



Health and Wellbeing Together

7 December 2023

Report title: Black Country Integrated Care Partnership (ICP)

Report of: Taps Mtemachani
Director of Transformation and
Partnership – Black Country Integrated
Care Board

Portfolio: Public Health and Wellbeing

Recommendation for action or decision:

Health and Wellbeing Together is recommended to:

1. Receive for information and assurance progress around the development of the Black Country Integrated Care Partnership – the work undertaken so far, its membership and the proposed principles that set out the basis of the relationship with HWBs.

1.0 Purpose

- 1.1 This report sets out the context and purpose of the Integrated Care Partnership (ICP) along with its state of development within the Black Country Integrated Care System. The Health and Wellbeing Board is asked to note the report for assurance and to consider the implications of the developing arrangements.
- 1.2 A meeting of the Black Country Integrated Care Partnership (ICP) took place on 30th October 2023. It was proposed that feedback on the meeting should be shared with the Health and Wellbeing Boards (HWBs) across the Black Country so that boards are sighted on the aims, ambitions and progress of the ICP, plus, importantly, how the ICP is intended to complement the ongoing activities of HWBs by promoting integration from place-level to system-level.

2.0 Background

- 2.1 Work to develop and establish an ICP in the Black Country has progressed since July 2022 with an Integrated Care Strategy developed with partners through 4 ICP development sessions – the initial strategy was then signed off by the 4 Local Authorities and the ICB – It is now published on our ICS website <https://blackcountryics.org.uk/our-purpose/our-priorities>
- 2.2 The focus now is on strengthening governance arrangements ensuring appropriate leadership and oversight – agreeing a terms of reference as we move towards meeting in public and publishing minutes from January 2024.
- 2.3 Over the next couple of months consideration will need to be given on how the ICP interacts with established governance mechanisms such as Health and Wellbeing Boards including to what extent existing ICS workstreams/programme boards will work with the ICP and what the nature of that relationship will be.
- 2.4 The ICP is a statutory forum – all Integrated Care Systems are required by law to have one. The ICP is a joint committee of the ICB and LAs – in the Black Country that is all 4 of our Local Authorities. That is the core-membership, however - the guidelines do also recognise the need for wider partners to be actively involved in the ICP whilst recognising that the wider membership must be locally determined. You can view our committee membership here: <https://blackcountryics.org.uk/about-us/integrated-care-partnership-icp> - a list of core-members is also provided in section 3 of this report.
- 2.5 As aforementioned, there is a requirement that the ICP develops a strategy that then informs local planning and delivery including the functions of the ICB and the LAs. To that end, the development of the Joint Forward Plan has been based on a consideration of the initial integrated Care Strategy which set out the health and care needs of the Black Country along with some high-level ambitions as follows:

A. **Black Country people, great and skilled** – workforce recruitment, education and training

B. Growing up in the Black Country – children and families

C. Black Country Cares – social care system

D. Feeling well in the Black Country – mental health and emotional wellbeing

2.6 Partners are now considering how best to take forward the initial priorities and give further definition to the expectation of the Partnership in the areas identified, recognising the primacy of Place as regards to delivery.

3.0 ICP Membership

3.1 The initial membership of the ICP is as follows:

Name	Organisation / Role
Jonathan Fellows	Chair, Black Country ICP and Chair, NHS Black Country ICB
Shokat Lal	Council Chief Executive Sandwell MBC
Kerrie Allward	Director for Adult Social Services Walsall Council
Catherine Driscoll	Director for Childrens Services Dudley MBC
John Denley	Director for Public Health City of Wolverhampton Council
Mark Axcell	Chief Executive NHS Black Country ICB
Sally Roberts	Chief Nurse & Deputy CEO NHS Black Country ICB
Dr Ananta Dave	Chief Medical Officer NHS Black Country ICB
Taps Mtemachani	Director of Transformation & Partnerships NHS Black Country ICB
Richard Fisher	Chief Superintendent West Midlands Police
Sam Samuels	West Midlands Fire Service
Prof Sharon Arkell	University of Wolverhampton
Sharon Nanan-Sen, Wolverhampton CVS Andy Gray, Dudley CVS Vicky Hines, Walsall CVS Mark Davis, Sandwell CVS	Community and Voluntary Sector (CVS) (CO's rotating attendance)

3.2 The membership will continue to be reviewed.

4.0 ICP Responsibilities

- 4.1 As aforementioned, the ICP has a statutory duty to create an integrated care strategy to address the assessed needs, such as health and care needs of the population within the ICB's area, including wider determinants of health and wellbeing such as employment, environment, and housing.
- 4.2 The ICB and local authorities will work together through the ICP to meet cross-cutting priorities for which they are all responsible, alongside other ICP partners.
- 4.3 The ICP will support partnerships and integrated working across places, at system level, specifically looking at broad health and care experiences and outcomes that cannot be solved by one organisation or place alone.
- 4.4 The ICP will complement the ongoing activities of Health and Wellbeing Boards (HWBs) by promoting integration from the place-level to the system-level. HWBs will have local and place-based insight that will be incredibly valuable to the ICP when looking at and developing a strategy to address cross-cutting, long-term health and care challenges.
- 4.5 The ICP will oversee and co-ordinate work on the achievement of the priorities agreed in the initial Integrated Care Strategy.
- 4.6 The ICP will be responsible for determining and agreeing the resources needed to support its work plus how these will be provided.
- 4.7 The ICP will use data from across the partner organisations to help identify and deliver its responsibilities.
- 4.8 The ICP will work where possible through existing groups, including existing partnership arrangements such as Safeguarding or Community Safety, to deliver its responsibilities.
- 4.9 The ICP will seek to identify opportunities for innovation, plus to identify and to communicate areas of achievement and good practice.

5.0 Resourcing The ICP

- 5.1 The role of the ICP is coordination, rather than delivery. Having established the four priority areas in the Initial Integrated Care Strategy as set out above, the ICP needs to determine what resources are needed in order to support its work.
- 5.2 As a first step it was agreed that a scoping exercise would be undertaken to establish what work is already being undertaken across partners which could be developed to support delivery on the four priority areas. The potential to create a project team resource to move forward at a faster pace will be explored, although it is acknowledged that funding for such an approach could be a challenge unless existing resources can be refocussed, or funding currently received for addressing health inequalities could be repurposed.

6.0 Future Meetings and Agreed Actions

- 6.1 The ICP will meet again on the 19th of December to follow up on the agreed actions, which were:
- A. To present an initial update on the data that is currently available from all partners across the Black Country to make it more visible and to identify and understand what problems we share and how these relate back to our priority areas.
 - B. To finalise the Terms of Reference.
 - C. To undertake a scoping exercise on each of the four Integrated Care Strategy priorities to identify what work is already going on and how best to take these forward.
 - D. To discuss what support the ICP will require in order to carry out its responsibilities and to propose how best to provide such support
 - E. To report on the work undertaken by the five current Networks across Health Inequalities, Prevention and Personalisation, Migrants and Refugees, Health and Housing and Black Country Anchor Network. The reports will cover membership, frequency of meetings, funding provided, decisions taken and achievements to date.
- 6.2 The intention is for the ICP to then meet at least quarterly in public during 2024.

7.0 Recommendation

- 7.1 That Health and Wellbeing Together receives for information and assurance progress around the development of the ICP – the work undertaken so far, its committee and the proposed principles that set out the basis of the relationship with health and wellbeing boards.

Taps Mtemachani

Director of Transformation and Partnership BC ICB – ICP Lead Executive