**Coventry City Council**
**Minutes of the Meeting of Coventry Health and Well-being Board held at 11.00 am on Monday, 4 April 2022**

Present:

Members: (Chair)

Other Members: Councillors

Employees (by Directorate):

Apologies: Councillor

**Public Business**

45. **Appointment of Chair**

Councillor Duggins (Leader of Coventry City Council) was appointed Chair for this meeting in Councillor K Caan's absence.

Councillor Duggins welcomed everyone to the meeting.

46. **Declarations of Interest**

There were no declarations of interest.

47. **Minutes of Previous Meeting**

The minutes of the meeting held on 24th January, 2022 were agreed as a true record. There were no matters arising.

48. **Chair's Update**

In the absence of Councillor K Caan the Chair's Update was deferred.

49. **Health and Wellbeing Board Membership**

The Board appointed Kirston Nelson, Chief Partnership Officer/ Director of Education and Skills and Danielle Oum, Chair of Coventry and Warwickshire Integrated Care System as Members of the Health and Wellbeing Board.

**RESOLVED that the Membership documents be updated to include Kirston Nelson, Chief Partnership Officer/ Director of Education and Skills and Danielle Oum, Chair of Coventry and Warwickshire Integrated Care System.**

50. **Covid-19 Ongoing Response - Living Safely with Covid-19, NHS Capacity and Vaccinating Coventry**

The Board received presentations in three parts for the discussion about Covid-19 Ongoing Response:

a) Living Safely with Covid-19
b) NHS Capacity
c) Vaccinating Coventry

The Board received a presentation by Allison Duggal, Director of Public Health and Wellbeing about Living Safely with Covid-19. The presentation detailed:

- Key metrics in Coventry
- Decreasing rates in Coventry and Nationally
- Testing changes and local Office for National Statistics (ONS) data
- Promoting vaccinations
- Contact Tracing ended on 24th February, 2022 and Outbreaks would now be reported and managed
- Schools and Adult Social Care settings still experiencing outbreaks but not at the same levels as previously
- Vaccinations began for 5-11 year olds in Coventry this week and it was hoped that Coventry would manage high numbers as had been the case for vaccinating the elderly and vulnerable groups

The Board received a presentation by Alison Cartwright, Coventry and Warwickshire CCG attending on behalf of Phil Johns to discuss NHS Capacity. The presentation noted that we were now in the recovery phase and highlighted:

- Delivery
- The five work streams
- Mental Health in high demand
- Primary Care appointment data and restoring health checks
- Hospital discharge rate was slower than ideal due to patents awaiting package of care/placement

The Board discussed

- working with Scrutiny around reducing hospital discharge time which was more of a concern in Warwickshire than Coventry.
- Reduced waiting times with Physicians and the positive reduction in the backlog.
- There was an acceptance that patents were waiting too long but that in Coventry this was proportionate to the National experience.

The Board received a presentation by Alison Cartwright, Coventry and Warwickshire CCG attending on behalf of Phil Johns to discuss Vaccinating Coventry. Members were updated on

- Vaccination rollout for over 5's and spring boosters
- Community pharmacies
- Engagement with lower uptake areas
- Employees offer
- Linking with events
- Offer for the homeless community and asylum seekers

- Focus on higher risk groups
- Drop-in clinics to continue
- Currently 48.8% of Coventry residents had received boosters and 81% of over 60s
- Local Primary Care sites and Community sites offering immunisation

The Board discussed

- Eligibility for boosters and the time between vaccinations
- Communicating information about vaccinations to families and schools

It was noted that Headteachers had been briefed and immunisations were needed in sequence with specific times in between.

51. **Health Protection Update**

The Board noted a presentation by Nadia Inglis, Consultant Public Health on Health Protection. Local Health Protection had evolved and now included a Covid prevent and response section. Health Protection was wider than the Public Health Team and huge progress had been made over the last few years.

The update detailed:

- responsibilities for commissioning including the Health Protection Strategy 2017-2021
- priorities 2017-2021 and achievements
- draft priorities 2022-23 including
    - Outbreak response
    - Migrant Health
    - Sustainability and Air Quality
    - Tuberculosis (TB) and Blood-borne Virus action plan
    - Infection Control Strategy
    - Screening and Immunisations

52. **Children in Crisis and Developments towards Children's Integrated Health and Care**

The Board received a verbal update from John Gregg, Director of Children’s Services regarding Children in Crisis and Developments towards Children’s Integrated Health and Care.

Children in Crisis needed further multi-agency improvements, although developments had been made regarding understanding the issues. Leaving care and capacity remained a challenge and Tier 2 Looked After Children Child and Adolescent Mental Health Service (CAMHS) was being recommissioned.

The Board discussed:

- Training
- Listening to the Voice of the Child in an Adult centric system
- Long term Investment in Mental Health a comprehensive offer from birth to 25
- Improvements to care for Young People with Learning Disabilities including Autism

- Crisis Community Care
- Care closer to home
- Where, who and what the future requirements involve
- Preventative and Universal offer plans
- Early intervention needed

**RESOLVED that**

1) **further information be provided about:**

   a) **The requirements of the Integrated Heath and Care Plan for Young People (what, where and who)**
   b) **The long-term plan for a comprehensive offer/investment in mental health from birth to 25 years**
   c) **Improvements to care for young people with learning disabilities**
   d) **Care closer to home**
   e) **Crisis Community Care**

2) **The Autism Plan and Investment be circulated and discussed further**

53. **Coventry and Warwickshire Integrated Care System Health Inequalities Strategic Plan**

The Board received a presentation from Allison Cartwright on behalf of Rachel Chapman, Consultant Public Health who had provided a report on Coventry and Warwickshire Integrated Care System Health Inequalities Strategic Plan.

The Coventry and Warwickshire Integrated Care System (ICS) was required to provide a 'Health Inequalities Strategic Plan' to NHS England/Improvement (NHSE/I) by 28th April 2022. The plan must set out a locally agreed strategic approach for addressing health inequalities based on a recognised model of health and must include the NHS health inequalities priorities, as set out in the NHS Long Term Plan. The plan should be Place-based and should involve the local Director of Public Health. It had to be owned by decision making bodies within the developing ICS. A programme of engagement was underway with partners and key NHS workstreams to develop the plan. The local plan would build on existing work which aimed to embed consideration of and action on, health inequalities in all areas and focus on working with local communities.

A programme of engagement with key partners to further shape the plan, based on the Core20+5 model and embedded within the wider population health management approach, was taking place between November 2021 to April 2022. The draft Coventry and Warwickshire Health Inequalities Strategic Plan would be shared with NHS England/Improvement by 31st March 2022, who were expected to provide feedback prior to a final version being adopted locally from the end of April 2022.

In January 2022 the shadow Integrated Care Board (ICB) agreed 8 principles for the plan:

- Addressing Inequalities was core to and not peripheral to the work of the C&W ICS
- Strategic Plan would be based on the King's Fund model of Population Health

- Built around the Core20+5 health inequalities framework
- Evidence-based approach
- Encourage innovation
- Community co-production
- Embed reducing health inequalities across all ICS work
- Reducing inequalities is key to decisions on the prioritisation and allocation of resources

The King's Fund model of Population Health included the impact of the wider determinants, individual behaviours, places and communities as well as health and care on people's health. It was already embedded as an approach within the system, it was well recognised by partners and was the basis for the Health and Wellbeing Strategies for both Coventry and Warwickshire. Use of this model prompted the system to consider the breadth of influences on inequalities and to act beyond the health and care domain to achieve sustainable impacts.

The Core20+5 framework had been developed by NHSE/I to support the reduction of health inequalities at a system level.

- "Core20" was the 20% most deprived areas as defined by Index of Multiple Deprivation nationally.
- "Plus" was specific groups identified locally who experience poorer than average health outcomes but may not be captured within the Core20. For Coventry and Warwickshire these were proposed to be transient and newly arrived populations, including homeless, gypsies and travellers, boaters, refugees, and asylum seekers. In addition, for Coventry, people who were on long term sickness benefit would be considered as a Plus group.
- "Five" Key clinical areas of health inequality:

1. Maternity: continuity of care for women from Black and Minority Ethnic
   (BAME) communities in the most deprived areas
2. Early Cancer Diagnosis: 75% of cancers diagnosed at Stage 1 or 2 by 2028
3. Severe Mental Illness (SMI): annual health checks for 60% of those living
   with SMI
4. Chronic Respiratory Disease: a focus on Chronic Obstructive Respiratory Disease (COPD), driving up uptake of COVID, Flu and Pneumonia vaccinations
5. Hypertension Case-Finding: to allow for interventions to optimise blood
   pressure (BP) and minimise the risk of myocardial infarctions and stroke.

Coventry suffered from high levels of deprivation, with 26% of residents living in areas in the 20% most deprived in England. This equated to 96,654 of the city's residents living in the most deprived areas. As a Local Authority area, men and women in Coventry experience significantly lower life expectancy than the England average. Whilst there were pockets of deprivation in all parts of the city, the areas

with the highest levels of deprivation and lowest life expectancy were in the central and north-east of the city, with pockets in the south west and south east.

Health outcomes also vary between population groups. Coventry had a long history of welcoming refugees and asylum seekers to the city. However, due to the recent international situation, exacerbated by COVID-19, Coventry and Warwickshire had seen an unprecedented rise in numbers. In April 2019 there were 569 asylum seekers accommodated in Coventry under the Home Office Asylum Dispersal arrangements. The latest figures (December 2021) showed this number has risen to 2055 – 1592 in Serco run accommodation and 527 in initial accommodation (3 x local hotels). This was an increase of 361% and was unprecedented locally and regionally. In Coventry, there were 968 existing Syrian, Yemeni, Iraqi, Sudanese and Afghan refugees currently in the city, with a further 121 Afghans arriving into the city over the course of 2021. In addition to the asylum seeker hotels outlined above, there was a further hotel in the city housing Afghan refugees who were seeing out their quarantine period before moving out of the city. Asylum seekers and refugees could have complex health needs. Common health challenges could include: poorly controlled chronic health conditions; untreated infectious diseases or missing vaccinations; poor mental health related to previous trauma and/or to isolation as a newly arrived resident; and women may have additional need ante- or post-natally, associated with late presentation to healthcare, previous trauma, malnutrition or poverty. Despite these health needs there was no evidence of a disproportionate use of healthcare resources. Asylum seekers and refugees often face barriers accessing services including, language and cultural barriers along with a lack of understanding of UK health systems.

Gypsies and travellers had the poorest self-reported health outcomes of all ethnic groups. National research suggested life expectancy was reduced by 10-12 years compared with the settled community and remained one of the most socially excluded groups within the UK. Higher infant mortality rates contributed to this gap in life expectancy and caused significant distress to individuals, families and communities. Such inequalities arise due to a range of factors including discrimination, poor accommodation, poor health literacy, a lack of trust in health providers and barriers in accessing health services. In the 2011 Census, 57,680 people identified themselves as Gypsy or Irish Travellers across England and Wales, with 151 in Coventry (0.05% of the resident population).

In 2020/21, 16.6 per 1,000 households (2,503 in total) were owed a duty under the Homelessness Reduction Act in Coventry. It was recognised that homeless populations had significantly worse physical and emotional health outcomes compared to the general population. The following factors should be considered:

- Reduced life expectancy
- Physical health and accelerated ageing
- Mental health and alcohol & drug use
- Autism and learning disability

The physical and mental health impacts of being homeless, as well as barriers to accessing services, including digital exclusion, contribute towards premature mortality for this cohort.

The 2010 Marmot Review concluded that being in good employment was usually protective of health while unemployment, particularly long-term unemployment,

contributed significantly to poor health. However, being in work was not an automatic step towards good health and wellbeing; employment could also be detrimental to health and wellbeing and a poor quality or stressful job could be more detrimental to health than being unemployed. Unemployment and poor-quality work were major drivers of inequalities in physical and mental health. People who were long-term unemployed had a lower life expectancy and experienced worse health than those in work. Employment was one of the most important determinants of physical and mental health. There was approximately 14,600 people in Coventry who were on long term sickness benefit.

The proposed governance arrangements were shown in diagram form in the report. Responsibility for delivery of the strategic plan would be through the Integrated Care Partnership and the Integrated Care Board. The Population Health, Inequalities and Prevention system group would oversee development, implementation, and monitoring. Delivery would be through the Care Collaboratives, Primary Care Networks (PCNs) and specific identified workstreams. National accountability for delivery would be to NHSE/I and local accountability through Health Overview and Scrutiny. The Health and Wellbeing Board had a key role to play in enabling delivery, in particular joining up the healthcare elements with the other quadrants of the Kings Fund model.

**RESOLVED that the Health and Wellbeing Board:**

1) **Note the requirement for a Coventry and Warwickshire Integrated Care System Health Inequalities Strategic Plan**
2) **Support the recommended local priority population groups for the strategic plan (covering newly arrived and transient communities and people on long-term sickness benefits)**

54. **Update from the Marmot Partnership Group's Call to Action**

The Board received an oral update on the Marmot Partnership Group’s Call to Action from Sue Frossell, Consultant Public Health, to accompany her joint written report with Dr Sarah Raistrick, Deputy Chair, Coventry and Warwickshire CCG. The Marmot Partnership Group’s ‘Call to Action’ campaign across Coventry and Warwickshire aimed to encourage businesses and organisations to make changes to improve health and reduce health inequalities.

The report noted that as a Marmot City since 2013, Coventry was the only one out of the initial seven cities to remain as a Marmot City, reflecting the on-going commitment to a long-term, partnership approach. In recent years, many others have joined, such as Greater Manchester, Newcastle, Gateshead, Bristol and Somerset. An academic evaluation of our Marmot City approach was published by University College London (UCL) in 2020. Additionally, the Director of Public Health Annual Report called ‘Bridging the Health Gap' was published in 2019.

At the Coventry Health and Wellbeing Board meeting on 27th July 2020, it was agreed that the Marmot Partnership Group would take the strategic lead on supporting the system to address health inequalities relating to COVID19. This had resulted in the development of the health inequalities Call to Action in

recognition that reducing inequalities can only be achieved by the joint efforts of organisations and businesses across the city.

The Marmot Partnership presented a paper to the Health and Wellbeing Board on 25th Jan 2021 regarding the development of a system-wide ‘Call to Action’ campaign, initially focussing on the role of businesses in the reduction of health inequalities, but also asking Health and Wellbeing Board organisations to begin to consider how their individual organisation could act in two specific ways to enable a system-wide approach to reducing general health inequalities within communities:

i. a robust review of HR equality polices and processes using a recognised tool and
ii. embedding a social value approach.

The ‘Call to Action’ Campaign requested all organisations to take action to make a difference. The report included an infographic for businesses regarding how health inequalities were avoidable, differences in health outcomes due to the conditions in which we live, grow and work, examples of what could be changed, the impact on the workforce and communities and benefits to businesses.

To launch the campaign an online promotional event was held in June 2021 attended by Sir Michael Marmot and Sir Chris Ham championing the campaign and the need for businesses to do more. Understandably, businesses had a raft of challenges to focus on, such as supply chain disruption, increasing costs and skills and recruitment difficulties. The approach was to both continue to work on this ‘Call to Action’ but also to seek out ways to become more effective and continue to:

- Ask businesses to make a commitment to take one or two suggested actions, evolving as the project progresses.
- Raise awareness of health inequalities and what that means to businesses, offering 1-2-1 consultation sessions where requested.
- Work with Economic Development to provide links/referrals to businesses.

Other identified levers and ideas to energise the campaign included through Kickstart, Thrive, Business Advisors (including low carbon advisors) and other existing connections and relationships. The Anchor Alliance Development Group had been briefed about the Call to Action. As large employers, these institutions had the potential to have a big impact in tackling health inequalities as employers.

Legal and General were partnering with the Institute of Health Equity to explore how businesses could contribute to reducing health inequalities, establishing a place-based network to support taking action on health inequalities. Coventry would be the first location to host a West Midlands Regional roundtable event (supported by UCL and Legal and General). The plan was for other parts of the country including Greater Manchester to then replicate this.

Further meetings were planned between Public Health, Economic Development and Employment and Skills to discuss how the Marmot Partnership’s Call to Action initiative could engage more effectively with businesses. Suggestions included supporting officers in health inequalities training and developing criteria for a business assessment and award system. Links would be strengthened between this area of work and the Anchor Alliance; the Coventry Pound, the NHS

inequalities strategy and the One Coventry Plan, to maximise the impact on reducing health inequalities. The Marmot Partnership was also renewing its action plan around its key priorities.

**RESOLVED that the Health and Wellbeing Board:**

1) **Endorse the continuing approach of the Call to Action to engage with businesses and organisations across Coventry and Warwickshire to raise awareness and support actions to tackle health inequalities**
2) **Could offer suggestions and advice around strengthening the approach**
3) **Consider how each member's organisation could strengthen their own action**

55. **Improving Lives (for Older People) - System Transformation Programme**

The Board received a progress report and presentation from Pete Fahy, Director of Adult Services, on Improving Lives for Older People through the system transformation programme across health and care.

The report noted the first phase of the programme work was aimed at improving outcomes for older people. Expressed in activity terms, the levels of acute attendances, emergency admissions and emergency re-admission for adults over 65 in Coventry were considerably higher than those of comparator organisations. This had been the position for a number of years and although improvement programmes and initiatives had been deployed to improve the position overall performance had not changed significantly.

In order to tackle these issues an in-depth diagnostic of urgent and emergency pathways for older people in Coventry had been undertaken by operational improvement specialists Newton. The diagnostic work had identified a range of opportunities to reduce emergency department attendances, which in turn had the potential to reduce the number of non-elective beds required through reduced admissions and shortened length of stay, leading to improved outcomes for older people in Coventry. Outside of the hospital setting opportunities to improve the approach to admission avoidance and supported discharges (people that needed care and support immediately following a hospital stay) had also been identified. A summary of the work completed in the diagnostic phase was attached as an appendix to the report.

Although the key metrics the work was aimed at improving, were in relation to acute activity, it was very much a system issue across all aspects of primary, community, acute and social care for which the diagnostic had clearly shown that there was an opportunity to bring about improvements to the existing pathways.

The four key organisations involved – University Hospital Coventry and Warwickshire (UHCW), Coventry and Warwickshire Partnership Trust (CWPT), Coventry and Warwickshire Clinical Commissioning Group (CWCCG) and the City Council had committed to entering into a design phase which was currently underway. The purpose of the design phase was to co-design and test with operational leads and front line staff, a set of sustainable solutions to the opportunities identified in the diagnostic. The design approach would ensure the

buy-in and commitment of the staff that was fundamental to making change happen should the programme proceed to implementation.

Progressing the programme of work was a key priority area for the Coventry Care Collaborative and provided one example of how organisations were working together to find new ways of improving outcomes for the people of Coventry. Although the focus of the work was people aged 65+ any improvements in pathways should also have an impact on people of different ages that use those pathways.

The opportunities presented through the diagnostic phase were such that all four organisations committed beyond the diagnostic to the current 'design' phase. Nothing had been committed to beyond the design phase at this point, which was expected to conclude in May 2022.

There were no specific recommendations or decisions for Coventry Health and Well Being Board at this point. However, the Board was requested to support the programme of work as a key initiative that brought organisations working closer together to support the people of Coventry.

**RESOLVED that the Health and Wellbeing Board note and support the contents of the report and the attached Programme Update.**

56. **University Hospitals Coventry and Warwickshire Organisational Strategy 'More than a Hospital'**

The Board received a report and presentation from Andy Hardy, University Hospitals Coventry and Warwickshire, on the University Hospital Draft Organisational Strategy for 2022-2030 'More than a hospital'.

The report detailed the proposed next steps to building better health together. Thoughts and views had been sought on amending the current strategic triangle with a refreshed strategic triangle detailed in the report. The proposed vision now referred to communities and became, 'to be a national and international leader in healthcare, *rooted in our communities'*. The fundamental purpose was to deliver the best possible care for local communities and to achieve this the three interconnected purposes below would enable continual improvement in local care.

1. Local integrated care
   Collaborating with partners to integrate services, improve population health, and tackle health inequalities.
2. Research, innovation, and training
   Developing the next generation of health and care professionals, and leading research and innovation to improve patient outcomes.
3. Being a regional centre of excellence
   Developing our strongest specialties to meet the needs of a broader population.

The ability to deliver outstanding care was dependent on improving quality, supporting people, investing in digital technology and data insights, and promoting sustainability. These cross-cutting enabling strategies related to the three purpose

elements of local integrated care, being a regional centre of excellence and research, training and innovation.

The final Organisational Strategy for 2022-2030 would be shared with the Board at the end of April, 2022.

57. **Coventry and Warwickshire Place Forum Update**

The Board received a report from Kirston Nelson, Chief Partnership Officer/ Director of Education and Skills which was an update on the outcomes of the Coventry and Warwickshire Place Forum held on 9th March, 2022.

The report noted that an online development session for Coventry and Warwickshire Place Forum (the two Health and Wellbeing Boards) was held, with around 40 members attending. The meeting was chaired by the Health and Wellbeing Board chairs, Cllr Margaret Bell and Cllr Kamran Caan, and facilitated by Nigel Minns (WCC) and Kirston Nelson (CCC).

This was the last meeting of the Place Forum in its current guise, pending the new statutory governance arrangements to be established for the Integrated Care System. It was an opportunity to reflect on the Place Forum journey to date and share proposals for future arrangements. It was noted that the Place Forum, which had been meeting since December 2017, had prepared the local authorities for the new statutory Integrated Care Partnership (ICP).

A number of presentations were shared and discussed the last meeting of the Place Forum including:

- Integrated Care Systems (ICS) update and Statutory Integrated Care Partnership. An update on progress in the transition to a statutory ICS and proposed governance arrangements, including recommendations for the new Integrated Care Partnership reflecting feedback from the previous meeting of the Place Forum and its role in developing an Integrated Care Strategy for the ICS.
- Health and social care integration, the joining up of care for people, places and populations. Reflections on the recently published White Paper on health and social care integration at place level, and its implications for Coventry and Warwickshire. The scope of the White Paper covered proposals on: shared outcomes; leadership, accountability and finance; digital and data; and the health and care workforce and carers.
- System Health Inequalities Plan: An update on progress with the 5 year strategic inequalities plan for the ICS that was a requirement of NHS England. Feedback from the separate Health and Wellbeing Boards on early proposals was addressed in the latest iteration of the plan. The plan had a particular health and care system focus, in the context of wider system action around the population health model. A draft plan must be submitted to NHSEI by the end of March, with final submission by end of April.
- Digital Transformation Strategy. A presentation on the draft ICS strategy for data and digital transformation, which was currently subject to consultation. Coventry and Warwickshire were working with NHSX as a national trailblazer for creation of a system-wide digital strategy. Members

discussed the value of integrated data in generating actionable insights and the opportunities to improve population health through joined up data and digital healthcare delivery. Concerns around digital inclusion and implications for the workforce were shared.

- Healthy Communities Together programme update. A partnership between Grapevine Coventry and Warwickshire, CWPT and Coventry City Council, was one of 4 partnerships to be funded through this national programme (led by The King's Fund and the National Lottery Community Fund). The programme was about tackling health inequalities through changing the way services and communities connect in order to give people the best chance of getting and staying well. It was testing a new model of collaboration, centred on the lived experience of an individual.
- Developing our Integrated Care Board (ICB) Community Engagement Strategy. NHSEI required the ICS to have an overarching framework in place to support engagement activities and plans to involve and empower people and communities. This was core to the ICS vision of "putting people at the heart of everything we do". Members discussed the importance of listening to communities to shift to meeting need instead of responding to demand. A proposal to establish an ICS-wide Involvement Network with a wide range of partners was welcomed.
- Suicide Prevention Strategy consultation. The presentation shared learning from work across Coventry and Warwickshire as part of the national suicide prevention programme, as well as plans for a joint strategy, delivery plan and partnership arrangements to take this work forward. A proposed vision and high- level approach to the strategy were shared, with consultation details to be shared in due course.

The following actions were proposed for partners:

- Share feedback on proposals and engage in further development of ICS at system and place
- Commit to ongoing engagement and participation in the renewed 'Place Forum'
- Champion and support embedding the Inequalities System Plan in your organisation and partnerships
- Support and champion the system approach to involving and engaging individuals and communities across Coventry and Warwickshire
- Respond to consultation on and promote the Digital Transformation Strategy
- Share feedback on proposals for developing the Coventry and Warwickshire Suicide Prevention Strategy and take opportunities to support suicide prevention activity across and within system partners.

Further to discussion at a private development session of the Place Forum in November, specific proposals were made regarding the future of the Place Forum in the context of the new statutory Integrated Care Partnership, to be in place from July 2022.

Name proposal:
C&W Integrated Health & Wellbeing Forum

Purpose of Forum:

Advisory role for the ICS and to reflect community voice from across Coventry and Warwickshire.
Initial membership:
Health and Wellbeing Boards (and Executives); ICP members; Care Collaborative and Place representatives

Meeting frequency:
3 times per year

It was proposed that the statutory Integrated Care Partnership (ICP) would be established and meet in shadow form in May 2022, beginning with early work on the Integrated Care Strategy. Once the membership of the ICP was confirmed, the first meeting of the newly established C&W Integrated Health and Wellbeing Forum would be arranged for June / July 2022. The Integrated Care Strategy must be approved by the ICP by December 2022.

**RESOLVED that the Health and Wellbeing Board note the contents of the report and the next steps and actions resulting from the Coventry and Warwickshire Place Forum meeting held on 9 March 2022 and endorse the proposed arrangements for the future of the 'Place Forum'**.

## 58. Integrated Care System/ Integrated Care Partnership Development

The Board noted a presentation from Danielle Oum, Coventry and Warwickshire Integrated Care System on Developing an Integrated Care System.

The presentation recognised the national move to bring health and care organisations together into Integrated Care Systems (ICS). The legislative proposals by the Government for a new Health and Care Bill would build on recommendations in the NHS Long Term Plan. This would establish statutory ICS in each STP/ICS footprint. The proposals were currently proceeding through parliament at committee stage in House of Lords and the earliest a statutory ICS would be established was July 2022.

An ICS could:

- Break down the barriers between organisations
- Join up health and care more effectively to make a difference to people's lives
- Address the "wider determinants of health" such as poor housing or socio-economic problems
- Bring the right resources from across organisations to tackle public health issues such as obesity

The aims of the ICS were:

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

The Vision and how this would be achieved were detailed in the presentation. The system vision in practice included improving access to services with an Elective Accelerator Programme:

- Working without barriers across the System to restore elective care services and find new ways of delivering care
- 20% increase in new appointments across Coventry and Warwickshire and a 10% increase in follow up appointments between April and July 2021
- New ways of delivering care
    - Additional services in the community
    - Increased capacity and reducing time spent in hospital through new teams
    - Improved the links between GPs and hospitals to reduce need for referrals
    - Reduced inequalities by more holistic prioritisation

The three layers of the Integrated Care System were system, place and neighbourhood and a slide showed the current view of how the system could fit together.

## 59. Any other items of public business

There were no additional items of public business.

(Meeting closed at Time Not Specified)