

Governance Arrangements for the Coventry and Warwickshire Health and Care Partnership

Background and Context

- 1.1 In preparing to become an accredited Integrated Care System (ICS), it was agreed that there would be a review of governance arrangements in the Coventry and Warwickshire Health and Care Partnership. The objective of this review was to ensure that any future architecture would enable efficient and effective decision making (as close to our communities as possible) and that there was alignment across the system with regards to our agreed vision and purpose.
- 1.2 In order to undertake this review, a Task and Finish group was established comprising the following membership:
 - a) Chair – the Independent Chair of the Partnership
 - b) NW and C&R CCG Accountable Officer
 - c) CWPT CEO
 - d) CEO deputies from Coventry City Council and Warwickshire County Council
 - e) Chair of the Clinical Design Authority
 - f) Chief Strategy Officer UHCW
 - g) System Transformation Director
- 1.3 The group has held 4 formal meetings, supplemented with several informal conversations between the Chair and various leaders across the system to ensure that a wide range of views and experiences were fed into the discussions. The proposals in this paper have been discussed at the Place Forum and at the Better Health, Better Care, Better Value board.
- 1.4 The group agreed the following principles to inform and steer the discussions:
 - a) there will be no change to the legal powers or duties of partner organisations
 - b) we will build on and utilise existing work and structures where possible and not ‘re-invent the wheel’;
 - c) we will learn from the experience of other ICSs and use their learning to inform our discussions and proposals;

- d) future governance should be based on the principle of subsidiarity with the Partnership focusing only on those issues that cannot better be dealt with in the four places that make up Coventry and Warwickshire
- e) each of the four places will establish its own governance arrangements to support partnership working
- f) governance across the system and in the four places should be transparent and inclusive of all relevant organisations and interests

2 Building on our existing arrangements to develop new, collaborative relationships

- 2.1 Our approach begins in each of the 19 neighbourhoods/primary care networks which make up Coventry and Warwickshire, in which GP practices work together with community and social care services to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.
- 2.2 Neighbourhood services sit within each of our four local Places (Coventry, Rugby, South Warwickshire and Warwickshire North). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups. These place-based partnerships work together to agree how to improve people's health and improve the quality of their health and care services.
- 2.3 The focus of these partnerships will be to increasingly move away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment. In doing so, they will draw on the work of local authorities and other public sector agencies. Place-based partnerships, overseen by the Coventry and Warwickshire Health and Care Partnership Board, are key to achieving the ambitious improvements we want to see.
- 2.4 We recognise that place-based partnerships need to be complemented with a common vision and shared plan for Coventry and Warwickshire as a whole system. System working is likely to be beneficial in order to:
 - a) achieve better outcomes for people by tackling issues that require action at scale, such as delivering some specialist services and implementing a shared care record
 - b) collaborate on issues of common concern that would benefit from collective action, such as workforce planning and the use of the estate
 - c) use all the resources in the system to achieve common goals and support each other in improving health and care for our population

- d) speak with one voice to regulators and agree a single version of the truth about the performance of the Coventry and Warwickshire Partnership
- 2.5 The arrangements described below highlight how we propose to organise ourselves across Coventry and Warwickshire to provide the best health and care, ensuring that decisions are always taken in the interest of the patients, communities and populations we serve.

3 Partnership Governance

- 3.1 The proposed Partnership governance arrangements build on existing system arrangements, particularly the work undertaken by the Coventry and Warwickshire Joint Health and Wellbeing Board (the Place Forum).
- 3.2 The Coventry and Warwickshire Partnership Board does not replace or override the authority of the boards and governing bodies of partner organisations. Each organisation retains its statutory responsibilities and Councils remain directly accountable to their electorates. The proposed Partnership Board provides a mechanism for collaborative action on those issues which are best tackled across Coventry and Warwickshire and a forum for agreeing the direction to be taken across the system.

4 Partnership Board

- 4.1 A new Partnership Board will be established to provide the formal leadership for the Health and Care Partnership. This will be strongly aligned to and heavily influenced by the Health and Wellbeing Boards, their Concordat and the Place Forum. The Partnership Board will meet in public at least four times each year.
- 4.2 The Partnership Board will be responsible for setting strategic direction. It will provide oversight of all Partnership business, and a forum to debate issues and make recommendations as partners on collaborative action. These issues include plans for using resources to improve health and care and proposals to align organisational and service arrangements to support implementation of these plans.
- 4.3 It is proposed that The Partnership Board works alongside the Place Forum which provides leadership across Coventry and Warwickshire on population health and wellbeing. The developmental work of the Place Forum will continue under the leadership of the chairs of the two Health and Wellbeing Boards with support from public health directors and their NHS colleagues.
- 4.4 The Partnership Board will oversee the emergence of the Coventry and Warwickshire Integrated Care System and will be chaired by the independent chair of the Partnership. It is proposed that meetings of the Place Forum and the Partnership Board take place on the same day and in the same place with separate agendas to signify their distinctive but

complementary roles. Membership of the Place Forum and Partnership Board will be closely aligned.

- 4.5 The Partnership Board will be made up of chairs and chief executives from all NHS organisations, elected member Chairs of Health and Wellbeing Boards, and chief executives or designated deputies of Local Authorities. Other members will include primary care leaders, senior representatives of other relevant partner organisations such as universities, Healthwatch, voluntary and community sector organisations, independent sector providers, NHS England, NHS Improvement, Health Education England, and Public Health England.
- 4.6 The Partnership Board has no formal delegated powers from the organisations in the Partnership. It will work by building agreement with leaders across partner organisations to take forward the ambitions of the Integrated Care System and in so doing to improve the health and care of the population of Coventry and Warwickshire.

5 Partnership Executive Group

- 5.1 The current Better Health, Better Care, Better Value board will be replaced by a new Partnership Executive Group (PEG) whose members will be drawn from NHS organisations, Warwickshire County Council and Coventry City Council. PEG will report to the Partnership Board.
- 5.2 Each organisation will be represented by its chief executive or accountable officer. Members will be responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. PEG will also require attendance from the System Clinical Lead, the System Finance Lead and the System Transformation Director and will invite NHSE/I representation.
- 5.3 Members of PEG will be expected to recommend that their organisations support agreements and decisions made, always subject to each Partner's compliance with internal governance and approval procedure.

6 Place Based Partnerships

- 6.1 Partnerships arrangements for the four places that make up Coventry and Warwickshire bring together the councils, voluntary and community sector organisations, and NHS commissioners and providers in each Place, including GPs and other primary care providers, to take responsibility for the cost and quality of care for the whole population.
- 6.2 The extent and scope of these arrangements is a matter for local determination. They should provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided much

closer to where people live in primary and community settings. They will be a means of involving elected members, members of NHS boards and others in providing local leadership of the Partnership with the support of executive leaders.

- 6.3 Arrangements at place build on existing partnership working by bringing those commissioning and providing services into even stronger alignment with each other and with a wide range of other partners. The four places are where most of the ambitions of the Coventry and Warwickshire Health and Care Partnership will be delivered. The four places will report to the Partnership Board and over time will be expected to meet in public like the Partnership Board where they do not already do so.

7 Clinical Forum

- 7.1 Clinical leadership is central to all we do. Clinical leadership is built into each of our programmes, and our Clinical Forum provides formal clinical advice and expertise to all of the workstreams. The Forum will supersede the Clinical Design Authority and will report to the PEG and the Partnership Board.
- 7.2 The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.
- 7.3 The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.
- 7.4 The Clinical Forum operates at two levels with a core Executive membership overseeing the development of all proposals that are shared with either place or the system and a wider membership who provide the clinical expertise and input into designing any proposals. The wider membership includes clinical leaders from NHS trusts, CCGs and primary care networks together with public health and social care leaders from local authorities. It will include clinicians from a wide range of professional backgrounds.

8 Other governance arrangements between Partners

- 8.1 The three local CCGs in Coventry and Warwickshire have established a Joint Strategic Commissioning Committee, which has delegated authority to take decisions collectively. The Joint Committee is a sub-committee of the CCGs, and each CCG retains its

statutory powers and accountability. The Collaborative Commissioning Forum brings together CCGs with local authority commissioners.

- 8.2 NHS providers meet together as the Provider Alliance which is governed by a Memorandum of Understanding (MOU) which defines the objectives and principles for collaboration. The arrangement provides the forum for working together and making recommendations that are then formally approved by each Trust Board individually in accordance with their own internal procedures. Coventry and Warwickshire providers also meet with providers in Hereford and Worcestershire to discuss issues of common concern.

9 Next Steps

- 9.1 Subject to the agreement of Health and Wellbeing Boards and NHS boards, it is suggested that these new arrangements are adopted from September 2019, alongside the 5-year system plan and the overarching System Framework being developed under the aegis of the Place Forum. The new arrangements will be reviewed after 12 months to ensure that they are fit for purpose.

Professor Sir Chris Ham

Independent Chair

Coventry and Warwickshire Health and Care Partnership

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