

Briefing Note – Developing an Integrated Care Strategy and Integrated Care 5 Year Plan for Coventry and Warwickshire

1. Background

- 1.1. Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

Following several years of locally led development, including the merger of the three Clinical Commissioning Groups in the area, the passage of the Health and Care Act (2022) established Coventry and Warwickshire as an Integrated Care Board on a statutory basis on 1 July 2022.

- 1.2. The purpose of an ICS is to bring partner organisations together to:

- 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.

- 1.3. Coventry and Warwickshire Integrated Care System comprises the following elements

Integrated Care Board (ICB)

A statutory NHS organisation responsible for developing a plan for meeting the health and care needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being dissolved.

Integrated Care Partnership (ICP)

A statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP will bring together a broad alliance of partners committed to improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy detailing how they will meet the health and wellbeing needs of the population in the ICS area.

Local Authorities

Local Authorities in the ICS area, responsible for social care and public health functions along with other vital services for local people and businesses, are a vital part of the ICS. Representatives from the upper tier Local Authorities sit on the ICB Board and are members of the ICP.

Care Collaboratives

Within our ICS, Care Collaboratives will lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships will involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population. There is one Care Collaborative developing in Warwickshire and one in Coventry. The Warwickshire Care Collaborative will be supported by the three Places already established in the area, Warwickshire North, Rugby and South Warwickshire.

Provider collaboratives

Provider collaboratives will bring providers together to achieve the benefits of working at scale across multiple places and one or more ICS areas, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

1.4. In order to achieve the ICS aims already stated, we must develop two documents:

- An Integrated Care Strategy which sets the direction of the system and outlines our priorities for delivering integrated care. This will be developed by the ICP.
- A 5 Year Integrated Health and delivery Plan which responds to the Integrated Care Strategy and details how we will deliver its aims. This document will be developed and delivered through the ICB.

2. Developing an Integrated Care Strategy

2.1. The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 and requires all ICPs to write an Integrated Care Strategy to set out how the assessed needs (from the Joint Strategic Needs Assessments already developed by local authorities) can be met.

Throughout Coventry and Warwickshire considerable work on integration has already taken place, including through our two Health and Wellbeing Boards, the preparation of Better Care Fund plans, and work undertaken by the former Health and Care Partnership to develop strategies that support more integrated approaches to delivering health and care.

Our Integrated Care Strategy will build on this existing work and momentum to further the transformative change needed to tackle the significant challenges facing health and care. It will outline the direction of the system, setting out how decision makers in the NHS and local authorities, working with providers and other partners including the voluntary sector, will deliver more joined-up, preventative, and person-centered care for their whole population, across the course of their life.

The strategy presents an opportunity to do things differently, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or

joining-up health, social care and wider services. It will agree the steps that partners, working closely with local people and communities, will take together to deliver system-level, evidence-based priorities in the short-, medium- and long-term. These priorities will drive a unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout Coventry and Warwickshire. This will include how we will contribute to the ambitions to reduce geographic disparities in wellbeing and healthy life expectancy, and overall increase them". It will also include how areas will address the need for personalised care and choice, control and independent living.

2.2. The Integrated Care Partnership met on the 26th July to agree the work programme to develop the Strategy. A working group has been established, as well as a broader reference group made up of representatives from across the Partnership. The working group will lead, with input from the reference group, planning and orchestrating the engagement with key stakeholders integral to the development of the strategy and ensuring that the Strategy is developed with input from across the ICS.

2.3. The draft strategy is due to be submitted to NHS England for review on the 14th December.

3. Developing the Strategy

3.1 The intention is that the strategy will be short and concise (around 30 pages), recognising and building upon work already in place by signposting to existing strategies. Since July, the working group has completed a mapping exercise of existing and emerging system and partner strategies that will support delivery of this overarching strategy, capturing the breadth of determinants of health. Needs data from across the system has also been collated to inform the strategy.

3.2 An initial outline content structure and framework for the strategy was developed, including identification of a number of proposed priority or 'strategic focus' areas, drawn from health and wellbeing strategies, a prioritisation exercise by the Shadow ICP and recommendations from the national guidance. A number of system enablers were also identified, which will support our vision for integration. The approach to drafting the strategy aims to be as inclusive as possible, with lead 'owners' from across the system identified for each of these initial priorities and enablers.

3.3 The draft priorities and enablers were shared with the C&W Integrated Health and Wellbeing Forum on 13 October, where members discussed them and what is most critical to the system now. The proposed strategy content and structure was reviewed in light of the feedback received and further proposals were developed for consideration by the ICP on 31 October.

3.4 This included identification of a series of commitments that will run through the strategy, aligned to achievement of the core purposes of the ICS:



4. Engagement activity

- 4.1. As a system we need to make sure that the development of the Integrated Care Strategy and the Integrated Care 5-year Plan is done in an aligned and connected way, with all of those with a stake communicated with, engaged and involved as necessary throughout. It must also be aligned and coordinated with other engagement and involvement planned by local authorities, NHS organisations and others in the system to avoid the burden of engagement falling on the local population too heavily.
- 4.2. A separate engagement task and finish group has been established, including representatives from Local Authorities, NHS organisations, the voluntary and community sector, faith groups and others, to first establish what we already know from previous engagement to feed into the development of the strategy. Once the strategy starts to take shape the group will support further engagement across the area to ensure that the strategy accurately represents the priorities of residents, particularly those with a protected characteristic.
- 4.3. A significant piece of system wide mapping and analysis has taken place to determine the insight already available within the system in order to avoid duplication and asking people to repeat information they have already shared within the ICS. All ICS partners have contributed to this desktop research exercise and the resultant information has been shared with all those who are contributing to writing the various elements.
- 4.4. An engagement calendar has been developed to enable us to talk to residents of Coventry and Warwickshire and to hear about their priorities for health and care and what integration means to them. Across the engagement period we have over 30 different events currently scheduled or already taken place to speak to groups, and we continue to develop more. These

opportunities focus both on those groups who are within the 'Core 20 plus 5' groups and those who are seldom heard or who may not be able to access online services.

The main messages we are hearing so far from this engagement are about:

- Access to primary care
- Digital inclusion
- Trust (and erosion of trust in health services).

4.5. We have also launched an online survey which is being promoted widely through ICS and ICP networks via email and posters. This survey will remain open for a month, with weekly findings circulated to those developing content for the strategy.

4.6. Stakeholder engagement also continues, with regular updates circulated to stakeholders. This includes attending Scrutiny meetings at both Upper Tier Local Authorities in November and December to give them the full opportunity to feed into the process.

5. The 5 Year Integrated Health and Care Delivery Plan

5.1. Before the start of each financial year, the ICB and its partner NHS Trusts and NHS foundation trusts must prepare a 5 Year Integrated Health and Care Delivery Plan.

5.2. The plan produced by the ICB must have regard to the Integrated Care Strategy and must set out the steps by which the ICB proposes to implement any JLHWS that relates to the ICB area. It will provide the operational detail around how the strategy's vision can and will be realised and should be informed by:

- Health and Wellbeing Board strategies and JSNAs
- The revised Long Term Plan from NHS England
- NHS England priorities and planning guidance
- The Coventry and Warwickshire Integrated Care System Strategy

5.3. The Health and Care 2022 act states specifically that the plan must, in particular—

- (a) describe the health services for which the Integrated Care Board proposes to make arrangements in the exercise of its functions by virtue of this Act;
- (b) explain how the Integrated Care Board proposes to discharge its duties under—
 - (i) sections 14Z34 to 14Z45 (general duties of Integrated Care Boards), and
 - (ii) sections 223GB to 223N (financial duties);
- (c) set out any steps that the Integrated Care Board proposes to take to implement any joint local health and wellbeing strategy to which it is required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007
- (d) set out any steps that the Integrated Care Board proposes to take to address the particular needs of children and young persons under the age of 25;

- (e) set out any steps that the Integrated Care Board proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).

5.4. This plan, like the Integrated Care Strategy, must be refreshed each year.

5.5. Further guidance is expected from NHSE regarding the 5 Year Integrated Health and Care delivery Plan imminently, at which point an updated stakeholder briefing will be issued.

5.6. Like the strategy, this plan needs to be developed with engagement and involvement with key stakeholders and the wider population. Formal guidance has not yet been issued on the exact requirements for involvement but as a system we are committed to and will be directed by what we deem to be purposeful engagement and involvement.

5.7. The 5 Year Integrated Health and Care Delivery Plan must be developed, submitted and in place before 31 March 2023.

6. Strategy content and next steps

6.1. Reflecting the clear messages emerging so far from the public engagement and the feedback from stakeholders, the ICP identified the following three core areas of focus for the strategy:

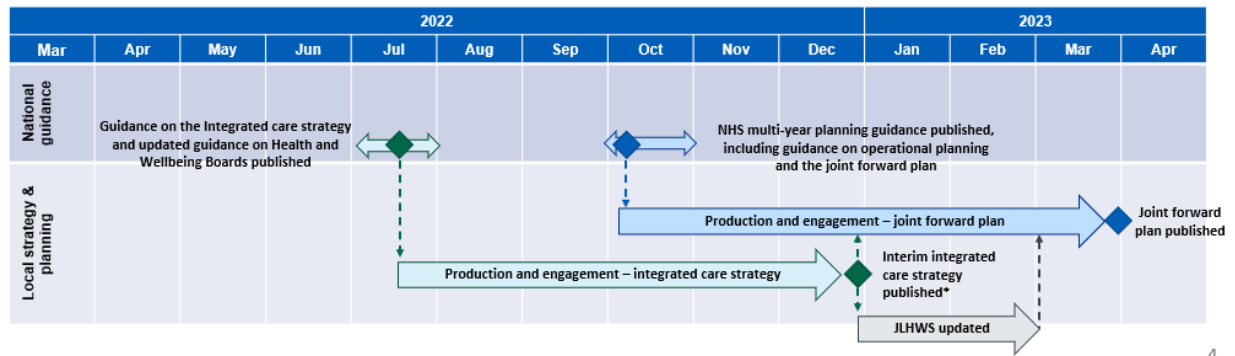
- Access to health and care services and restoring trust
- Prioritising prevention and improving future health outcomes
- Immediate system pressures and resilience.

6.2. The strategy document will be further developed during November, shaped around these core priorities and in consultation with the identified leaders from across the system. We will take 'access and restoring trust' as a worked-up example to bring the strategy to life, showing how this is supported in practice by the identified integration enablers and how we can have an impact on individual people's journeys and tackling inequalities through a different, collective, way of working.

6.3. The ICP Strategy must be submitted to NHS England by December 2022. The ICP will meet by exception in early December to consider the final strategy.

7. Timeline

7.1. The timeline for both the Integrated Care Strategy and the 5 Year Integrated Health and Care Delivery Plan is set nationally (referred to in the diagram below as the joint forward plan) and as an ICS we must respond to the deadlines.



8. Recommendations

Members are asked to ENGAGE with the ICB/ICP on the development of the strategy and offer FEEDBACK on the contents of the report.

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