

**Meeting of the Health Select Committee – 25<sup>th</sup> April 2024**

**Report of the Integrated Care Partnership (ICP) Meeting**

**Update on the development of the Integrated Care Partnership**

**Purpose of report**

1. To update the Committee on the development of our Integrated Care Partnership highlighting progress to date.

**Recommendations**

2. It is recommended: -
  - The committee is asked to take note of progress to date.

**Background**

3. The meeting held on the 18th January was the third meeting of the Black Country Integrated Care Partnership (ICP) and the first in public – a report summarising the discussion is included in the Appendices.  
This report sets out the key points of discussion and the subsequent publishing of the refreshed Integrated Care Strategy guidance.

**Terms of Reference**

4. The Terms of reference were formally signed off. They include the LA membership that the partnership has agreed as set out below:

<b>ICP CX / Director representative</b>	<b>LA lead</b>
<b>Lead Chief Executive</b>	<b>Sandwell</b>
Substitute	Walsall
<b>Lead Director for Adult Social Services</b>	<b>Walsall</b>
Substitute	Wolverhampton
<b>Lead Director for Childrens Services</b>	<b>Dudley</b>
Substitute	Sandwell
<b>Lead Director for Public Health</b>	<b>Wolverhampton</b>
Substitute	Dudley

5. In addition to LA membership the TOR also include 4 members from the ICB and 4 wider partner members drawn from Fire, Police, Academia and Voluntary Sector infrastructure organisations.
6. The full terms of reference are attached as Appendix 2 to the report.

### **ICP Strategy Forums**

7. The Partnership considered the role of the ICP Strategy forums (listed below).

Prevention and Personalisation Forum – Chaired by Dr Mayada Abu-Affan

Refugee and Migrant Forum – Chaired by Dr Nadia Ingliss

Health Inequalities Forum – Chaired by Dr Salma Reehana

Health and Housing Forum – Chaired by Connie Jennings (whg – Director)

Black Country Anchor Institutions Network – Chaired by Taps Mtemachani

8. The primary role of the forums are to support the ICP to co-develop strategy with a broad range of partners across each of our Places. The terms of references for each of the forums were also reviewed alongside an initial set of objectives which will be further refined with the support of the Academy. The strategy forums will be reviewed in July to determine whether they are achieving the objectives.

### **Population Outcomes Framework**

9. The Partnership discussed the development of the population outcomes framework and suggested that further work be done through each of the Places to ensure that the framework delivers against local expectations.

### **WorkWell Vanguard Bid**

10. The Work Well vanguard bid was submitted on 22<sup>nd</sup> of January and sets out a proposal from the ICS to support local residents into employment. This is particularly aimed at people with long term conditions. The Bid builds on some of the great work led by Black Country NHS Foundation Trust through the Thrive Programme and brings in some of the contribution of wider Anchor partner including social housing. The outcome of this bid will be informed in April.

### **Accelerating Social Care Reform Bid**

11. The Accelerating Reform Fund is designed to promote partnership across local areas, as well as the sharing of learning and best practice nationally from the Department of Health. If successful, the Black Country will receive an allocation of £300 thousand and each of the four local authorities receiving tops-up based on the usual adult social care relative needs formula. The bid submitted by the ICS is based on supporting unpaid carers through digital innovations (app-based technology). The bid was submitted in January and the lead LA on this is Walsall. The outcome is imminent.

### **Integrated Care Strategy Guidance**

12. Refreshed national guidance for Integrated Care Partnerships (ICPs) on preparing Integrated Care Strategies (ICSt) was published on 1 February. It is available here: <https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies>. Some key points from the Guidance include:

Overall, the “feel” of the document is of a deepening of the direction established in the first guidance document.

13. Additional guidance on localised decision-making at place level, including how place-level plans and strategies (including shared outcomes frameworks) should shape the integrated care strategy is included. The integrated care strategy should complement the production of local strategies, identifying where needs could be better addressed at ICS level, bringing learning from across places and the system to drive improvement and innovation. Alignment between system and place level strategies and plans should be the aim and the ICP must consider refreshing the ICSt when it receives a new joint strategic needs assessment.
14. Greater clarity on the opportunity for integrated care strategies to consider the wider determinants of health in setting the overall direction for the system (for example, housing and crime) and health-related services (services that are not directly health or social care services but could have an impact on health)
15. ICPs should involve chairs of health and wellbeing boards and local authority directors, statutory safeguarding partners in the production of the integrated care strategy.
16. Strong emphasis on the expectation for ICPs to promote widespread involvement with people and communities when developing their integrated care strategies, including engagement with voluntary sector organisations, and consideration of:
  - inclusion health groups
  - seldom heard voices
  - groups that may be routinely missed in needs assessments important life phases and transition points (such as childhood to adulthood)
17. CQC’s reviews will assess how the ICSt is used to inform the commissioning and provision of quality and safe services across all partners within the ICS.
18. The impact of the refreshed guidance will be discussed at the next ICP meeting on the 11th of April.

19. A successful ICP will have contributed to:
- Improved population health outcomes
  - Addressing inequalities
  - Ensuring VFM, sustainability and productivity
  - Supporting broader socio-economic development

### **Finance**

20. A report taken to the ICB System Development Committee advised that consideration would need to be given to the adequate resourcing of the ICP and its attendant workstreams.

### **Law**

21. Not Applicable.

### **Risk Management**

22. There is a legal requirement for the Integrated Care Board to jointly form an Integrated Care Partnership (ICP) with Local Authorities.

### **Equality Impact**

23. No equality impacts have been identified.
24. No equality impacts have been identified.
25. One of the priority areas the ICP has identified is Children and Families. Further work is being done to better understand what deliverables will sit within that broad area.

### **Human Resources/Organisational Development**

26. A report taken to the ICB System Development Committee advised that consideration would need to be given to the adequate resourcing of the ICP and its attendant workstreams.

### **Commercial/Procurement**

27. Not Applicable.

## **Environment/Climate Change**

28. Not Applicable.

## **Council Priorities and Projects**

29. The current priorities within the Integrated Care Partnership are as below;

- Mental Health & Emotional Wellbeing
- Children & Young people
- Adult social Care
- Workforce

Work is also being carried out to take to the next Integrated Care Partnership Meeting around the Place Based Partnership terms of reference to see if they align to the ICP. There is also consideration being given to how the ICP could add value to the work of Health and Wellbeing Boards and Scrutiny.



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## **Appendices**

- *Appendix 1 – Black Country Integrated Care Partnership Meeting*
- *Appendix 2 – Black Country Integrated Care Partnership Terms of Reference*

# Black Country Integrated Care Partnership Meeting

**Thursday 18<sup>th</sup> January 2024**

Update for the Health and Wellbeing Boards in the Black Country and the NHS Black Country  
Integrated Care Board



## 1.0 Introduction

The meeting held on the 18<sup>th</sup> January was the third meeting of the Black Country Integrated Care Partnership (ICP) and the first in public. The notes of the meeting are intended to be shared both with partners and with the Health and Wellbeing Boards (HWBs) across the Black Country, so that they are sighted on the aims, ambitions, and progress of the ICP. Plus, importantly, how the ICP is intended to complement the ongoing activities of the HWBs.

## 2.0 Black Country Integrated Care Partnership Terms of Reference

The ICP met in private in October and then again in December 2023 resulting in partners drafting a term of reference which were then formally signed off during this meeting. [The Terms of reference are available here.](#)

## 3.0 Integrated Care Partnership Strategy Forum

The Partnership considered the role of the ICP Strategy forums, listed below, based on a paper presented by the ICB Director of Transformation and Partnership. The paper set out the role of the forums in supporting the ICP to co-develop strategy with a broad range of partners across each of our Places. The terms of references for each of the forums were also included alongside an initial set of objectives which will be further refined with the support of the Academy. The strategy forums will be reviewed in 6 months to determine whether they are achieving the objectives.

- Health Inequalities Network
- Prevention and Personalisation Network
- Health and Housing Forum
- Asylum Seeker and Refugee Health Network
- Black Country Anchor Institutions Network

The prevention and personalisation network co-developed a prevention and personalisation mandate, which sets out the ambition that partners have on moving service resource allocation from curative treatment to prevention. – ICP partners recognised the need for this outcome ambition to be strengthened and a clear set of deliverables agreed. To that end a clear economic case that supports the mandate is to be developed and presented to the Partnership.



## **4.0 Population Health Outcomes Framework**

The population outcomes framework has been developed in conjunction with place-based partners to provide a mechanism for measuring outcome-based initiatives that extend beyond health to enable the provision of services and the removal of barriers. It allows the place-based partners the autonomy to drive outcome-based improvements within their place infrastructure and assure ICP partners of the measurable impacts, as well as forming a basis for equitable resource allocation.

An overview was provided on the areas that are covered by the four pillars within the outcome's framework, which included:

- Wellbeing – Community, Education and Connectiveness
- Prevention – Indices of Deprivation
- Management – Health focused conditions
- Intervention – Out of Hospital and Emergency Care

Data was presented as an example on one of the sub-outcome measures against the pillars, identifying that they each have different drivers to dive down into more specific measures. There was a recognition from partners around the utility of the framework; however, understanding that further work is needed across the partnership to understand their priorities and to also get these added into the tool and allow short-term, measurable, smart objectives to be set. Therefore, the partnership proposed that further work should be done across each of our Places and a review to be had on the front end of the platform to ensure it simpler for us to access as a system. The partnership requested an update in April.

## **5.0 Final Submission – Work Well Vanguard Funding Bid**

Since the initial report back in December 2023, further work has been done with partner members to construct the final bid, along with the appropriate supporting evidence. The deadline for submission is 23:59pm on the 22<sup>nd</sup> January 2024, with the outcome being informed in April and the affect to mobilise immediately for 6 months with the view to run the programme for 18 months following that.

The partnership supported the bid.

## **6.0 Social Care Accelerating Reform Funding**

The Accelerating Reform Fund is designed to promote partnership across local areas, as well as the sharing of learning and best practice nationally from the Department of Health. It provides a total of £42.6 million in grant funding over 2023/24 (£20 million) and 2024/25

(£22.6 million), to support innovation in adult social care and build capacity and capability. If successful, the Black Country will receive an allocation of £300 thousand and each of the four local authorities receiving tops-up based on the usual adult social care relative needs formula.

Walsall Council are leading on the bid for the consortium. As part of the funding, it has been asked that two or more projects are selected from the list of twelve priorities for investment; however, one project must be focused on an unpaid carer option. Expression of interest submissions were due the 12<sup>th</sup> January 2024, with final funding amounts confirmed on the 9<sup>th</sup> February 2024, so the outcome will be shared at the next ICP meeting on the 11<sup>th</sup> April 2024. The partnership supported the bid.

## 7.0 Final Review - Stationary / Reporting Templates

The partnership formally agreed the branding and document templates that will be used for our Black Country ICP.



## 8.0 Health Inequalities Funding 2024

A paper was presented by Sandwell's Interim Director of Public Health highlighting the need as a collective to invest in our Health Inequalities, focusing upon the Voluntary Sector Organisation offers around supporting community health. There is data readily available through the Visualise, Understand, Improve and Transform (VUIT) software, which compares the hotspots on the main areas for mental health, unemployment, and obesity, as well as areas of discrepancies. The Partnership agreed that a formal analysis-based proposal is to be brought to the next meeting on the 11<sup>th</sup> April 2024 which includes the areas in which Health Inequalities investment could be utilised. This will then be recommended to the ICB for consideration as part of the planning process for 24/25 financial year.

## 9.0 Questions from the Public

One question was received from a member of the public in advance of the meeting and was responded to by the ICP Chair.

- **Do we have a plan for networking events for social care and voluntary sector? As working for both, I have noticed a big gap where social care providers are unaware of the offer within the**

**community and are not taking the advantage of many services.**

The partnership confirmed that there has been a lot of work which the Communications Teams have done on the co-production and engagement, including various community conversations and place-based partnerships, there is still a lot of work to do in each of the four places to understand what services exist.

However, it is acknowledged that this is something that we do need to work on to make sure that there is a consistent approach across all four places.

## **10.0 Agreed Actions of Date of Next Meeting**

The actions from the previous meeting on the 19<sup>th</sup> December 2023 were completed or not due until April 2024. The agreed actions and their deadlines from the meeting held on the 18<sup>th</sup> January 2024 were:

- To consider a revised/strengthened Prevention and Personalisation mandate alongside work on health economics. (April 2024)
- To further work with partners on the Population Health Outcomes and to review what can be done from the front end of the platform to make is simpler for us to review as a system. (April 2024).
- To share and update partner members on the outcome of the Social Care Accelerating Reform Fund. (April 2024).
- To provide an in-depth formal analysis on the Health Inequalities Funding, looking at what areas we can direct into to support and bolster. (April 2024).

The next meeting of the ICP will be held in public on **Thursday 11<sup>th</sup> April 2024.**