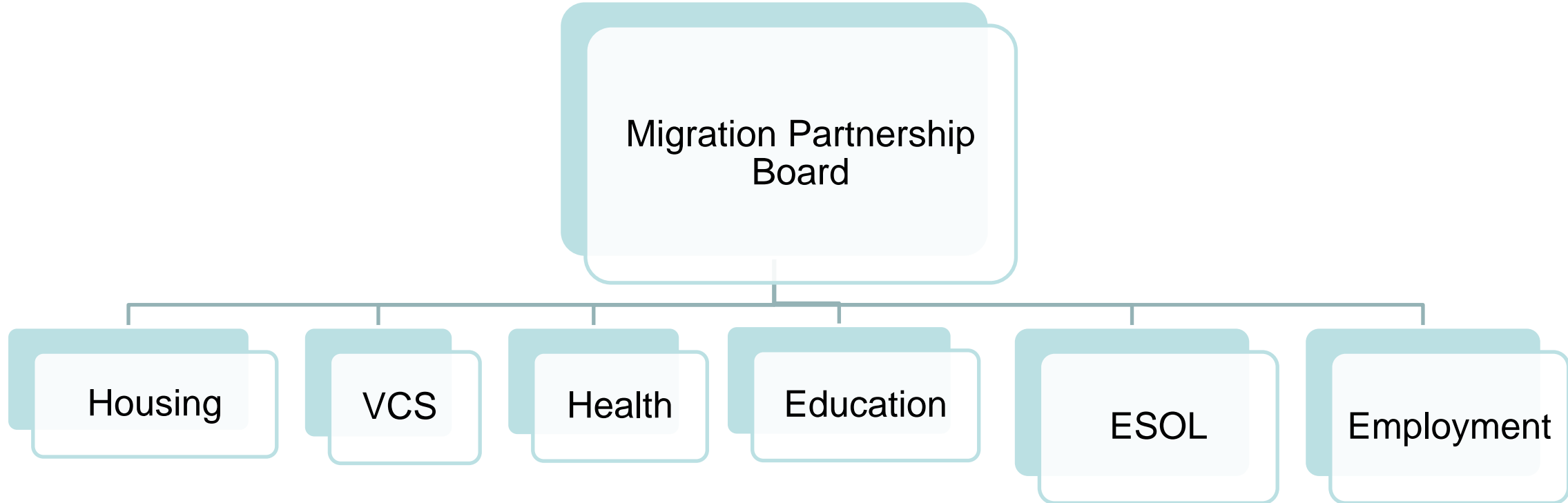
Approach and Vision:

- Need for a flexible delivery model that can adapt quickly to change and reaches families and individuals wherever they are in Warwickshire
- Large in-house team including Integration Caseworkers, ESOL tutors, Housing Officers and Business Support staff
- Commissioned services include Employment and Mental Health support
- Partnership working key to the model
- Strong engagement with VCS sector and communities

Vision: People fleeing conflict and persecution are able to rebuild their lives in Warwickshire, fulfil their aspirations and contribute to the social, economic and cultural life of the communities they live in

Warwickshire County Council-Migration Team

Co-ordination and delivery of support/ Key successes (2)



Warwickshire County Council-Migration Team

Co-ordination and delivery of support/Key successes (3)

Successes:



-Housing:

- 49 Afghan and UKRS families housed in permanent, furnished accommodation in Warwickshire since 2021 (this includes 5 Afghan families in TA awaiting permanent accommodation)
- Of these, 19 families re-housed from the Warwickshire bridging hotel
- 641 HFU Sponsors have been supported with DBS, accommodation, payments and hosting guidance
- 187 Ukranian families have been supported into independent accommodation



Integration Support:

- All Afghan and UKRS families are provided with one-to-one support with access to benefits, ESOL, Education, Health, Employment and links in to the local community
- Our Hong Kong BNO Co-Ordinator provides signposting and advice to the 1000+ Hong Kongers in Warwickshire via our website/newsletter/information sessions and dedicated email address
- WCC staff onsite in 5 asylum hotels provide advice and support and link people in with health, education and community provision
- 310 Ukranian families are being supported in a 1:1 capacity by the HFU Team
- 300 people have signed up for the HFU newsletter



Health:

- All families at the Afghan bridging and asylum hotels have been registered with GPs and able to access health support when they need it
- Families resettled into the community via the Afghan and UKRS schemes are all registered with a GP within the first 2 weeks of arrival
- The CWPT Refugee Wellbeing Service has extended into Warwickshire to provide mental health support to families on the Afghan and UKRS schemes
- CRMC provide therapeutic support and signposting to those in asylum hotels in Rugby and Stratford



Warwickshire County Council-Migration Team

Co-ordination and delivery of support/ Key successes (4)

Successes:



ESOL Provision:

- ESOL provision co-ordinated through the WCC Migration Partnership ESOL Sub group,
- Chaired by WCC ESOL Co-ordinator and brings together all 5 mainstream providers – as a result mainstream providers have increased ESOL provision in line with rising need across Warwickshire
- In house ESOL team provides online and in-person classes to bridge gaps, engage with harder to reach learners and supplement mainstream provision
- **100 percent** engagement of hard to reach pre-entry and pre-literate learners in ESOL on the Afghan and UKRS schemes across Warwickshire
- VCS and volunteers a key part of the picture
- ESOL Co-ordinator chairs the ESOL Volunteers Network to provide guidance, support and training



Voluntary and community sector:

- Voluntary, community and faith groups across Warwickshire continue to provide invaluable support including; befriending, informal ESOL, social events and activities across all the schemes.
- WCC Community ESOL Fund funded 14 groups to provide informal ESOL support last year. This fund has now grown into the WCC Migrant Communities Grant Fund and has launched a second round of funding for 23/24.
- The Warwickshire Migration Partnership VCS Subgroup meets on a regular basis and includes over 20 VCS groups and community support organisations from across Warwickshire



Employment:

- CW CDA commissioned to provide Employment advice and 1:1 support to Ukrainians/ Afghans and Hong Kongers across Warwickshire
- Approx 40 percent of staff on Migration Team bi-lingual and/or from refugee backgrounds.



Coventry and Warwickshire
Integrated Care Partnership



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



www.happyhealthylives.uk