



# Health and Wellbeing Together Meeting

Wednesday, 18 January 2023

Dear All,

## HEALTH AND WELLBEING TOGETHER - WEDNESDAY, 18TH JANUARY, 2023

I am now able to enclose, for consideration at next Wednesday, 18th January, 2023 meeting of the Health and Wellbeing Together, the following reports that were unavailable when the agenda was printed.

Agenda No	Item
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8	<b>Initial Integrated Care Strategy 2022 – 2024 (Pages 3 - 16)</b>
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[To receive the Initial Integrated Care Strategy 2022 – 2024.]

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# Initial Integrated Care Strategy 2022-2024

## Black Country Integrated Care Partnership



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Version Control		
Date	Item	Authorised
31/10/22	BC draft V0.3	BC
14/11/22	BC draft V0.4	BC
18/11/22	BC draft V1.0a fb LB/LMcN/SG/JD	BC
28/11/22	BC draft V2.0 fb AMcl/SG/LB/JD	BC
01/12/22	BC draft V3.0 fb CG/AMcl/JD	BC
11/12/22	BC draft V4.0 fb various	SG/JD/ BC/AMcl/
15/12/22	V5.0 fb from ICS Workshop	SG/JD/BC/AMcl



## Welcome

For a long time, Black Country people – as residents and patients – have told us that they need to have easier access, navigation and better-quality health and care. Today, we have a unique opportunity to achieve this through joining up our services. That’s what this initial Black Country Integrated Care Strategy is all about.

This Strategy sets the context for how we can improve. Local assessments in the four areas of the Black Country demonstrates the local assets and resources, and the needs and challenges which face us.

In using all the resources, we have as partners, we are responding to these challenges, building on our previous arrangements and achievements together. Our previous ‘Healthier Futures Partnership’ helps us frame our thinking and action around our established themes of **Healthier People - Healthier Places - Healthier Futures**.

More broadly, this strategy shows how our health and care system is integral to our local economy. It supports stability and sustainability in many ways. We recognise that we can’t achieve anything without great people working in our services. Overall, we want the Black Country to be amongst the best places to work. We need to keep working at this, however. And colleagues across our Integrated Care Partnership believe that this theme is one that will benefit from wider, more coordinated partnership effort. We want Black Country people to choose a career in health and social care in which they can grow with great training. In that way, they can be part of the future.

In this strategy, we incorporate reflections on the **wider determinants of health for people in the Black Country** - income, employment, education, skills and training, housing, access to services, the environment, crime, and air quality all of which are considered the most important drivers of good health. We recognise the assets of our areas – nearly 450,000 jobs overall and nearly 500,000 homes for people in the Black Country, as well as newer aspects such as the growth of tourism. Alongside these assets, the current significant challenges such as overall health inequalities and the ‘cost of living’ situation are further factors which we need to consider, as partners have noted. We also acknowledge that there are underserved communities in our area. We need to do more to understand the level of need and the impact of our approach on equality through research which will help us plan our responses.

Integrated Care Partnerships were introduced as part of the Government’s health and care reforms of July 2022, and their expectations for them, fits with ours. For example, we want this strategy to be rooted in the needs of people, communities and where they live in their “place”. We want to encourage population health strategies to improve the experience of people using health and care services and support through integrated approaches. We also want decision-making to be as local as possible, which is what we mean by ‘subsidiarity’.

In our partnerships we are also committed to leading on sustainability of our communities, families, and individuals as well as resources through a ‘green’ agenda. We also want to be innovative and make best use of digital technologies.



This initial strategy will help inform the Black Country's Joint Forward Plan for the NHS, amongst other areas such as managing the impact of COVID-19 on health and care, renewing the focus on delivering against the broader commitments for the NHS and embedding a population health management approach within our local system. These areas of focus, align to the various health and care partnerships across the Black Country.

We are many partners coming together to develop this strategy. That isn't always easy. But we are committed to ensuring that we keep focus on the places we work in and represent. Through this strategy, the NHS Black Country Integrated Care Board (ICB) will listen to its Integrated Care Partnership (ICP) and work together with it to improve the health of people in our area.

We have worked hard to begin this journey and we know that we cannot change things overnight. We know that there are things we can change and other things which are beyond our ability to change. We want our ICP to add value to local places, enabling and supporting. We have agreed that our strategy should build on the priorities established locally. With a renewed focus, we can be clear about how integration at the system-level and locally will best work. Together, we want to build-up from these foundations, organically. We think that we should come together where it makes sense to do so, whilst only doing Black Country work where required to make the difference that can't be achieved locally.

There is more for us to do as a partnership. We need to strengthen our vision and the measures by which we will judge success. We need to move onto the next steps of creating an appropriate sense of urgency in our work. Our governance arrangements have started well, and we will learn and adapt as we move forward. We can emphasise some themes more strongly – for instance, sustainability for individuals, families, and communities in the Black Country. We are also working towards improved co-production, building on the dialogue we have established with our communities, some examples of which we mention in this strategy.

This initial strategy is merely our start. It will take us time. But by working together, we will make our places across the Black Country, stronger and healthier.



*Jonathan*

**Jonathan Fellows**

Interim Chair Black Country Integrated Care Partnership  
Chair of NHS Black Country Integrated Care Board



## Healthier Places – The Black Country today

The Black Country is a place where **1,202,528** people live in nearly 500,000 homes on about 138 sq. mi. / 360 km<sup>2</sup> of land. Today, it's a place where there are almost 40,000 businesses, with over 450,000 jobs, generating £17.2 billion gross value added per annum. These are **tremendous resources**.

When people say the words 'Black Country' today, they tend to mean the area of our four Local Authorities in the City of Wolverhampton, Dudley, Sandwell, and Walsall. The Black Country description was associated with the mining of coal, iron and limestone which powered the heavy industry developed in the area - steel works at Brierley Hill and Bilston and large-scale industries such as Rubery Owen in Darlaston and Chances Glass in Smethwick amongst others. At the heart of these industries were people in our local communities.

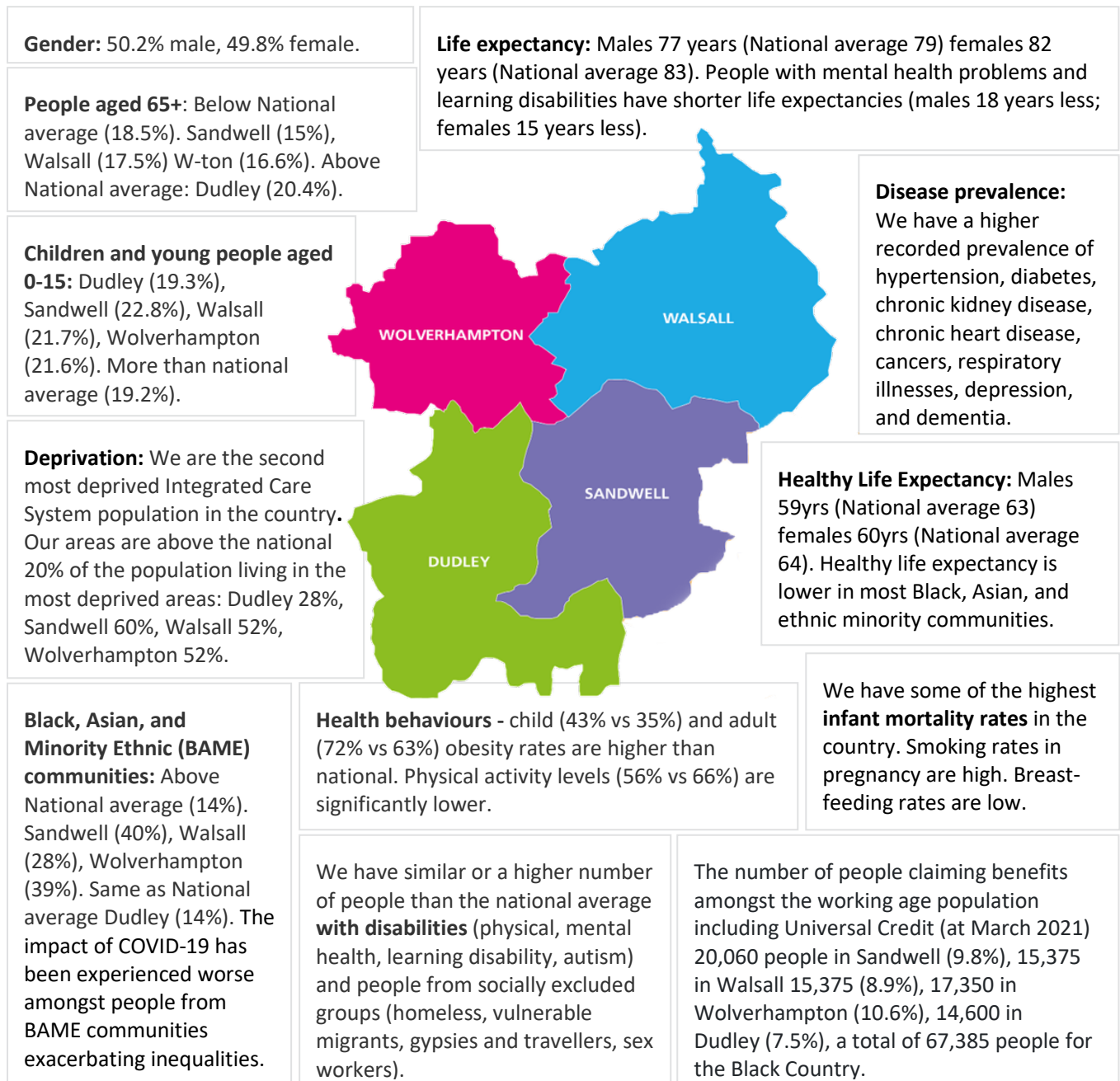
So much has changed, however. Coal mines and heavy industry have given way to work in tourism, for instance, as a major industry in the Black Country. The Black Country Living Museum, Dudley Zoo and Castle, the Black Country designation as a UNESCO Global Geopark and the New Art Gallery in Walsall are all major attractions, and the City of Wolverhampton has about two million visitors a year. The Black Country still maintains some manufacturing, nevertheless, but on a much smaller scale. Chain-making, for example, is still a viable industry in the Cradley Heath area of Sandwell where most of the chain for the Ministry of Defence and the Admiralty fleet is made in modern factories. People in the Black Country are doing a variety of new things.





## Healthier People in the Black Country

We need to understand both the assets and the needs of the 1,202,528 people living in the Black Country and their health and care needs now and in the future. To do this, together with our communities and resources, each of the four areas have a Health and Wellbeing Board. They have worked hard for many years to understand and respond to the needs of their areas. They have published this understanding in the Joint Strategic Needs and Assets Assessments. Important **features and challenges** from those assessments include:





## Our challenges

There is more detail on the factors outlined above, within the Joint Strategic Needs and Asset Assessments and their action-orientated Joint Local Health and Wellbeing Strategies of the four Health and Wellbeing Boards via the links below:

**Dudley:**

[Joint Strategic Needs and Assets Assessment](#)  
[Health and Wellbeing Strategy](#)

**Sandwell:**

[Joint Strategic Needs and Assets Assessment](#)  
[Health and Wellbeing Strategy](#)

**Walsall:**

[Joint Strategic Needs and Assets Assessment](#)  
[Health and Wellbeing Strategy](#)

**Wolverhampton:**

[Joint Strategic Needs and Assets Assessment](#)  
[Health and Wellbeing Strategy](#)

These factors and other challenges outlined, inspire us to use the opportunity we now must build on our achievements as partners and make steps towards being an even stronger ICP with a clear vision and Integrated Care Strategy.

Exemplars of the partnership approaches we have used to help us over time include from amongst others, the NHS Pathology Service for the Black Country, and the Adoption Partnership between the Councils Children's Services. They are examples of how we can add value to our localities through partnership.

But this also happens in local arrangements, too. For example, to support integration of local NHS services with adult social care support and services, the Better Care Fund is deployed in each area through **local place-based partnerships**. These bring together key leaders from the NHS acute hospitals, the NHS Black Country Healthcare Trust

(supporting people with needs arising from their mental health, learning disabilities and/or autism), Local Authorities, GP practices through the Primary Care Networks, the local voluntary and community sector, and Healthwatch.

We do see some similar challenges and priorities in each area but, importantly, solutions are delivered with local nuance and different approaches based on local knowledge and experience. Therefore, we have agreed that our Integrated Care Strategy should build on priorities established locally. We should come together where it makes sense to do so. With a renewed focus on integration, we can be clear about how integration at the system-level and locally will best work for people and their needs.

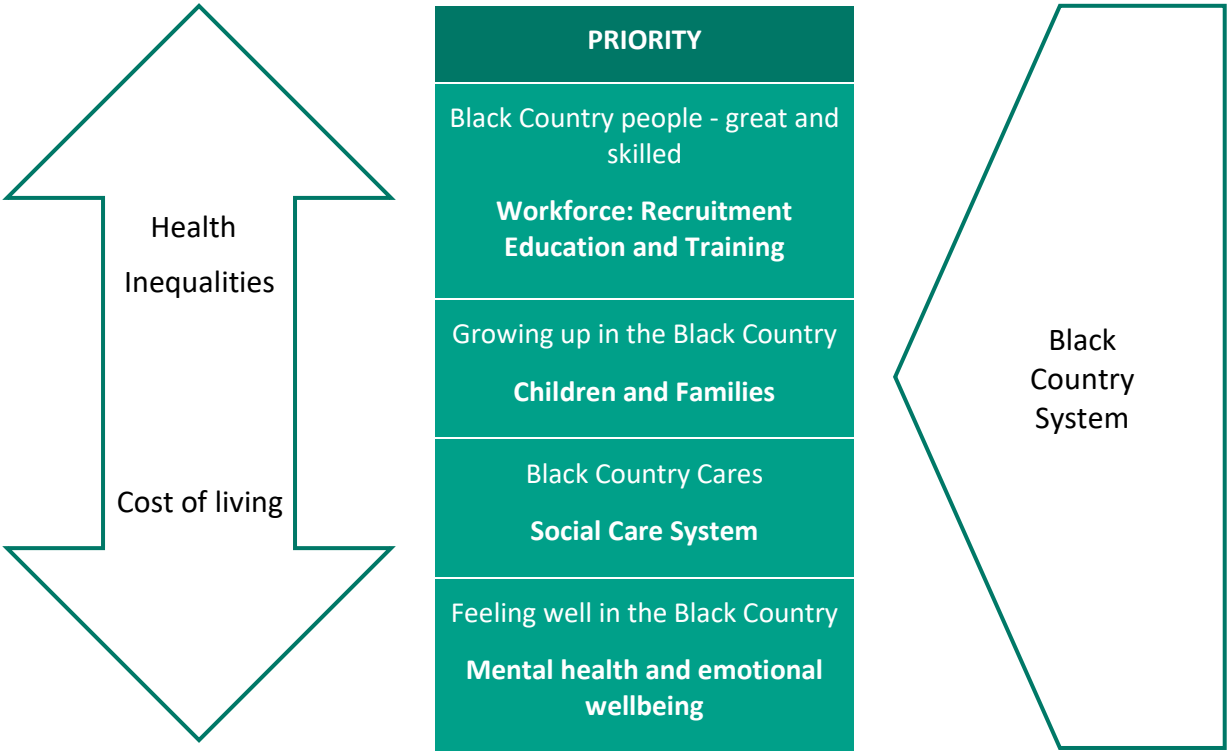
## Our priorities

As partners, we have begun to take our partnership to the next level and begin to establish priorities which we can develop further. A list of partners who have participated so far is included as an appendix to this strategy.



One important part of this work has been the work we have done together on local priorities. Partners undertook a prioritisation process and review. From this process, four main areas have been identified as ones where we believe there is potential for increased impact from greater co-ordination and joint effort. It is recognised that some themes are ‘cross-cutting’ such as the current cost of living challenges and on-going health inequalities which are seen to permeate the four priorities. Our understanding of these themes will be enhanced by work undertaken by the Integrated Care System Academy following consultation with partners.

An updated strategy for 2023/24 onwards, will review and refine the priorities for longer-term development over the following ten years.



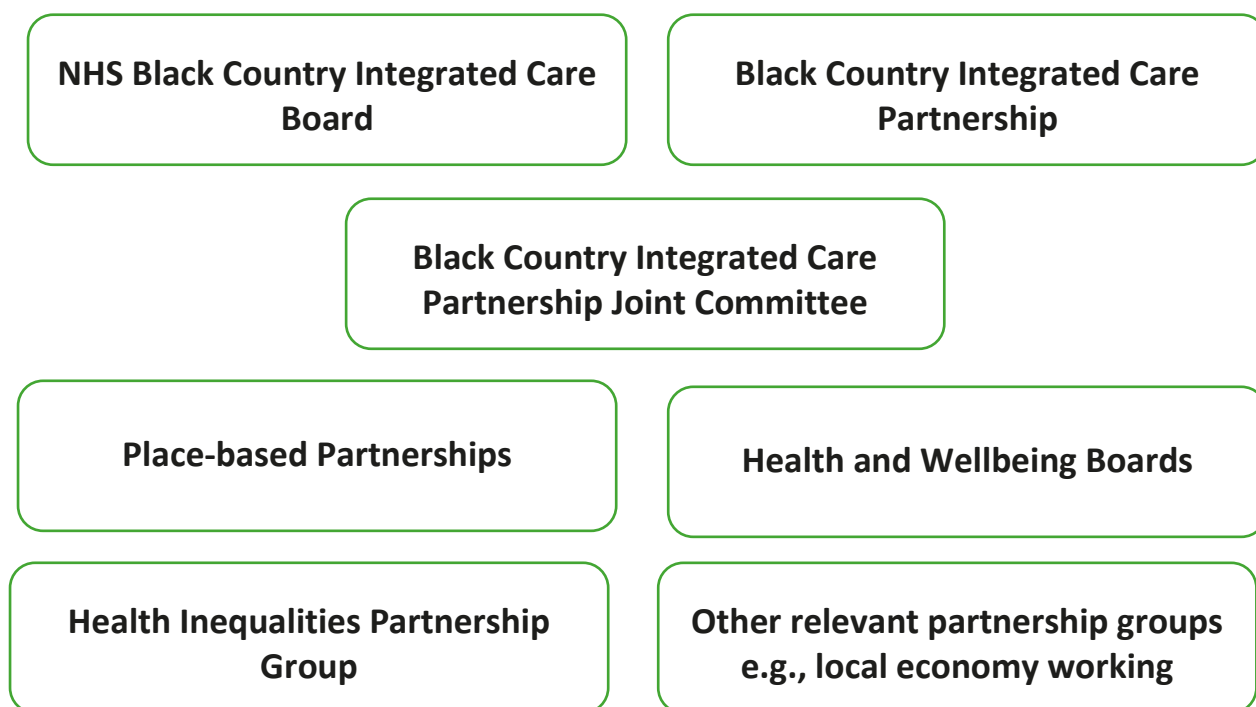
## How we deliver

In the Black Country, nearly 45,000 people work in the NHS and about 35,000 work in adult social care services in about 60 CQC registered establishments. In addition, approximately 35,000 work within Councils including those working in school age education. This creates significant influence on work connected to the **wider determinants of health** - education and skills, leisure, regeneration and spatial planning, social care support for children, young people, and families as well as adults and public health. Partners in the police, fire and rescue services, further education, housing, higher education add considerably to the resources committed to improving the lives of people in the Black Country. Over 4,000 voluntary, community and social enterprise organisations and groups in the Black Country add to this comprehensive resources.



**Through these significant resources**, overall, we will deliver this strategy as partners, through our partnership arrangements at both place-level and wider Black Country system-level.

The Black Country ICP will offer leadership through various delivery mechanisms as they develop further. It will work with the Health and Wellbeing Boards of the four areas to ensure that local people can enjoy the fullest life possible including access to quality health and care health services.



**Sustainability** will be a key theme for us, and our partners. This encompasses the support we seek to give to individuals, families, and communities as well as our approach to resources as part of a ‘green’ agenda.

Partners are constantly in **dialogue with local people and organisations** through their work and practice. We are helped by the Black Country Together Voluntary, Community and Social Enterprise Alliance. This is a forum for the sector to work with NHS partners, have their say, and work together in how we support people, including as patients across the Black Country. The local Healthwatch agencies also support this dialogue.

We are working towards improved co-production, building on the dialogue we have established with our communities over time. Some examples of our varied approaches to dialogue in localities and at a Black Country level are included overleaf.



### Approaches to dialogue in localities and across the Black Country:



As part of the national “Make Your Mark Youth Parliament” initiative, City of Wolverhampton Council achieved a 40% response amongst local young people to issues which mattered to local young people. Health and wellbeing were high amongst them as well as jobs and income.



[Tell us your story of maternal mental health care | Healthwatch Wolverhampton](#)



[Case study: a patient’s journey of moving to a care home | Healthwatch Sandwell](#)



[Raising awareness about male suicide in the East 2 PCN area of Walsall | Healthwatch Walsall](#)



[Digital Exclusion Report – June 2021](#)



**Black Country**  
Integrated Care Board

[Engaged with over 100 people from communities in March 2022 to agree how co-production will be developed with communities.](#)



**Walsall**  
Council

[Faith in Action:](#) Walsall council worked to garner a variety of attendees ranging from faith-based groups, support and outreach services, schools, and various local not-for-profits. Schools were engaged to promote learning opportunities using integration workshops. Young people learnt about a variety of Walsall based projects in homelessness, outreach work, humanitarian work, twinning projects between faith communities, arts work, and volunteering work.



**Black Country**  
Integrated Care Board

A summary of service-user’s expectations, experiences, health needs and financial challenges to inform ICB strategy priorities and population involvement.



[High rise engagement sessions](#) - Housing bosses “listened and learned” from Dudley Council high rise tenants following an information gathering event. People living in Bailey Court and Kennedy Court in Green Street had the opportunity to share their views with council staff about what it is like living in high-rise developments. They offered feedback on services they thought were working well as well as ideas and suggestions about services that could be delivered differently.



## Healthier Futures – our aspirations

One of the purposes of a strategy is to look ahead. It is recognised that it takes time to tackle the wider determinants of health and improve health life expectancy. In our approach to partnerships, we have outlined the strength of our communities and our partnerships as we move forward together.

We know that we will still need to develop further. For example, this initial strategy will need to be extended to embrace the contributions of partners working in housing, police, fire and rescue, the independent care sector amongst others more fully.

As we progress, we also need to reflect on our own experiences of the way in which we tackle issues at a local level, and where support at a Black Country level can help. In this context, to guide our next steps in making this initial strategy meaningful and achievable to all concerned, partners have proposed the following initial principles.

### Principles

We will:

- Use improvement processes to improve access and quality
- Ensure activity contributes to reduction in inequity of access and of inequalities
- Consider opportunities for finance sharing
- Encourage transparency, trust, accountability collaborative and genuine partnerships focussed on innovation
- Use opportunities to scale-up / help spread learning and good practice
- Promote subsidiarity through decisions at place as close to the individual as possible
- Take a “club and country” approach for the Black Country in use of pounds, purchasing, and people, acting as a system
- Embrace equality as partners, where all contribute and avoid detriment to others
- Be brave and support colleagues as well as offer professional challenge
- We will come together when it makes sense to do so. Factors which will help us decide on this are:
  - **scale** (the priority would be best undertaken at a Black Country population level to achieve the strongest outcomes)
  - **expertise** (the priority needs either collective expertise of the partners or access to specialist expertise)
  - **resilience** (the priority relates to scarce resources and so is appropriate to consider at Black Country level)
  - **relevance** to the pressures/priorities of the system
  - **feasibility** in terms of its ability to generate a return on effort, the ability to secure the interest of a sufficient number of partners and the consideration of any potential unintended impact
  - **affordability** revenue consequences would be assessed.



We also embrace the “80/ 20” approach which inspires us to focus on prevention and early intervention to avoid upstream costs. A stable workforce will be one aspect which helps us with that, and we are committed to that.

Partners have agreed to build up our strategy organically. We recognise that people always experience their life in a given ‘place’. The strategies and plans of the four ‘places’ of the Black Country are our start and continue as our focus of delivery.

We want to develop our shared vision further and deepen the sense of urgency with which we approach our challenges.

## Next steps

Our Black Country Integrated Care Strategy is an initial strategy of our developing ICP.

Through the strategy, we are taking our next steps of deepening our local place-based partnerships and those which will be at Black Country level.

Our overall aspiration is to have a partnership which is even more effective than any we have entered before. This is so that we can meet the population health challenges faced by the people living in the Black Country and those working in services or support them, such as informal or family carers.

**This initial strategy will need development over the next couple of years as we work towards a longer-term ten-year strategy.**

Over time, we also need to learn from our experience and develop our **governance for delivery**. A model of partnership for the ICP will need to move onto the next stage of development. At the moment, it looks as if some sort of wider ‘Assembly’ model which allows people and colleagues from across the Black Country to come together to learn from their experiences and agree ways forward may offer a good way forward. A smaller ‘Joint Committee’ of relevant partners will be needed for any formal decision or response to Health and Wellbeing Boards where required.

We want to be innovative in our approach to help improve people’s experience of health and care. Therefore, we will embrace opportunities such as those found in digital resources which improve standards of care assistance.





## Appendix

### Organisations participating in developing our Black Country Integrated Care Partnership:

- Black Country Healthcare NHS Trust
- Black Country Integrated Care System Academy
- Black Country Together Voluntary, Community and Social Enterprise Alliance.
- City of Wolverhampton College
- City of Wolverhampton Council
- Dudley College
- Dudley Group NHS Foundation Trust
- Dudley Metropolitan Borough Council
- Dudley Integrated Health and Care NHS Trust
- Healthwatch Dudley
- Healthwatch Sandwell
- Healthwatch Walsall
- Healthwatch Wolverhampton
- NHS Black Country Integrated Care Board
- Royal Wolverhampton NHS Trust
- Representatives from Primary Care
- Sandwell & West Birmingham NHS Trust
- Sandwell Metropolitan Borough Council
- University of Wolverhampton
- Voluntary Community Sector Enterprise
- Walsall Healthcare NHS Trust
- Walsall Metropolitan Borough Council
- Walsall Together
- West Midlands Fire and Rescue Service
- West Midlands NHS Ambulance Service NHS Trust
- West Midlands Police Service
- Wolverhampton Homes.



