Healthier Futures
Black Country Integrated Care System

Integrated Care Strategy 2025-2028 Outline

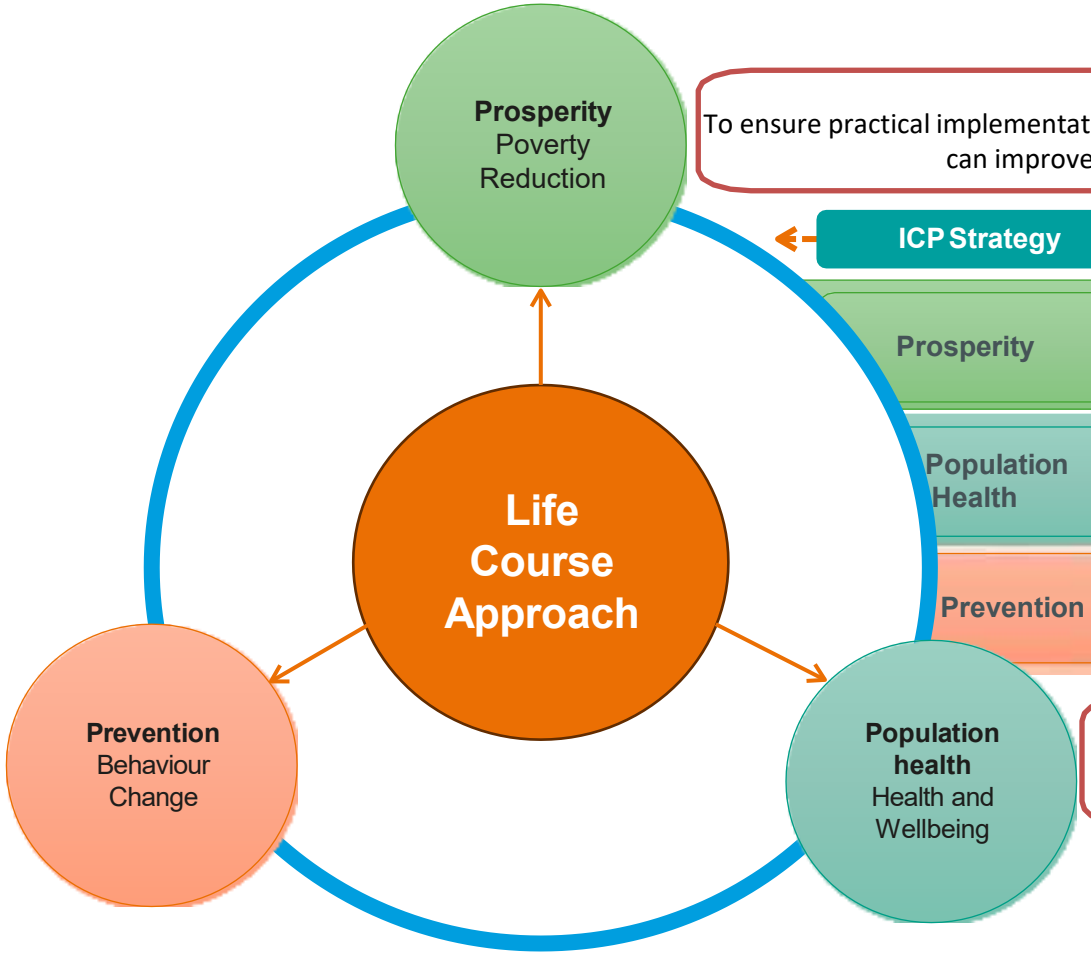
ICB Transformation Director
& BC Directors of Public Health

Shared with the following for comments:

- ICP Development Sessions – 11 Nov/6 December ‘24
- 4 HWBs – December ‘24
- ICB Executives – Nov/December
- Dudley PbP – 16 Jan ‘25
- Place Integration Directors – 17 Jan ’25
- DsPH – 17 Jan ’25
- NHS ICB Managing Directors – 17 Jan ’25
- Approved by ICP Board on 23 Jan ‘25

Healthier place Healthier people Healthier futures

Our Integrated Care Strategy 2025-2028 – On A Page



Strategic Objective:
To ensure practical implementation of primary and secondary prevention policies that can improve Healthy Life Expectancy by 2035

Strategic Objective:
To address deprivation through increasing levels of employment, education and skills by 2035

ICP Strategy	Cross Cutting Actions	Support Infrastructure	Collective Action
Prosperity	Life Course Approach; Health Equity; Data & Insight Management; Outcomes Frameworks; Mental Wellbeing	Anchor Networks; Health & Housing	1 ICP members as employers 2 Employment schemes and processes 3 Health and Housing
Population Health		Underserved Communities	1 Workforce & organisational development 2 Service access, experience & outcomes 3 Lived experience & leadership
Prevention		Prevention & Personalisation	1 Tobacco Control/ Obesity/ Alcohol 2 Licencing/ Planning 3 Healthy Workforce 4 Health Equity Assessment Tool Implementation

Strategic Objective:
Implementation of an 'all age' policy approach by 2028

Strategic Objective:
To redress inequalities and improve access and experience for our underserved communities by 2035

Strategic System Change:
- Public Sector Reform (Devolution)
- Social Care Reform (Children and Adults)
- Community Engagement/Public Involvement

Our Partnership Principles:
- **Place first** – ensuring connected and effective neighbourhood services
- **Prevention foremost** – connecting our collective ability
- **People centred** – improving outcomes for all our diverse communities and ensuring we understand what matters to our communities

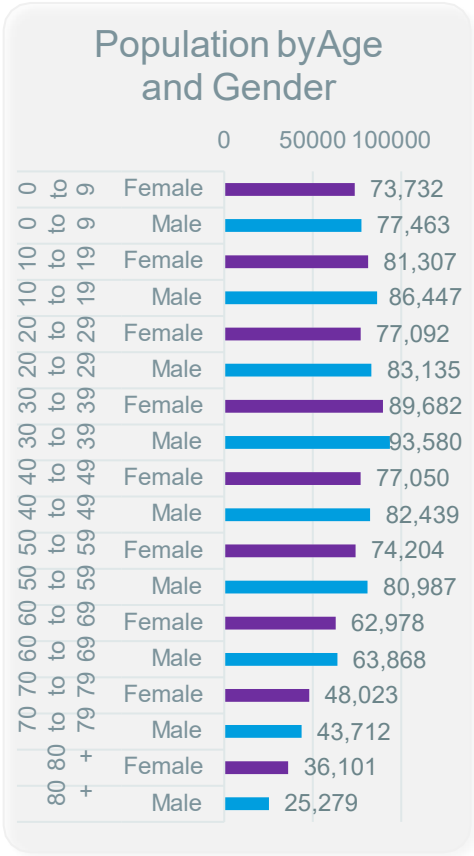
Our Integrated Care Strategy Outline

1. Our Context and Opportunities for Improvement
2. The Voice of Our Local Communities
3. Our Strategy, Priorities and Opportunities
4. Our Philosophy, Principles and Values
5. Our Governance, Leadership and Support Infrastructure

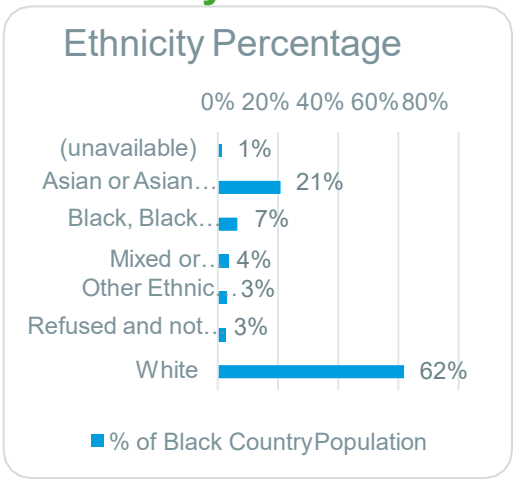
1 Our Context and Opportunities for Improvement

Four Places, One Black Country

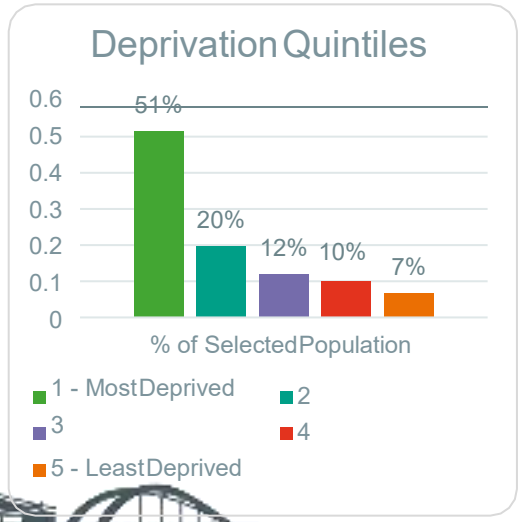
1,257,150 Residents



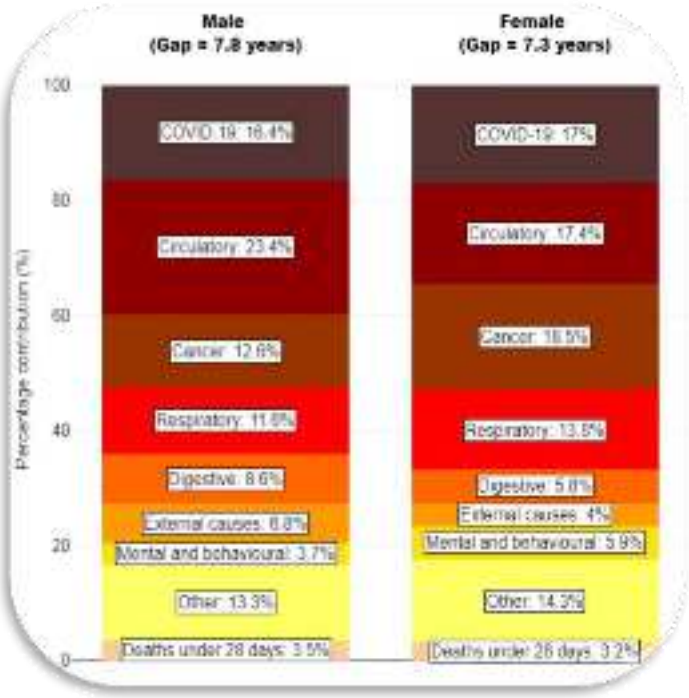
Richly Diverse



High Deprivation



Population Health Challenges



ICP Data across the BC

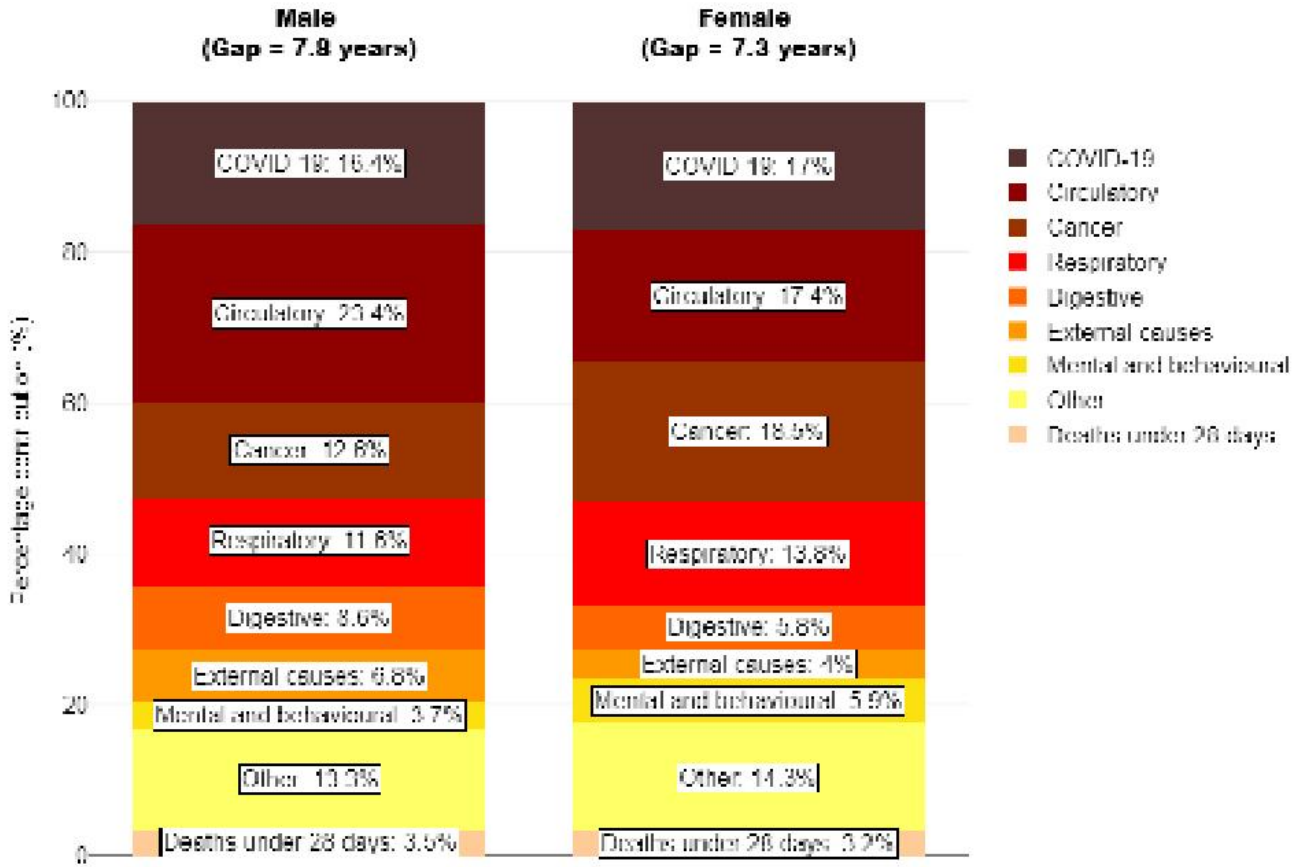
How National Drivers and Local Evidence Converge

- ICS Core Purposes and link to our Population Health Overview
- Other Significant Data – Service Utilisation
- How data links to IC Strategy Priorities

ICS Core Purposes and link to our Population Health Overview

A. Improving Population Health
B. Tackle Inequalities in access, experience and outcomes
C. Value For Money/Sustainability and productivity
D. Supporting broader socio-economic development

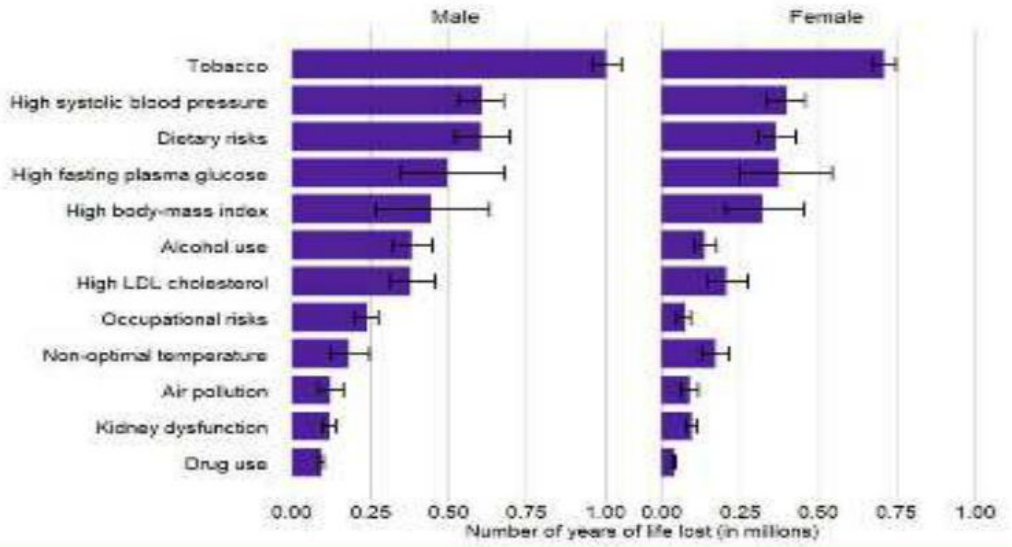
A. Improving Population Health



Segment Tool (phe.gov.uk)

What this tellsus:

- What drives the life expectancy gap between the Black Country and England – is mainly respiratory (incl COVID-19), Circulatory Disease and Cancer;
- This may suggest prioritising improvements in those areas.
- Underpinning these are lifestyle & behavioural factors that drive poor healthy life expectancy (HLE) – these are highlighted below (OHID 2023)
- Prevention is the most impactful way to improve HLE. **This suggests our IC Strategy focus on Prevention**



B. Tackle inequalities in outcomes, experience and access

Life expectancy

Males have shorter life expectancy than females by 5 years

Black Country Data

People living in the Core20 have shorter life expectancy than average by 4 years

Black Country Data

What this tells us:

This may suggest our IC Strategy prioritising specific population cohorts alongside considering wider types of disparities e.g. according to ethnicity, deprivation and broader protected characteristics. This includes application of an appropriate assessment framework such as the Health Equity Assessment Tool (HEAT)

People living with mental health problems have shorter life expectancy by 15-18 years

Making the Case for Integrating Mental and Physical Health Care - Full Report. | The Strategy Unit (strategyunitwm.nhs.uk)

People with learning disabilities have shorter life expectancy by 14 to 18 years

People with learning disabilities have lower life expectancy and cancer screening rates | The BMJ

People who are homeless have nearly half the life expectancy

Deaths of homeless people in England and Wales - Office for National Statistics (ons.gov.uk)

C. Enhance productivity and value for money

Life expectancy (Lifespan) and Healthy life expectancy (Healthspan)

Cost per capita by point of delivery (POD)

POD	Healthy / Well	People with LTC	Frailty/ Dementia
ED	£22	£63	£312
NEL	£55	£249	£3962
EL	£16	£183	£290
OP	£45	£197	£350

Whole population
48 years is the median age in which people move out of the healthy/ well segment. 81 is the median life expectancy.

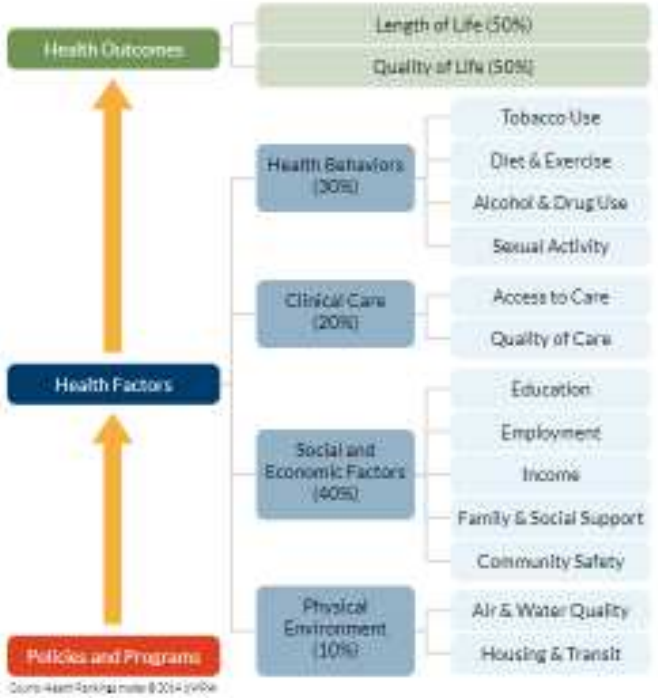
Females
47 years is the median age in which people move out of the healthy/ well segment. 83 is the median life expectancy.

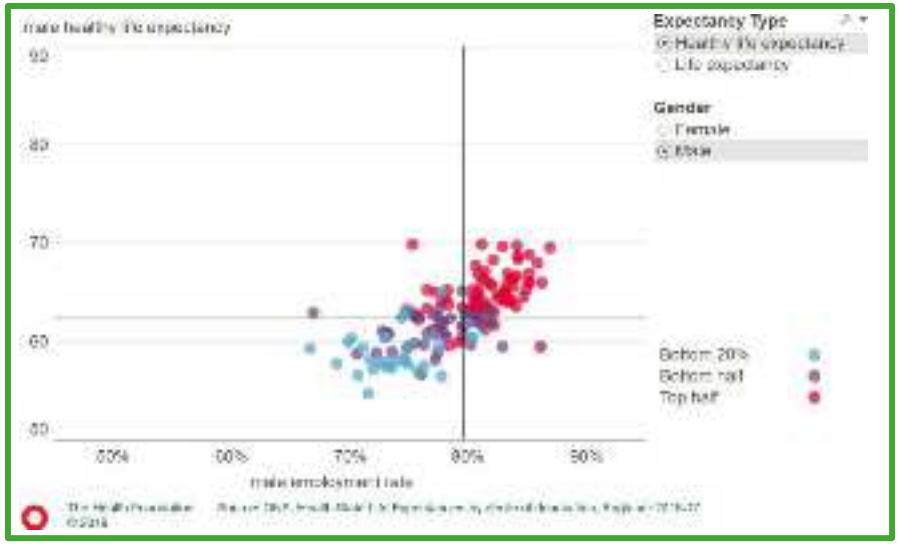
Males
50 years is the median age in which people move out of the healthy/ well segment. 78 is the median life expectancy.

This may suggest prioritising keeping people in the healthy/ well segment for as long as possible i.e. a **focus on prevention + Health and Wellbeing Economics + Social Care System Reform** – **see also Service Use Data on pg10**

Population and Person Insight (model.nhs.uk)

D. Supporting broader socio-economic development





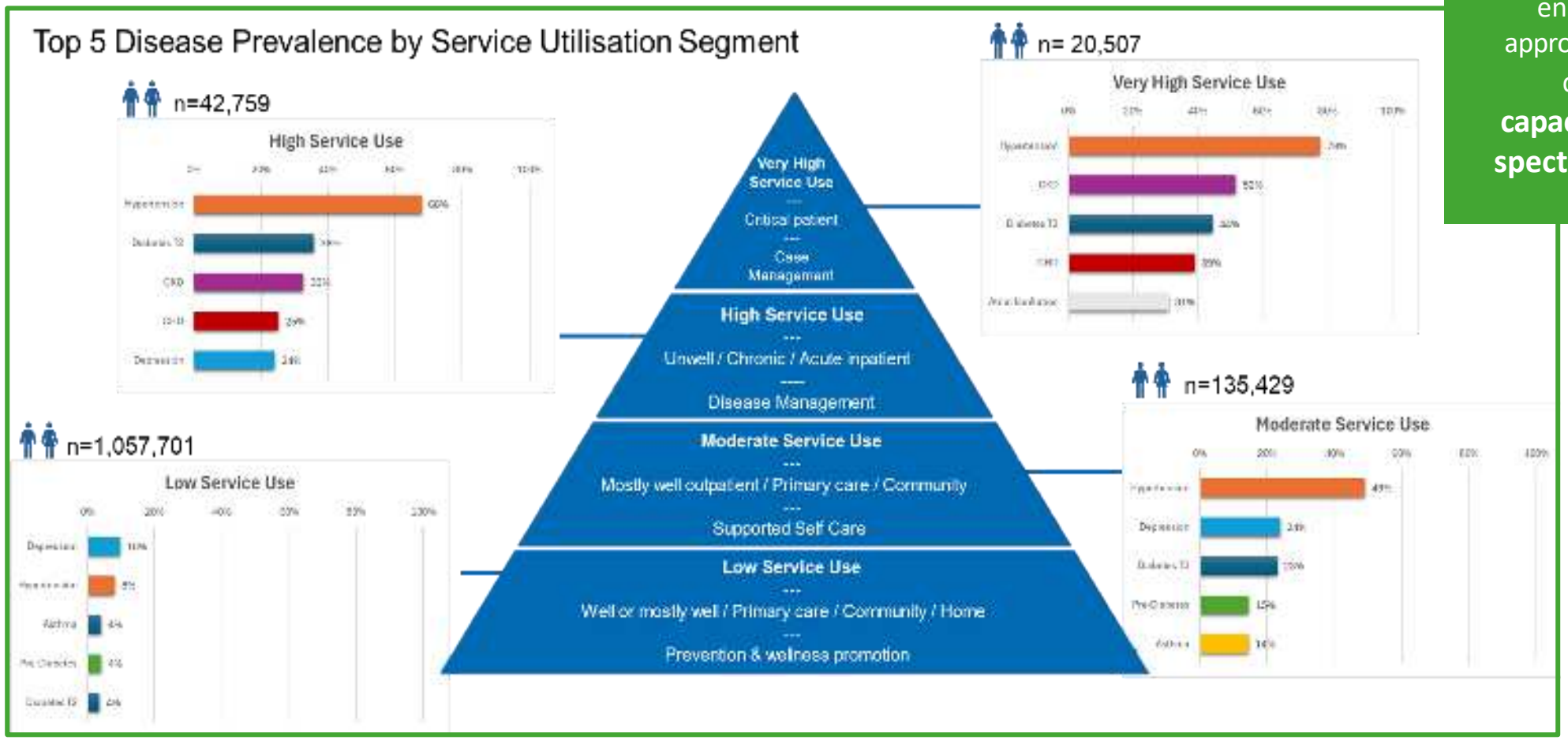
Indicator	Period	England	Sandwell	Dudley	Walsall	Wolves
Social and Economic Factors						
School readiness: children achieving a good level of development at the end of Reception (%)	2018/19	71.8	66.8	67.1	67.5	69.5
Average Attainment 8 score (Age 15-16 years)	2020/21	50.9	48.4	48.8	46.9	49.3
People in employment (%)	2020/21	75.1	74.0	72.5	72.7	72.8
Average weekly earnings - 16+ yrs (£)	2021	496	437	477	444	460
Children in absolute low income families (%)	2019/20	15.6	28.2	21.1	25.8	25.8
Fuel poverty - low income, low energy efficiency(%)	2019	13.4	20.9	16.9	19.4	20.9
Physical Environment						
Air pollution – fine particulate matter – total PM2.5	2020	7.5	8.6	7.7	8.2	7.4
Quality of indoor living environment (IMD)	2015	22.1	30.1	22.2	22.1	25.6

What this tells us:

- Only 20% of life expectancy is explained by clinical care.
- 30% is explained by health behaviours which would support prioritising keeping people healthy or prevention.
- The rest is explained by broader social and economic factors and the physical environment.
- There is a strong correlation between life expectancy and employment rates, especially in men.
- There is also a strong correlation between employment and healthy life expectancy. This highlights the link between health and remaining in work, such as early retirement and absenteeism.
- **This suggest prioritising actions on socio-economic factors such as employment/employability and income.**

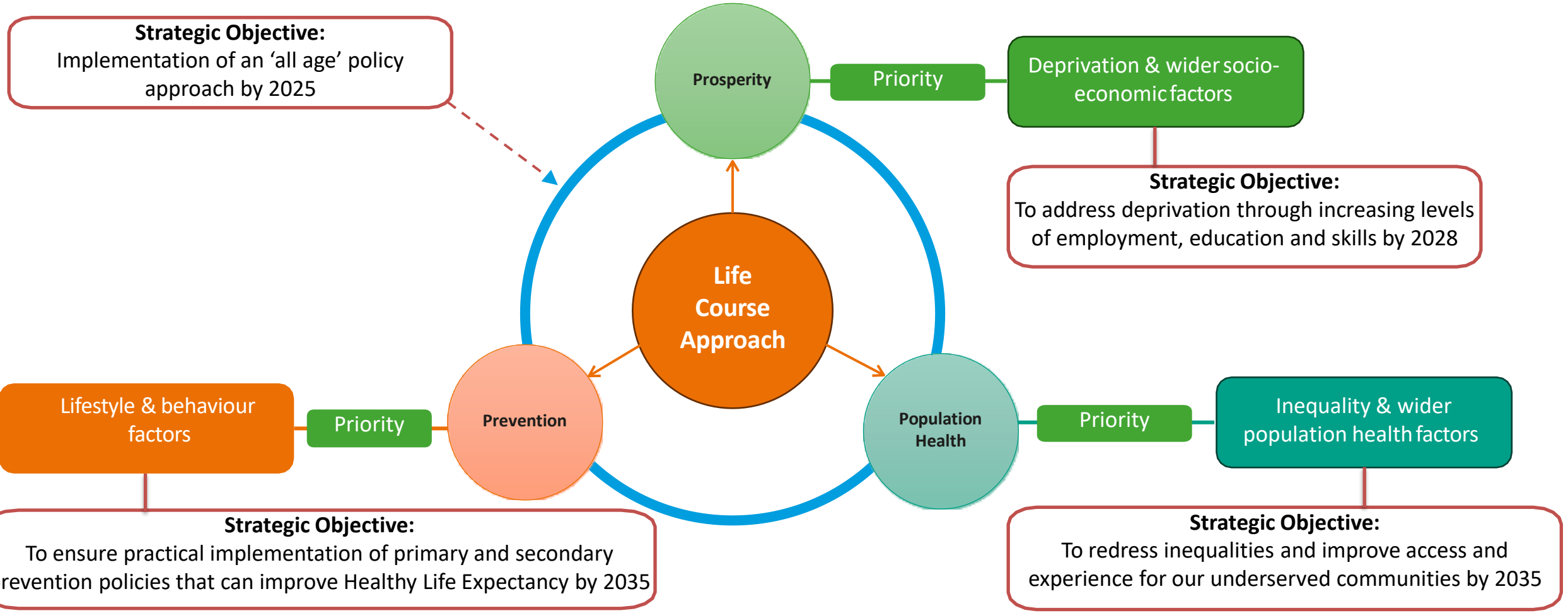
Other Significant Data – Service Utilisation

What this tells us: Segmentation enables prioritisation and appropriate targeting of service delivery and **informs capacity/skill mix across the spectrum of care (social care and primary care)**



From Data into Strategic Priorities and Objectives

A distillation of National Policy Drivers and our Local Evidence highlights, thematically, improvement opportunities illustrated below:



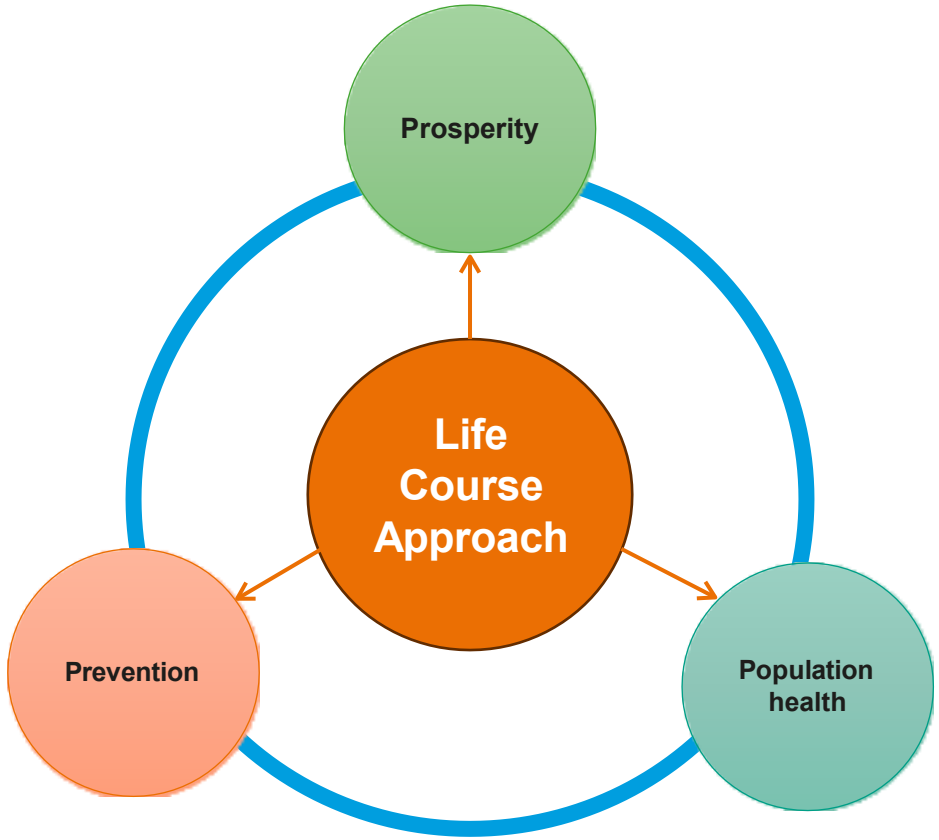
2 The Voice of our Communities

Wellbeing Framework Survey

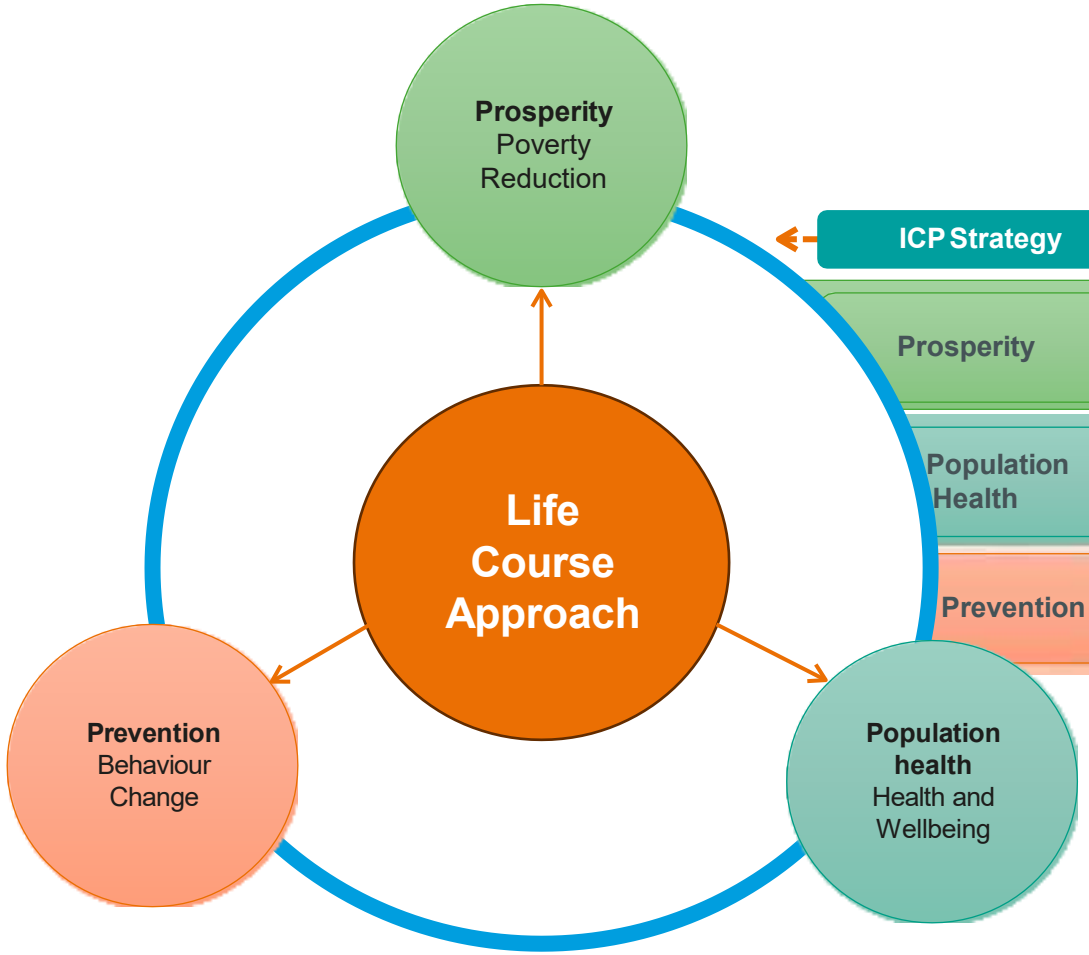
Feedback Analysis

- Joint Strategic Needs Assessment
- Health and Wellbeing Strategies
- Healthwatch Population Engagement Feedback
- CVS led Population Engagement Feedback

Our Strategy



3 Our Strategy, Objectives, Priorities & Opportunities



ICP Strategy → Cross Cutting Actions → Support Infrastructure → Collective Action

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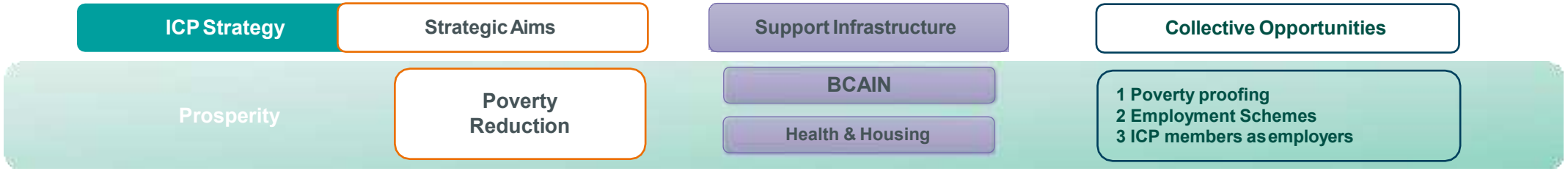
Prosperity

Strategic Objective:
To address deprivation by increasing levels of employment, education and skills by 2035



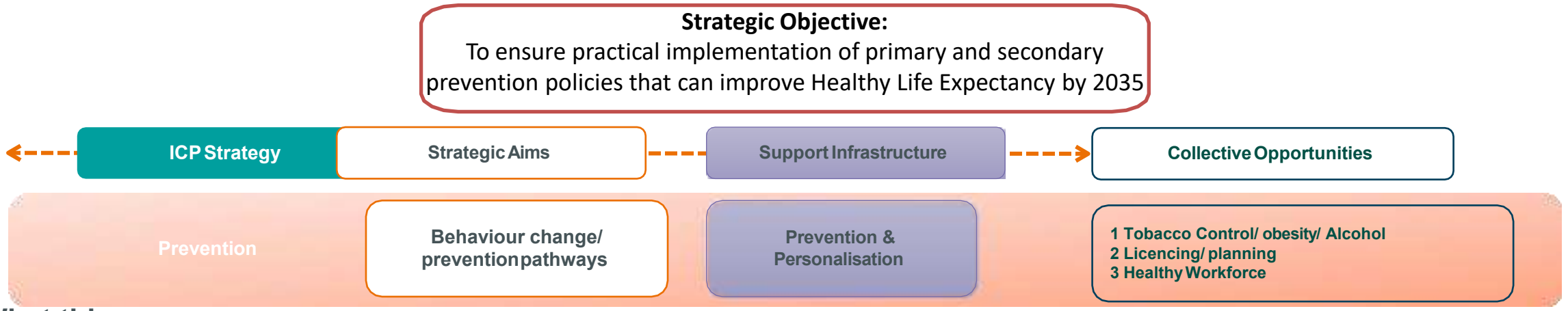
What this means:

- Work well and wider work programmes
- Apprentices
- Understanding barriers into work

Outcomes

- Improved employment – decreased economic inactivity
- Referral into health promotion programmes/ support for health conditions/disabilities
- Support for children leaving SEND schools, care leavers, carers.

Prevention and personalisation



What this means:

- Highest priorities are Obesity, Tobacco and alcohol, these need to be integrated with NHS care pathways
- Working with the ambition to affect licencing and planning for healthier environments as a place
- Developing our understanding of the economic impact of health and wellbeing and developing a case for aligning resoiurces more appropriately to support prevention more broadly

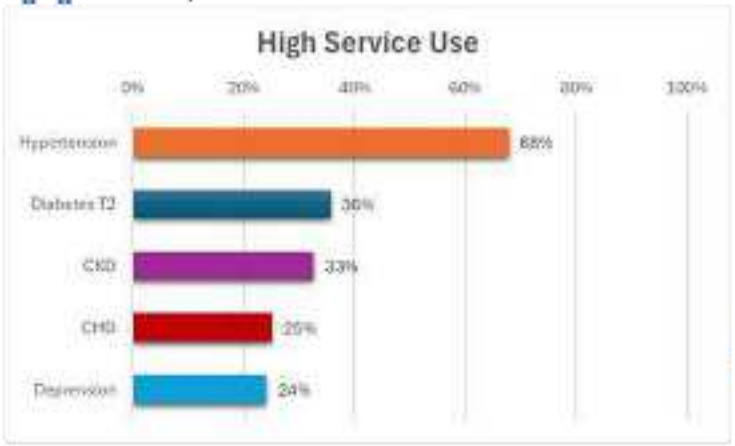
Outcomes

- All levels are utilising the prevention offers and understand the links between prevention, disease and prevention of exacerbations
- Increase in uptake of the prevention offers
- Improved health of the population

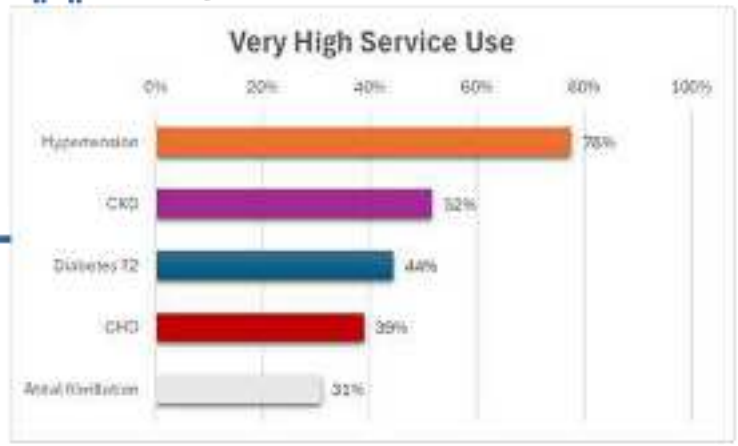
NHS Black Country approach to prevention

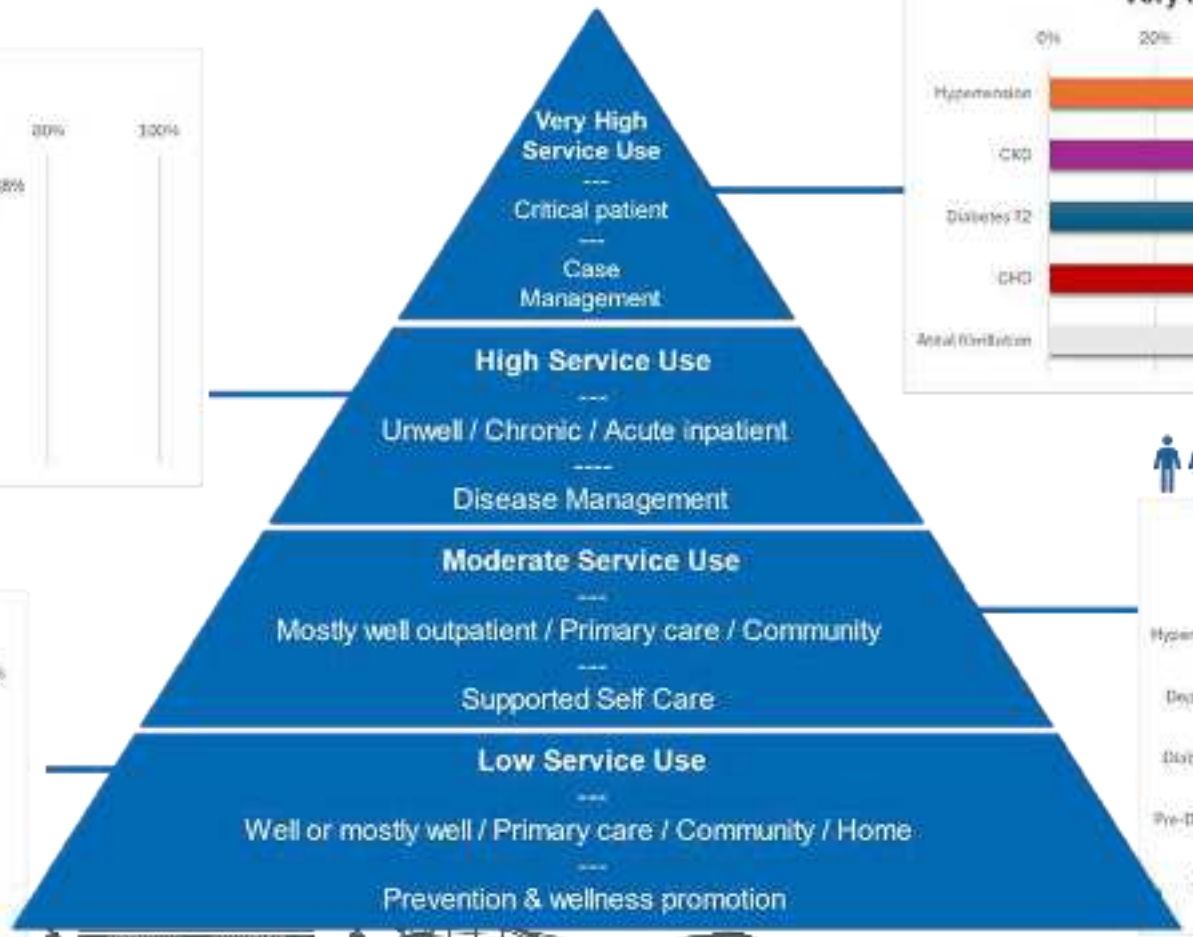
Top 5 Disease Prevalence by Service Utilisation Segment

n=42,759

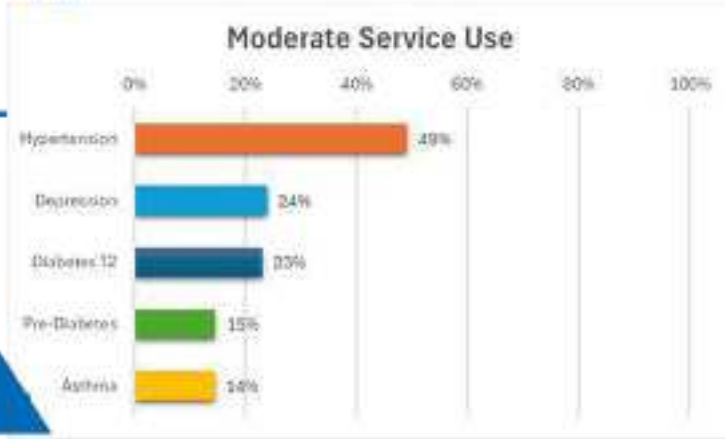


n= 20,507

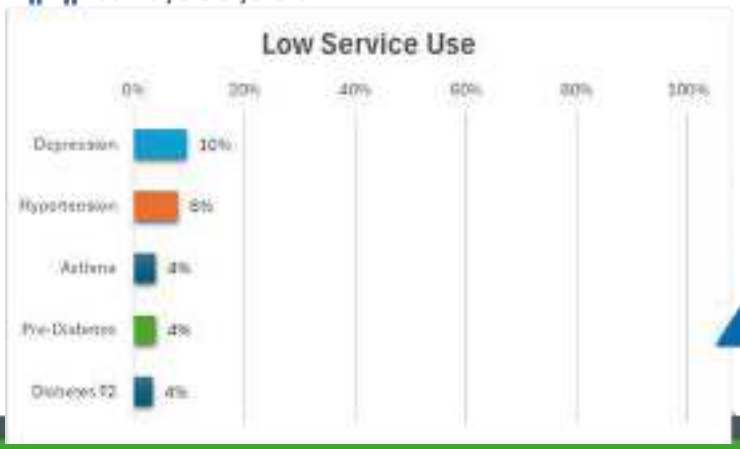




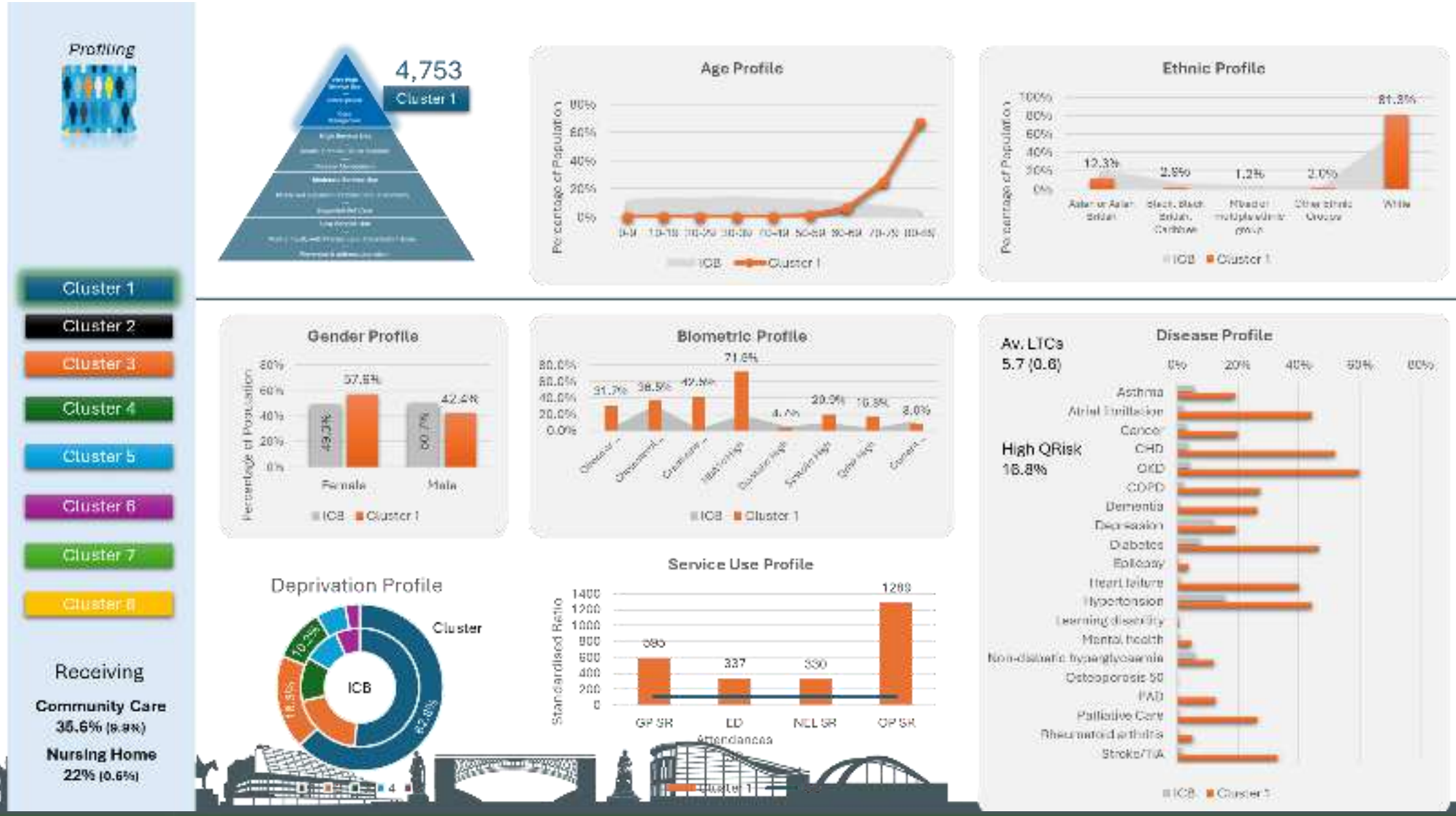
n=135,429



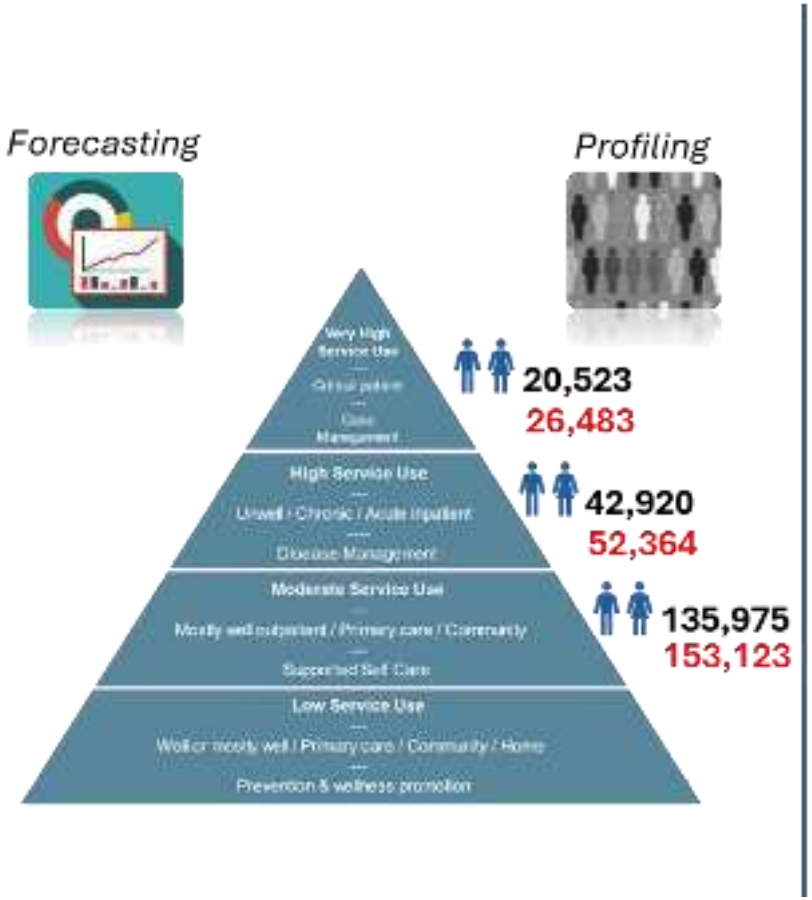
n=1,057,701

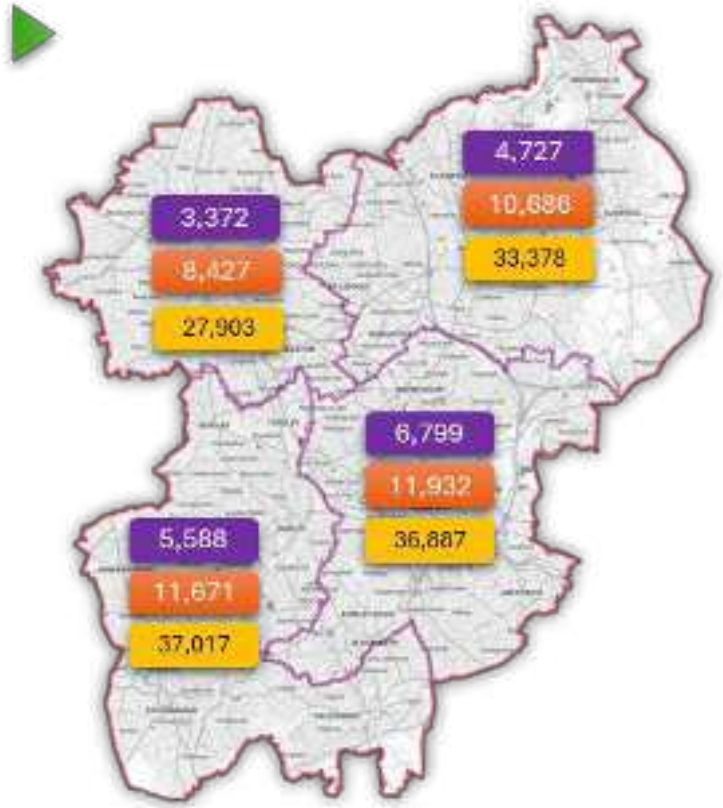


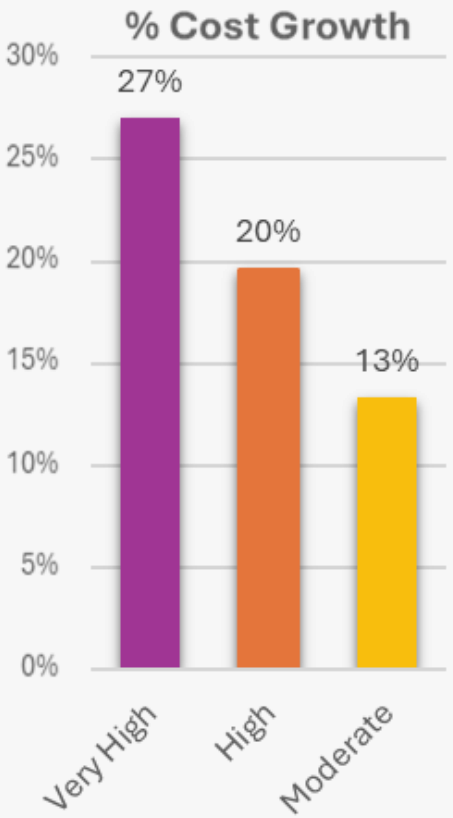
NHS Black Country approach to prevention – risk profiling



Black Country approach to prevention – Health and Economics forecasting







Population Health / Health Inequalities

Strategic Objective:
To redress inequalities and improve access and experience for our underserved communities by 2035

- Are we narrowing inequalities in access, experience and outcomes through our commissioned and wider services and how do we know? (e.g. zero tolerance re ethnicity recording)
- Improve primary and mental healthcare service offers for underserved communities – initial focus on homeless and vulnerable migrant communities
- Supporting delivery of the CORE 20+5 Framework for both children and Adults.
- Are we appropriately resourced as ICP partners to be able to answer and act on the above?
- HEAT Framework supported by an appropriate programme – with agreed resourcing, capacity and capability.

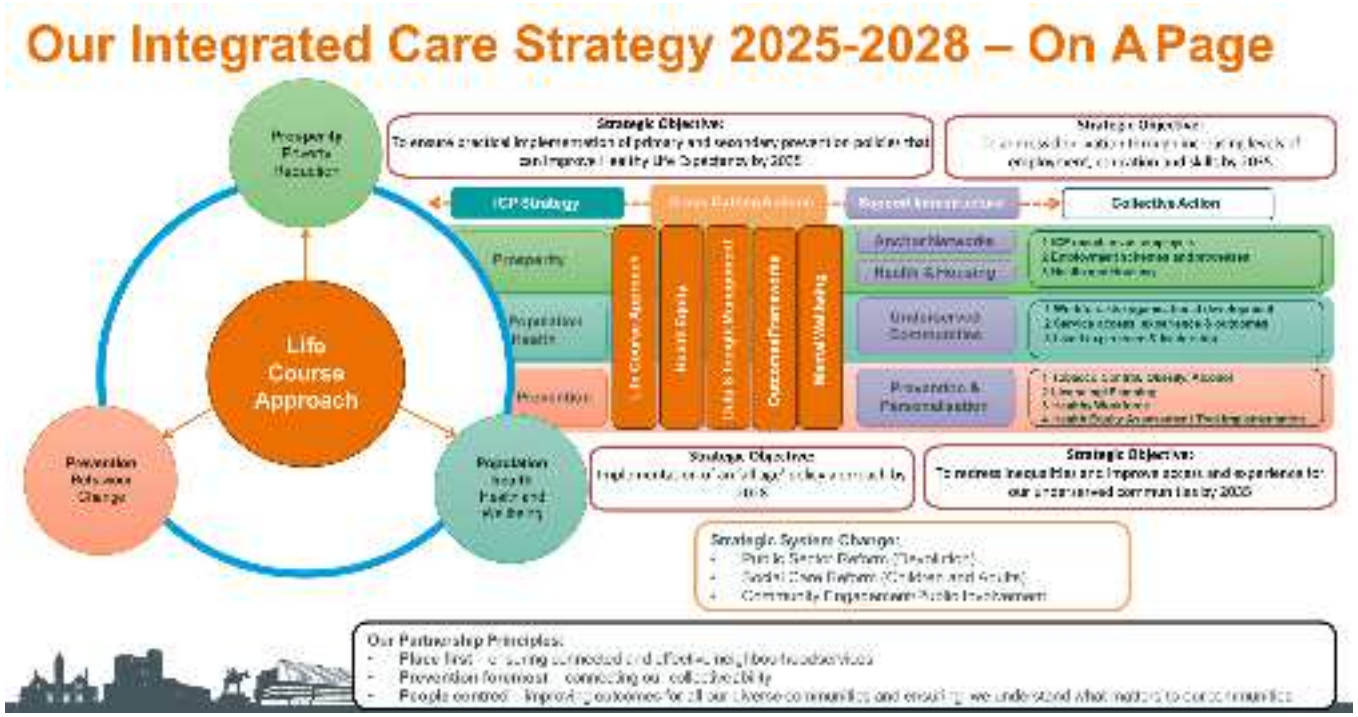
4 Our Philosophy, Principles and Values + Strategic Enablers

1. **4 Places, 1 Black Country**
2. **Place first** – promoting subsidiarity through localised decision making and enabling leadership
3. **Integration driven improvement** - systematised and normalised, including activating and enabling **Neighbourhood Care Teams**
4. **Children** in all policies
5. **Focus on prevention** and early intervention to avoid/reduce downstream costs
6. **Transparency**, **trust** and **accountability**, **collaboration** and genuine partnerships focused on **innovation**
7. **System working** where it adds value and supports:
   - i. **Scale** – enabling outcome achievement
   - ii. **Expertise** – unlocks our collective ability
   - iii. **Resilience** – relates to scarce resources
   - iv. **Relevance** – to pressure/priorities of the system
   - v. **Feasibility** – clear ROI and risk analysis
   - vi. **Affordability** – revenue consequences understood

	Shared Data	Shared Outcomes	Shared Priorities	Shared Resource
Enablers	**Establishing mechanisms for insight sharing between partners**	**Measuring population outcomes consistently that go beyond health**	**Ensuring all population voices feed into outcomes improvements are measured by**	**Agreeing how ICP partners come together to support strategy/policy change vs operational improvements**
	Identifying how to share insights that are crosse sector for all partners to adapt into their areas and work programmes	Using consistent wellbeing and deprivation measures to inform all population needs and measure that these are being met	Ensuring that the same voices that shape improvements are the ones setting the success measures for what matters most to our populations	Identifying the role of ICP partners in policy recommendations lead by shared population insights vs the improvements lead by partners and collaborative partnerships at place

5

Our Governance, Leadership and Support Infrastructure



- Delivering our strategy, its priorities and aligned opportunities will require a fundamental optimisation of our governance – and identification of strategic leadership capacity along with an effective and focused support infrastructure.
- In line with the core-principles of our ICP, Place and neighbourhood integration is of primary importance and therefore the governance and leadership structure will ensure primacy of place and system connectivity.
- The ICP will ensure 'purposeful membership' – therefore each committee member will have an area of responsibility within the strategy
- This will be reflected in a refreshed terms of reference.
- The governance of the ICP will align to the wider ICS Operating Model.