



To: Coventry Health and Wellbeing Board

Date: 2nd October 2024

Subject: Coventry and Warwickshire Joint Health and Wellbeing Board Update

1 Purpose

- 1.1 This report provides an update on the Coventry and Warwickshire Joint and Health and Wellbeing Board, outlining proposals to evolve working arrangements to support the ICS and ICP structures.

2 Recommendations

- 2.1 Health and Wellbeing Board are recommended to
- 1) Note and comment on the dissolution of the Coventry and Warwickshire Joint Health and Wellbeing Board development sessions;
 - 2) Support the proposal for two cross-organisational working groups to be established to:
 - a) Agree how the Integrated Care Partnership (ICP) should respond to the feedback from the Joint Health and Wellbeing Board development session; and
 - b) Develop a shared set of principles across the Integrated Care System (ICS) that outline how we will effectively involve communities within our work.
 - 3) Endorse the proposed governance and reporting arrangements between the Integrated Care Partnership and the Health and Wellbeing Board.

3 Background

- 3.1 The coming together of Coventry's and Warwickshire's Health and Wellbeing Board first took place in 2017 when they met with then Sustainability and Transformation Partnership (STP) to form the Coventry & Warwickshire Place Forum. In 2018 the Place Forum developed the Coventry & Warwickshire Health and Wellbeing Concordat, setting out how it would work together to improve health outcomes for local people. The Concordat was signed by both Coventry & Warwickshire(C&W) Chairs of Health and Wellbeing Boards (HWBB)s and it led to joint working across C&W, including through the Year of Wellbeing 2019, the King's Fund population health framework, and the C&W COVID-19 Health Impact Assessment. The Concordat also fed into both C&W Health and Wellbeing Strategies and later in December 2022 the Integrated Care System (ICS) Strategy.
- 3.2 Between 2021 and 2024, as the new ICS infrastructure was emerging, the C&W Place Forum morphed into the Joint Place Forum and Health and Care Partnership Board (2021); the C&W Integrated Health and Wellbeing Forum (2022) which was facilitated by NHS Elect and had a broad membership across health and care; and finally the C&W Joint Health and Wellbeing Board development session (2024) chaired by the Local Government Association (LGA) and with a smaller membership consisting only of HWBB members.

3.3 The Coventry and Warwickshire Joint Health and Wellbeing Board (JHWBB) development session was held on the 8th January 2024. The development session was facilitated by the Local Government Association (LGA) peer associates, with support from the Partners in Care and Health Programme. All HWBB members and HWBB Executive Group members were invited to the development session. The session aims were to:

- a) Develop a shared understanding about the unique role that HWBBs play within the wider system context across the country and HWBBs respective roles, purpose, and alignment with the C&W system (activity 1)
- b) Utilise the C&W mental health concordat as an example to work through and understand the role that the Joint HWBB could play in taking this work forward (activity 2); and
- c) Agree on whether, based on the above, the JHWBB should continue to meet.

3.4 Two group activities were facilitated on the day:

3.4.1 The first focused on the role of the HWBB within the wider integrated care system (ICS) architecture and asked participants to articulate their understanding of these roles, purpose and alignment across the ICS. The following emerged in relation to the utility of the JHWBB:

- Strategic direction set by the JHWBB (previously Place Forum) via adoption of the Kings Fund population health framework has influenced ways of working at a more local level and led to greater collaboration between place-based partnerships. For example, there are now stronger working relationships between North Warwickshire Borough Council and Nuneaton and Bedworth Borough Council and aligned priorities across the two boroughs.
- The JHWBB was a forerunner to the creation of the ICS and served a purpose as a space for partners to come together, prior to changes in statute and the creation of the Integrated Care Partnership (ICP).
- Initial thinking around the ICP having a small membership has now changed and the ICP membership has grown to where there is significant overlap between ICP and JHWBB development session membership.

3.4.2 There were also a number of gaps identified if the JHWBB development sessions were to be stood down:

- No district and borough representation on the ICP (either elected member or officer).
- Democratic voice is stronger on the Joint HWBB (due to the nature of HWBB make-up).
- Joint HWBB development sessions provided a private forum, whereas the ICP meets in public.

3.4.3 The scope of the second activity was adapted on the day in order to flow from the discussions within activity one. Each table was asked to explore establishing a system CEO forum; strengthening the citizens voice within the ICS; and how the HWBBs can better connect with the ICP:

- Consider establishing a CEO forum: the ICB took away an action to explore this, based on the perceived value it could add, and noting that local authority chief executives are not members of the ICB or ICP. The Anchor Alliance, as a similar

forum in this space, does not have representation from all ICS partners and it's focus on the wider determinants of health was considered not broad enough.

- Strengthening the citizens voice within the ICS: It was agreed that both Directors of Public Health (DPH), the ICB and both local Healthwatch organisations should meet to discuss this. There was particular emphasis on how to ensure that forums bring in the citizens voice in a non-tokenistic way; how we best utilise the JSNA as a valid tool for harnessing the citizens voice; and how the ICS measures success in this area and through the Community Engagement Strategy.
- Understanding the need for wider engagement linked to the ICP: Chairs of HWBBs and chair of ICB to agree, and factor in the view that the J HWBB development sessions should only stand up if needed; and that alignment between the ICP and HWBB agendas and programmes of work should be explored.

3.5 Since the January 8th development session, progress against activity outlined in 1.4.3 has been made. The first meeting between the DPHs, ICB, Healthwatch Coventry and Healthwatch Warwickshire took place on the 27th March. System challenges to community involvement were highlighted during the meeting and included that we have diminishing resources to carry out activity in a meaningful way; and queried how we effectively measure the impact that involvement has had on the design, delivery, and evaluation of outcomes. The ICB proposed convening a Citizen Involvement Working Group, with the aims of:

- Developing a specification for a project to undertake a system-wide gap analysis of community involvement activity, exploring the possibility of undertaking using a needs assessment methodology.
- In conjunction with the Involvement Coordination Network and the wider Voluntary, Community & Social Enterprise (VCSE), developing a set of system-wide principles for community involvement and toolkit of best practice; and
- Utilising this to support elected members in scrutinising the quality and effectiveness of community involvement.

3.6 The chairs of the HWBBs and ICP met on the 4th March and agreed to stand down the Joint HWBB development sessions, given the discussion and findings from the 8th January session. The chairs agreed it was necessary to look at the alignment of the ICP and HWBB agendas and opportunities for collaboration. To enable this, an ICP and HWBB Governance Working Group was established with the aims of:

- Removing duplication and ambiguity from the system.
- Retaining what's good.
- Improving efficiency/effectiveness.
- Clarifying how they deliver shared goals.

3.7 In order to achieve its aims, the ICP and HWBB Governance Working Group has set out to: map the role of the HWBB within the system architecture, review the roles of the HWBB and ICP, understand what this means for current work programmes by working through live examples, and consider a joint ICP and HWBB development programme. The Working Group intends on sharing outcomes of this work at a later HWBB.

3.8 Further updates will be provided to the October Health and Wellbeing Board.

Name: Valerie De Souza

Job Title: Consultant in Public Health

Contact Details: Valerie.DeSouza@coventry.gov.uk