Integrated Care Partnership

Healthier Futures
Black Country Integrated Care System

Black Country Integrated Care Outline Strategy 2025-2028

Foreword – Anu Singh

It's a real pleasure for me to introduce this new Integrated Care Strategy for the Black Country. I'm doing this in my role as Chair of the Black Country Integrated Care Partnership. This is a statutory partnership led by local authorities and the NHS in our Black Country area.

I started my role as Chair of the Black Country Integrated Care Partnership and the NHS Black Country Integrated Care Board in late 2024. I was so impressed to see that there was already a strong tradition of people working together in the area as partners. This new Strategy builds on the great work done by many people in many ways over a long period of time but I am especially delighted with the input from our four Health and Wellbeing Boards, Healthwatch and wider Third Sector Partners drawing in the voice of our local communities to shape our strategic priorities.

My initial focus as Chair of the Black Country Integrated Care Partnership has been on strengthening our Board. This new Strategy is a central part of that. The strength of the strategy really is in the commitment of all of us as partners who recognise that integrated care needs a partnership approach.

The main priorities are outlined in the Strategy document where we show how we are working to improve people's lives and current challenges through our focus on Prosperity, concerting our action to address the underpinning challenge of deprivation and poverty across our local areas, which have had a negative impact on the health and wellbeing of our population, which leads to our second priority which is to improve Population Health whilst addressing health inequalities within our communities. In doing so, we are committed to Preventing illness – which is our focus on improving wellbeing and supporting our communities to live longer, healthier.

Our Black Country area is co-terminus with the boundaries of the City of Wolverhampton, Dudley, Sandwell and Walsall Councils. It's a place with tremendous heritage and history such as the mining which powered heavy industries in the area. This has now given way to new industries in the numerous buzzing and lively attractions in the area amongst other activities. At the heart of these industries and attractions are the people in our local neighbourhoods and communities. The Strategy shows how we want to work through all the local places to achieve improvement in people's lives as many challenges remain.

Integrated working is a vital way of achieving this. Through this Strategy, we are showing how strong our partnership is and our resolute ambition to work together for the benefit of all our communities. Through our achievements, we are also influencing our wider Midlands region as well as national agendas. As leaders, we recognise our challenges and we really appreciate the support which our communities give to us as we seek improvement. This Strategy takes us into a new chapter and I commend it to all concerned.

Anu Singh, Chair for the Black Country Integrated Care Partnership and NHS Black Country Integrated Care Board

Introduction

The Journey of our Partnership

We have worked hard to build our partnership. Beyond the statutory imperative, from its inception in 2022 leaders across Health and Social Care have been driven by a shared commitment to improve the livelihood of our population – our partnership has evolved, organically shaped by our growing understanding of each other and more importantly by an understanding of what matters to our local communities beyond the construct of organisations. On reflection, this was the important and fundamental philosophical and cultural turning point that rebalanced our efforts into a people driven, community centred health and wellbeing creating partnership. This was the premise for a number of development sessions and public meetings that we held during 2023, 2024 into 2025. We understood the purpose and need for the partnership and recognised the opportunity we collectively have in setting an ambition for health and wealth creation through our Integrated Care Strategy – that was tempered with an understanding of the scale of the challenge given some of the demographic and socio-economic challenges that are set out within our strategy.

Leveraging the wind of change

We face some real challenges in improving the health and wellbeing of our population. This is against a backdrop of increasing demand for treatment, care and support, along with a challenging financial context for most if not all of our statutory organisations alongside our wider partnership. That said, we recognise that there is a window of opportunity given some of the policy announcements and the priorities set out by the new government which include:

- **The shift from analogue to digital**
- **The shift from acute services to community**
- **The shift from treatment to prevention**

That along with getting our populations back into employment really set out an ambition that aligns with the work we are already starting to do together but now with national policy support and encouragement. We know that if we are to make these strategic changes a reality we must work as closely as possible with our local communities, ensuring that any barriers to effective integration of services at a neighbourhood level are removed. On that note, we will look to equip our colleagues working within our communities with what they need to ensure effective population health and wellbeing creation that ensures wider determinants of health such as transport, housing and education amongst others are considered and leveraged.

We know there is a real opportunity to work together much more cohesively to drive transformational change across and beyond the Black Country – the devolution white paper sets out an ambitious aspiration to again, recentre strategic change around the local communities – empowering localised delivery and decision making. We will continue to work across the partnership and with wider partners such as the West Midlands Combined Authority on wider determinants of health to ensure that we give our population the best possible support to improve health and wellbeing.

Building on our success

There is notable progress in our partnership working, all our local areas have developed and continue to strengthen their local partnerships – which are the coming together of different organisations to look at how they can improve health and care locally – that is in addition to local Health and Wellbeing Boards and our Overview and Scrutiny Committees. We have Dudley Health and Care Partnership Board, Sandwell health and Care Partnership Board, One Wolverhampton Board and Walsall Together Partnership Board - Walsall Together was recognised nationally as an exemplar partnership – winning the Health Services Journal for Partnership working. What we are now looking at as part of our 2025-2028 Strategy is how we strengthen

the way the local partnership work with the Black Country-wide Integrated Care Partnership including ensuring we can assure ourselves that the strategy is being delivered effectively and population health and wellbeing is as a result, improving.

We have other notable successes that we will seek to leverage and build on including the opening of our new hospital in Smethwick – The Midland Metropolitan University Hospital. This incredible facility not only ensures we get our population who require treatment treated with a word class standard of care, but it also supports broader socio-economic development creating employment along with training and development opportunities for our local population.

Looking to a Healthier future

Whilst there have been some successes, we know we have much more to do. This strategy sets out that ambition with three broad strategic priorities that are underpinned by some cross cutting themes set out within our strategy:

- **Prosperity** – we know that we face significant challenges from a socio-economic perspective, we set that out clearly within our strategy – and we know some of this is down to post-industrial legacy, but we also see that as a significant opportunity to instil confidence in our communities that collectively we can rise from the pit of economic malaise. We know we have examples of good work that is being done locally for example in employment -Thrive into Work is a nationally lauded example because of which we have been selected as one of fifteen systems nationally that are leading on WorkWell which is aimed at getting people with physical and mental Health conditions into work. We have also been selected to lead as one of 20 sites nationally on Further faster 20 which is aimed at people awaiting hospital-based treatment being supported back into employment. In addition to these we also have Dudley I-Can and Walsall Work4Health which was collaboration between the NHS and Social Housing Partners in Walsall.

Beyond employment we recognise there is more we can do to support the resilience of our Enterprise sector and working together across the Partnership on Regeneration and wider Economic Improvement.

- **Population Health** - Life Expectancy and Health Life Expectancy are both lower than the national average for both males and females – and we know that is accentuated within some of our population groups like our Homeless population and refugees and migrants. Our ultimate goal is for everyone to live long in good health – colleagues in Walsall are coordinating action around this and we are also contributing to some pan-regional work to improve the health and wellbeing of our underserved communities. More broadly we recognise the challenge of Health Inequalities across our population – what we commit to doing as a partnership is to draw from our population insights an understanding of those inequalities and ensuring systematic and concerted action from across the Integrated Care System to address these.

We will also seek to broaden our approach to include action on Green Spaces, the Environment and Air Pollution as these have a clear impact on population health and Wellbeing.

- **Prevention** – We know that prevention of illness is the most effective means of improving healthy life expectancy – our strategy sets a ambition to drive collective action around this through Population Health Management – ensuring a person centred and community sensitive approach to understanding needs and delivering efficient and effective services. We are looking to be ambitious in how we organise our resources to prioritise this area in line with national policy ambitions.

We also recognise the opportunity to work with our wider partnership including for instance our Social Housing Partners to drive action that improves housing conditions that have a detrimental effect on Population Health and Wellbeing – to that end we will strengthen and accelerate the work we are dong with our Social Housing Partners through our pioneering Health and Housing Programme.

Together We Can

Together we can be the change we want to see. We will seek to maintain the momentum which our Integrated Care Strategy creates and resolve to strengthen our partnership ensuring resonance with local decision making and delivery in each of our Black Country Places. We recognise the opportunity the Partnership has in driving and sustaining cultural change. Our Partnership will provide that strategic leadership and be that force for good for our local communities.

Our Integrated Care Partnership has agreed to be responsible for making sure we deliver on these commitments, holding our Integrated Care Board and the partner organisations that make up our Integrated Care System to account for doing so. We want to do this in partnership with our communities, and will report on our progress as we meet in public throughout each year.

Our Integrated Care Partnership

Developing our partnership

Integrated Care Partnership

The Black Country Integrated Care Partnership (BCICP) is a statutory committee, which means since the passing of the Health and Social Care Act 2022 from 1 July 2022 there was a legal imperative for our four local authorities and the Black Country Integrated Care Board (BCICB) to come together and set out how we can work together to improve the health and wellbeing of our Black Country population. Within that is a legal obligation to prepare an Integrated Care Strategy, that in turn informs the plans and activities of the local authorities and the BCICB.

In the autumn of 2022 a wide range of partners including the NHS, local authorities, voluntary, community and social enterprise (VCSE) sector, Fire Service, Police and higher education met in a series of meetings aimed at developing an initial integrated care strategy. These meetings were a lead up to a public meeting with members of our communities and their representative groups which was held in March 2023 – after which the initial Strategy covering 2023-2025 was then published.

During that time we were also working in the background to strengthen our partnership and ensure we have the right leadership and decision making processes in place to then develop a longer term strategy from 2025. This resulted in the membership set out in our **Terms of Reference** and the **Integrated Care Partnership members.**

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.

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 BCICP to add value to local places, enabling and supporting our Places to thrive and prosper.

We have agreed that our strategy should build on the priorities established locally, which is why we have worked together with our four Health and Wellbeing Boards, drawing from them any insights they had around what matters to our local population. We received a rich amount of insight, some of which we have included in our 'Voice of Local Communities' Section of this strategy. Together, we want to build-up from these foundations, organically. We still 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 – therefore it is that principle that has guided us as we developed the priorities that are included within this Strategy.

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. How we work together and make decisions together have started well, and we will continue to learn and adapt as we move forward.

Lady Wulfrun, Wolverhampton

Our context and opportunities for improvement

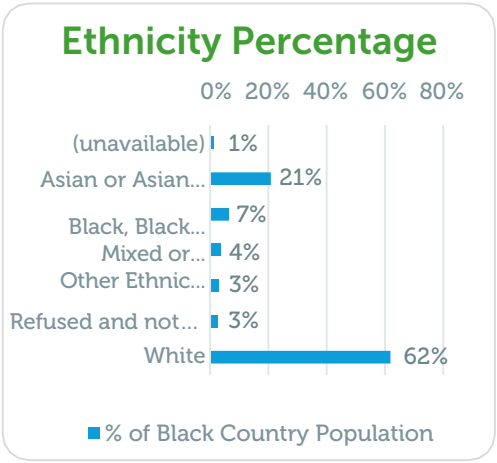
When people say the words 'Black Country' today, they tend to mean the area of our four local authorities in the City of Wolverhampton, Dudley, Sandwell, and Walsall. The 'Black Country' description was associated with the mining of coal, iron and limestone which powered the heavy industry developed 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 and remains the 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.

It is important we take stock of the assets within our local communities, but to equal measure we need to be clear about the challenges we face. Our Health and Wellbeing Boards have worked hard for many years to develop an understanding of and respond to the needs and opportunities within our local population. Based on some of their work we know that:

We are ethnically and culturally diverse

The Black Country comprises of richly diverse communities which is a great asset to our cultural heritage, however, we also know that some of our ethnically diverse communities have worse health and wellbeing outcomes than others. This is something that was quite pronounced during the pandemic when we observed that the impact of COVID-19 was felt the most by our ethnic minority communities. So whilst we celebrate the richness of diversity, we are also clear that there are some inequalities that we must work hard to eradicate if we are to improve the health and wellbeing of our population. It is for that reason we will look to focus on redressing inequalities as one of our priorities.



We have high levels of socio-economic deprivation

Whilst we are proud of our industrial legacy – this is the bedrock of our cultural heritage, however, the cessation of most of our traditional industry has had a significant and detrimental effect on our communities. We are the second

most deprived integrated care system population in the country, behind our Birmingham and Solihull neighbours. Our areas are above the national 20% of the population living in the most deprived areas: Dudley 28%, Sandwell 60%, Walsall 52%, Wolverhampton 52%. We also know that we need to do more across organisations to improve employment opportunities for our local communities – we have a significant number of people on universal credit – as of 2021 that number was at 67,385 people. The number of people in gainful employment across the Black Country is lower than the national average (National average – 75.1%, Sandwell 74%, Dudley 72.5%, Walsall 72.7% and Wolverhampton 72.8% - this is based on 2021 information).

To compound this, average weekly earnings for our population at 16 years old and above is significantly lower than the national average (national average - £496/week, Sandwell £437/week, Dudley £477/week, Walsall £444/week and Wolverhampton £460/week – again this is based on 2021 information).

We also know that preparation for employment starts with a good education and that presents us with another area we need to improve on from reception to high school all of the indicators are lower than the national average as set out in the table.

It is for the reasons set out above that we will look to improve prosperity by focusing on creating employment opportunities and working with our education partners to improve the education offer, and better support our disadvantaged communities to get the most out of the strong heritage of innovation, resilience and enterprise.

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

We have significant health challenges

The socio-economic challenges that we have set out above have a significant impact on the health and wellbeing of our population. We know from the evidence that only 20% of how long someone lives can be explained by the healthcare interventions they receive – this is why we are keen to also work as a partnership to look at the socio-economic factors like employment, education and even housing and air quality, as these are the challenges that lead to poor health.

The health challenges our population face are quite significant – we have life expectancy (how long someone lives) and healthy life expectancy (how long someone lives in good health) which are both lower than the national average for both males and females across all of our Places.

The chart clearly highlights the gap away from the national average (7.8

years for males) and a slightly shorter gap for females (7.3 years) – the health conditions that underpin that are also highlighted.

We also know from the data that there are some lifestyle and behavioural factors that drive the poor healthy life expectancy including smoking, obesity and Type 2 Diabetes among other things.

There is strong evidence to suggest that the most effective means of improving Healthy Life Expectancy is through prevention of illness. It therefore follows that we will be asking our health and care partners to prioritise prevention focusing on some of our greatest challenges like tobacco use and obesity.

We also have some of the highest infant mortality rates in the country and we know that one of the causes of that is smoking in pregnancy which is quite high across the Black Country, and we also know that breast feeding rates are low.

There is more detail on the factors outlined, 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 following links:

Dudley

- **Joint Strategic Needs and Assets Assessment**
- **Health and Wellbeing Strategy**

Sandwell

- **Joint Strategic Needs and Assets Assessment**
- **Health and Wellbeing Strategy**

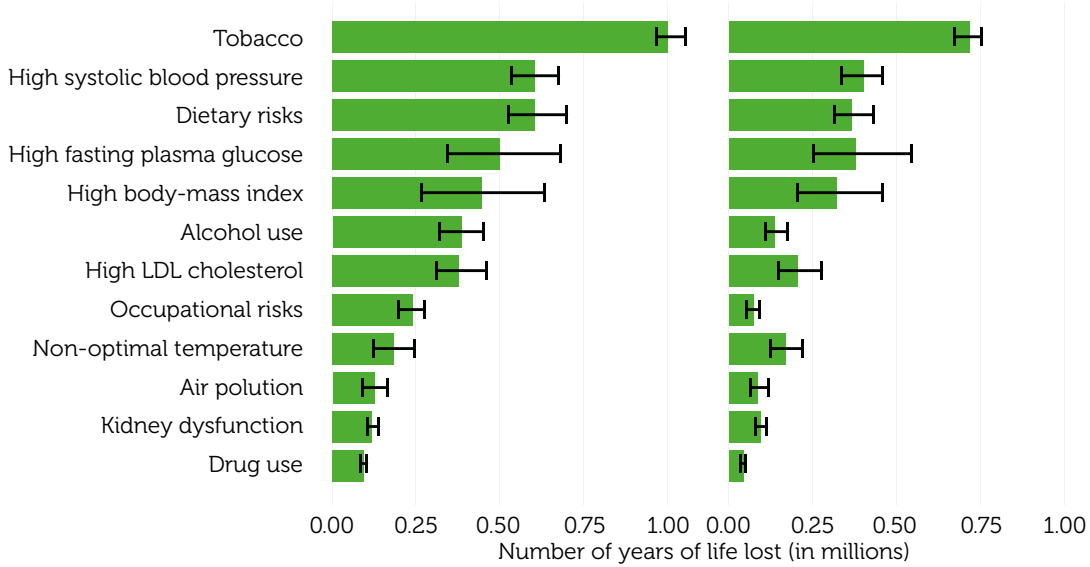
Walsall

- **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 have to build on our achievements as partners and make steps towards being an even stronger BCICP with a clear vision and Integrated Care Strategy.



The voice of our local communities

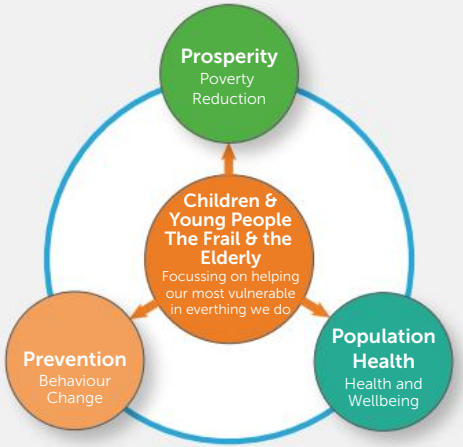
The ICP partnership has committed to building a 2025-2027 strategy that is focused on and informed by community voices across the Black Country, and with a greater strategic focus on supporting children and young people.

The priorities have been identified following a strategy refresh exercise looking at both the reflections of the partnership over the last two years, as well as the community and population requirements, identified through the collation of qualitative community insights, health and wellbeing board JSNA's and population health data as set out in the Health and Wellbeing Strategies. We then compiled all of that into a sizeable document that we will continue to refer to. The Summary of Black Country Community Feedback and Engagement Reports September 2024.

The detailed document includes a wealth of information we have received from local communities around what matters to them, and we recognise the opportunity the ICP has to drive a very different way of working that is based on health and wellbeing creation, addressing the wider determinants of health and wellbeing. For instance, we have heard from our population that employment and volunteering opportunities are really important to them. Our population tell us there are barriers to employment, young people with mental health needs have highlighted the important role employment plays in recovery and good wellbeing. Similarly, our refugee and migrant population also highlighted barriers to employment citing for example, language barriers and resultant unequal opportunities.

Wellbeing Framework Survey + Feedback Analysis = Our Strategy

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



Meaningful Activity
Engaging in activity we find stimulating and enjoyable

Population Outcome: "I have a sense of identity & purpose"

Population Objectives:

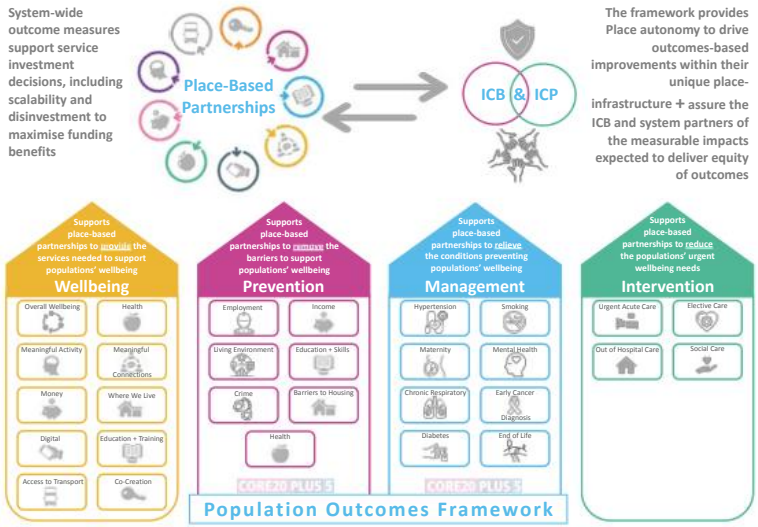
- Being valued for your contribution to society/community
- Recognising your contribution to society/community
- Enjoying the activity

Outcome Drivers	Engagement Insights
Employment & volunteering	**Workforce feedback** highlights the need to support staff wellbeing in particular stat working in pressurised environments and stet working with more complex groups who have specific or specialist need such as autism, dementia etc.. Mental heath talked about how they are struggling with their mental health due to frequent exposure to high-risk situations at work, leading to staff breakdowns(sector specific and crass sector insight) **Barriers to employment** were reportedy groups across the Black Country. For example, young people with mental health needs who feel lost without work and the focus it gives. Other people with mental heath needs stressed the important role employment plays in the process of recovery and good wellbeing, Migrants, asylum seekers, refugees experience different barriers, for example having trade skills, but not having sufficient levels of English to gain employment. **GAP:** From the engagement sources reviewed to date, we have not captured enough feedback about the importance of and barriers to work for the population

We can already see from this example of the insights we have drawn out, employment is a key opportunity within the broader Prosperity theme. We can also see that working to better support our marginalised and underserved communities will improve Population Health and also offers us a much more impactful health promotion resource that can drive a much more effective Prevention approach – this reinforces the importance of looking at how we can build prosperity, addressing inequality and supporting more preventative action to improve population health and we observe that across most of the insight we have analysed.

All of the insight of we have gathered has been drawn out using the wellbeing measures set out in our population outcomes framework.

Wellbeing and the Population Outcomes Framework



Alongside our population outcomes framework we are also looking at how we can develop a much more robust and systematic way of gathering population insights as illustrated:

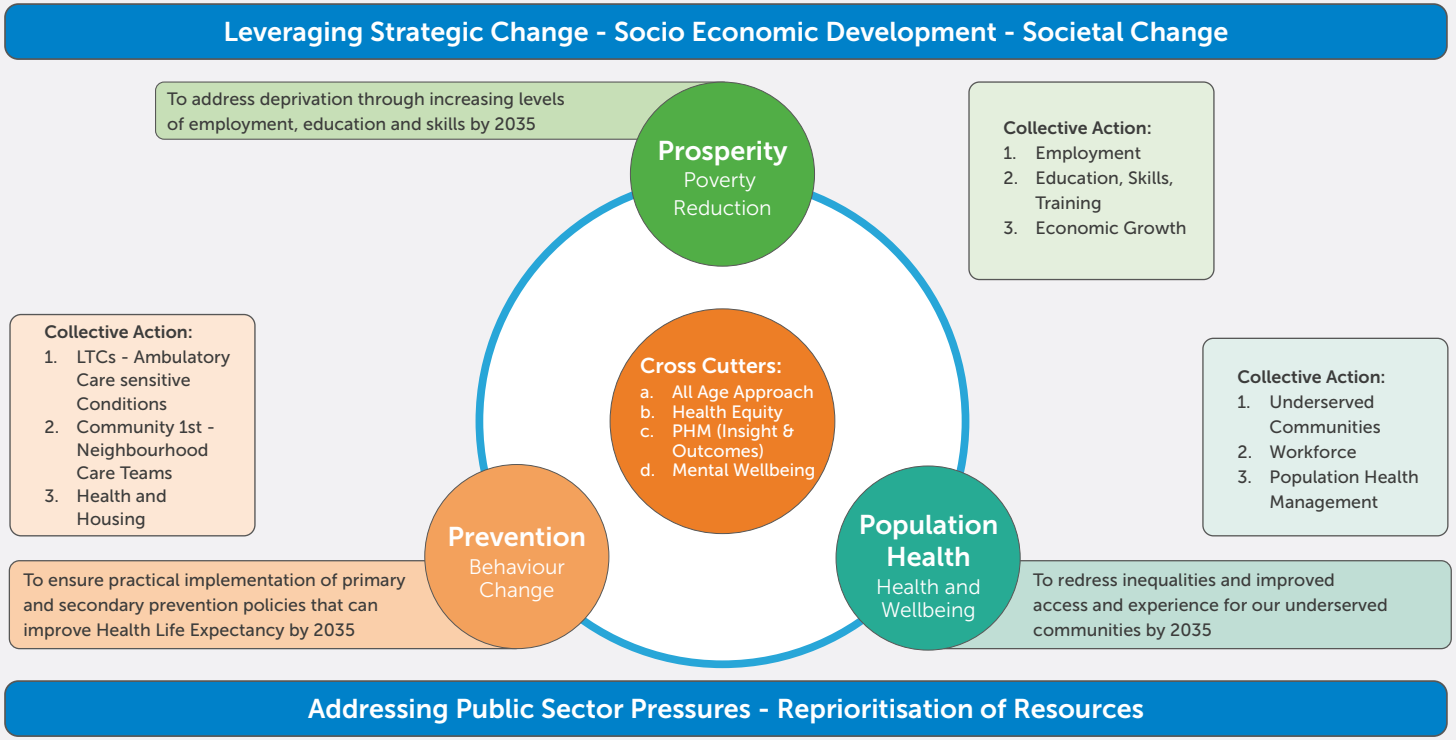
Work within the partnership has now begun on identifying how each of our Black Country Places and the BCICP can work together to deliver measurable change at both an operational place level and a strategic system-wide level.

With the changes in Government setting out three focus areas for health services with the '3 big shifts' the shift from analogue to digital, the shift from hospital to community and the shift from treatment to prevention of illness. These have been reinforced by the publication of the report by Lord Darzi the recent publication of the **Darsi Report** around health, the BCICP ambitions and focus align with the wider ambitions for health services nationally.

How does the partnership include all population voices to improve outcomes?

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 cross sector for all partners to adopt 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 led by shared population insights vs the improvements led by partners and collaborative partnerships at place

Our strategy, priorities and opportunities



Strategy on a page setting out priorities, objectives and areas of collective action.

Our strategy has been developed on the basis of what matters to our communities. That being based on the population insight work described above and also some data analysis that has been undertaken based on some quantitative and qualitative data that we have access to. Three broad strategic priorities have been identified as:

Prosperity

1. **Prosperity** – this is based on an understanding of the high levels of deprivation across our local areas, the low levels of employment against the national average and the barriers to employment our local communities have highlighted. We also know that education, skills and training as well as income levels also have a significant impact on poverty and therefore it is our strategy to look at all of these areas including how we get best value from how we work as organisations that have a significant impact on our local economies including the wellbeing of our staff.

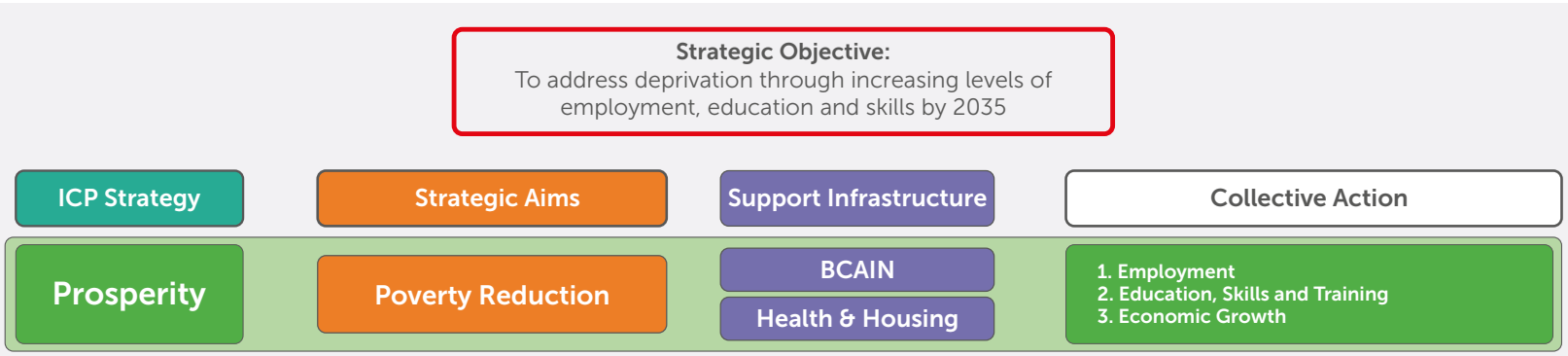
We have some good examples of areas where we can build on for greater impact – these are areas where we are taking collective action:

i. **ICP members as employers** – collectively we employ a significant proportion of our local population, contributing significantly to wealth creation both locally and nationally. We can do more on this and ensure we are able to retain those in our employ and offer our employees an excellent environment and experience. **Find out how Black Country Anchor Institutions Network is supporting this work**.

ii. **Employment opportunities** – We were selected as one of 15 pioneers nationally to deliver an employment project called **WorkWell**. This is aimed at getting people with physical or mental health conditions back into employment. We will look to build on this and other employment schemes we already have including I-Can in Dudley, Work4Health in Walsall and Thrive to develop an offer that creates viable and sustainable opportunities for our local population. **Find out how Black Country Anchor Institutions Network is supporting this work**.

iii. **Health and Housing** – we are recognised as a leading health and care system in this area. We want to build on the excellent partnership we have built with our social housing partners – building on the work that has been done so far on employment and health promotion. **Find out how Black Country Health and Housing Forum is working together**.

Our overall objective within this strategic priority will be to address deprivation through 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.

Population Health / Health Inequalities

2. **Population Health** – this priority is based on an understanding of the poor and often disproportionately distributed impact on different population groups within the Black Country. For example, we know from our refugee and migrant populations that they often have difficulty accessing services and support due to language and cultural barriers. We also know that our broader ethnic minority populations have disproportionately poor health outcomes as exemplified during the COVID-19 pandemic. We know too that we have high levels of homelessness across the Black Country and that access to healthcare services and support is again disproportionately poor for this population group. And we know that deprivation more generally, across all of our population is a significant driver of poor health. Therefore, concerted focus on supporting these specific population groups and neighbourhoods across the Black Country will improve Population Health.

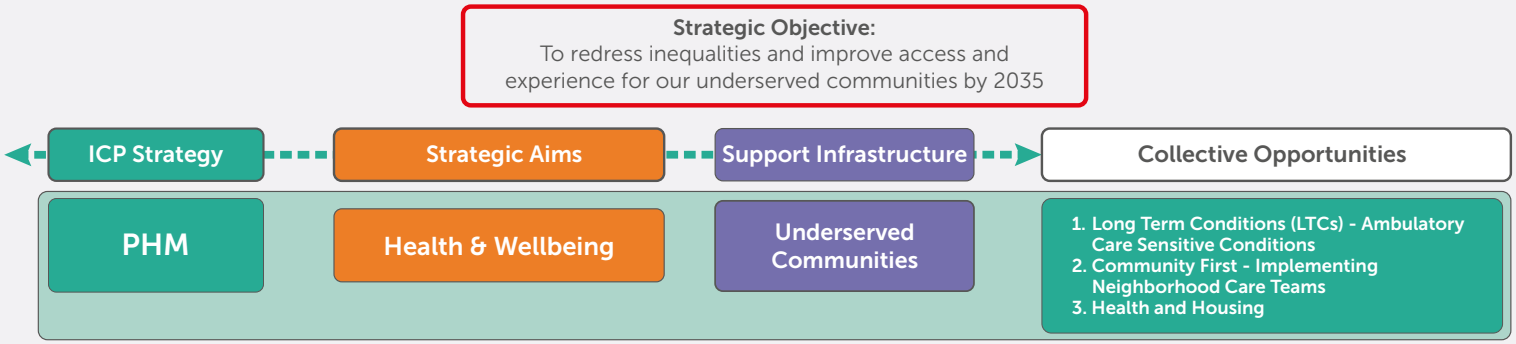
   We have some good examples of areas where we can build on for greater impact – these are areas where we are taking collective action:

   i. **Workforce and organisational development** – We have developed a talent development programme for our aspiring leaders – we want to ensure that approach is consistent across our respective organisations and that we give opportunity to our diverse workforce across the Black Country.

   ii. **Service access, experience and outcomes** – we have employed midwives from various ethnic minority backgrounds to better support expecting mothers. We will look to build on that approach into other areas of service.

   iii. **Lived experience and leadership** – we have worked with our social housing partners in Walsall to recruit people with lived experience of Type 2 Diabetes, and also those caring for children with Asthma. We want to ensure we harness the wealth of experiential knowledge within or communities to improve population health particularly within our most deprived communities.

Our overall objective within this strategic priority will be 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.

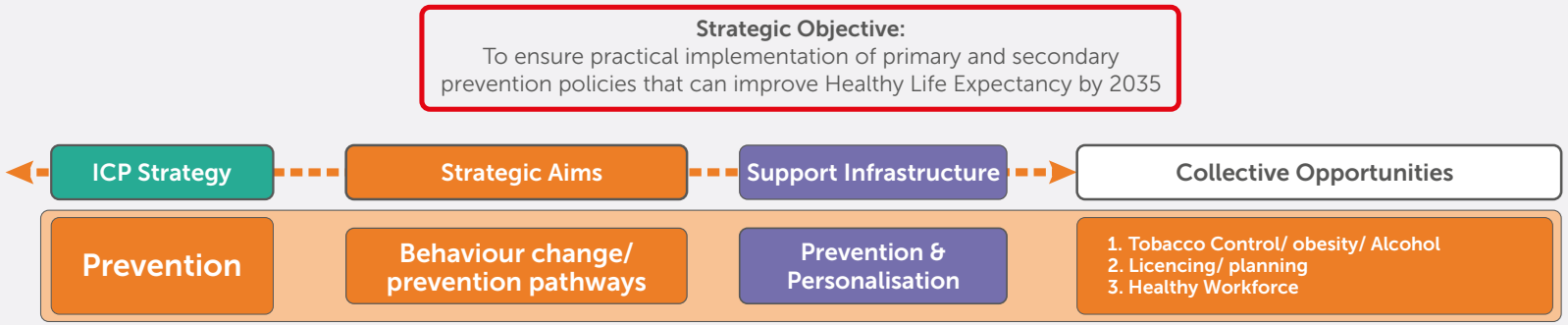
Prevention and Personalisation

3. **Prevention** – this priority is based on an understanding of poor population health outcomes as reflected in the Life Expectancy (how long someone lives) and Healthy Life Expectancy (how long someone lives in good health). As highlighted previously, both of these indicators are lower than the national average for both males and females across all off our Black Country Places. With particular regard to Healthy Life Expectancy we know that the most impactful means of addressing that is through prevention of illness. We have also noted from the data the lifestyle and behavioural factors that underpin some of the health conditions, (which include tobacco use) which have a significant impact on respiratory illnesses and also infant mortality. We also know that has a bearing on heart conditions of which Cardio-Vascular Disease is a significant challenge across our population. Within that is also Type 2 Diabetes which is also driven primarily by the high levels of obesity across our local area. To that end, our population have also expressed their views around the paucity of facilities and activities that encourage physical activity.

   Our strategy prioritises action that supports both prevention of illness and health and wellbeing creation. National policy also recognises this as an important area to focus on and will be a strategic theme in the impending NHS 10 year plan.

   Our strategy will also look at how we can realign our human and financial resources to support this strategic priority – work has began in earnest to describe how that could be done – supporting the development and delivery of integrated care at a neighbourhood level with a systematic approach of understanding population health challenges, service utilisation and how these relate to costs within health and care. This understanding will help us to develop a credible plan to better organise services and shift resources to support prevention of illness.

Our overall objective within this strategic priority will be to ensure practical implementation of primary and secondary prevention policies that can improve Healthy Life Expectancy by 2035



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

Cross cutting themes

There are some cross cutting themes that we will prioritise over the course of the strategy including:

a. **All Age Approach** - Focusing on helping our most vulnerable in everything we do, including our children and young people, the frail and the elderly – considering their needs in all service development and delivery and ensuring we develop policies and procedures that support that.

b. **Health Equity** - Understand and addressing health inequalities - ensuring a consistent approach to doing so based on evidenced based approaches like the Health Equity Assessment Tool.

c. **Data and Insight Management** – we have a wealth of data across organisations and we recognise that it isn't always joined up and we don't always share data and insights in any systematic way. We will look to prioritise this as an area of improvement.

d. **Outcomes Framework** – Working with each of our Places we will continue to develop and improve our outcomes framework, ensuring we have a clear process for monitoring outcome delivery and that the outcomes framework effectively supports service improvement.

e. **Mental wellbeing** – we recognise mental health and wellbeing is equally important as physical health and wellbeing. Given the high levels of deprivation across our local areas, we know that this has a significant impact on mental wellbeing. Therefore we will look to focus support on our population living in the most deprived areas to ensure they have the best possible opportunity to not be well but to thrive.

Wider public sector change

We also recognise that at a national level there are some policy changes that are coming that will have a bearing on the work we are doing locally and this includes:

a. **Public Sector Reform** -which focuses primarily on local authorities and aims to decentralise decision making and control from central government to local areas through the Combined Authorities. This also includes supporting innovation and improving efficiency of organisational processes and delivery.

b. **Social Care Reform** – improving social care delivery for both children and adults.

Our philosophy, principles and values

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.
- Embrace equality as partners, where all contribute and avoid detriment to others.
- Be brave and support colleagues as well as offer professional challenge.
- 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.

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 partner ships 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 Outcomes	Shared Outcomes
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 cross sector for all partners to adopt 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 led by shared population insights vs the improvements led by partners and collaborative partnerships at place

Our Governance, leadership and support infrastructure

1. 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.
2. 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.
3. The ICP will ensure 'purposeful membership' – therefore each committee member will have an area of responsibility within the strategy.
4. This will be reflected in a refreshed terms of reference which will continue to be reviewed and refreshed periodically.
5. The governance of the ICP will align to the wider ICS Operating Model.

Healthier Futures
Black Country Integrated Care System

NHS

Statutory ICS

Integrated care board (ICB)

Role: Allocates NHS budget and commissions services; produces five-year system plan for health services.

Cross-body membership, influence and alignment

Integrated care partnership (ICP)

Role: Planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services.

Influence (ICB)

Influence (ICP)

Partnership and delivery structures

Geographical footprint	Name	Participating organisations
System Usually covers a population of 1-2 million	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250-500,000	**Health and wellbeing boards**	
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30-50,000	**Primary care networks**	General practice, community pharmacy, dentistry, opticians