

Black Country Integrated Care Partnership Meeting

Thursday 11th April 2024

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



1.0 Introduction

The meeting held on the 11th April was the fourth meeting of the Black Country Integrated Care Partnership (ICP) and the second in public. The notes of the meeting are intended to be shared both with partners and with the Health and Wellbeing Boards (HWBBs) across the Black Country, so that they are sighted on the aims, ambitions and progress of the ICP. Plus, importantly, how the ICP is intended to complement the ongoing activities of the HWBBs.

2.0 Declarations of Interest

Partnership members were asked to identify any declarations of interest, to which none were received other than those noted within the pack. It was asked that anybody who has not completed the online form, do so accordingly and if there are any issues then to contact a member of the team.

3.0 West Midlands Combined Authority Health Advisory Committee

Building on the Health of the region report, the West Midlands Combined Authority have formed a Health Equity advisory council with the membership of:

- ICB Chief Executive/Chair - Birmingham and Solihull
- ICB Chief Executive/Chair - Coventry and Warwickshire
- ICB Chief Executive/Chair - Black Country
- Regional Director of Public Health
- Representation from the West Midlands Association of Directors and Public Health
- Representation from the Director of Public Health from the three ICS regions.

It was confirmed that the advisory council has only met once to date. However, the aims of the combined authority is to develop its approach to health in all policies and to keep the connection with ICPs. A further workshop is scheduled to take place on Tuesday 23rd April 2024.

The committee agreed that this item would become a standing agenda item for the partnership.

4.0 ICB Finances by Local Authority FDs

Noting that the 2024/25 planning guidance was released much later than usual on Thursday 28th March 2024 and for a subsequent system submission to be made the first week of May. Given these timescales it was not possible to facilitate a discussion with LA partners ahead of the submission, but a commitment was made to table a report that sets out the process partners will undertake at the next meeting to the Partnership in July.



5.0 Department of Health & Social Care – Guidance on the preparation of Integrated Care Strategies

Colleagues were advised that this paper is split into two parts; the refresh of the national guidance on the preparation of the Integrated Care Strategy and a proposed approach on how the ICP could work with Health and Wellbeing Boards.

The refreshed national guidance, which was published on Thursday 1st February 2024 now details the ‘must-dos’ and should-dos’ of the ICP. The guidance confirmed a greater emphasis on working with our Health and Wellbeing Boards to develop a strategy that adds value to local plans and delivers against the wider determinants of health. There is also an expectation for greater engagement with our population, as well as our population representative bodies such as Healthwatch. It was noted that the guidance sets an expectation for ICPs to publish the refreshed strategies by April 2025.

Work has been ongoing with the ICB’s Director of Communications and other senior Communication leads from across the four local authorities, acknowledging that the new ICP Strategy should be shaped by the views of local people. It has been collectively agreed by Communication leads that this engagement piece should be led and convened by the ICB representative. That said, it was noted that it cannot be led by the NHS on its own and that Health and Wellbeing Boards have a key role to play in drawing out the views and expectations of our communities. There was also a recognition that previous involvement work will offer significant insight in to understanding what matters to our communities. Therefore, it was agreed that we would draw from what we already know and sense check with the community over the summer, but this could be impacted by the pre-election period.

A timeline was proposed within the paper, to which comments were received by colleagues in the room, which included the early publicising of these engagement sessions. A decision was also made to have a private partnership development session in September 2024, to discuss the key headlines that have been obtained following the community consultation sessions instead of waiting for October’s meeting, which again could be in a pre-election period.

The partnership agreed, in view of the timelines and impact of pre-election, contact be made with Health and Wellbeing Board Chairs to request any insights immediately.

6.0 Comparison summary of the four Place Partnerships ToR

The comparison of the terms of reference was to understand what the place partnerships are doing and how they are organised to deliver against the four strategic priorities that the partnership set out. Upon reviewing, it was confirmed that they are reasonably consistent but that a discussion is needed to determine whether the ICP is the right place for them to report into. It was then agreed that this would



be subject to a focused small group discussion at a closed development session which will include Chief Executives and representative officers from Local Authorities.

7.0 Health Inequalities Funding 2024

A presentation was shared in addition to the report in the pack, it was explained that it does fit with the four priorities of the ICP and particularly comes under workforce. Confirming that there is a substantial evidence base behind what is being presented and that it fits with the national movement around supporting Place led delivery. The committee was also advised that it has been endorsed by the Directors of Public Health for each place, but not yet the Health and Wellbeing Boards.

It was identified that a financial commitment cannot be made because firstly, the partnership has no budgetary mandate and secondly, negotiations are still being had between the ICB and NHS England and are expected to conclude by May 2024 around the financial planning. However, it was explained that in order to obtain sign up from the ICB on the ask that is being proposed, the following need to be met.

- Adoption of the Population Health Outcomes Framework from each place so we can measure and monitor the projects.
- A priority ranking order from each place on the projects that will have been identified.

8.0 Volunteering for Health

A summary was provided, confirming that volunteering for health is a £10 million programme spanning across three years. It recognises new opportunities under the Integrated Care System to accelerate change. Identifying that the bid has been led by the Black County Healthcare Trust, with the support from the ICB, Voluntary, Community, Faith, and Social Enterprise (VCFSE), NHS Trust Leads and NHS Charities. An overview on the phases of the programme were shared, identifying that the bid application has been submitted, with successful applications being announced in May 2024, so the outcome and next steps will be shared at the next meeting.

9.0 Items to Note

- **Social Care Accelerating Reform Fund** – Follow January’s report, the expression of interested has been successful with the first £20 million of this investment to be distributed.
- **Work Well Vanguard** – It was advised that the successful pilots are now expected to be announced following the local elections in May.



10.0 Questions from the Public

No questions were received from the public in advance of this meeting; however, two were asked during the meeting, but answered at the end.

- **West Midlands Combined Authority Health Advisory Committee – ‘Health in all Policies’ - Will that refer to a holistic health of an individual?** Mark Axcell, ICB Chief Executive confirmed that if you look at what the combined authority are working on, which is deployments of all different aspects, not just healthcare, so it is certainly their aim to consider health in its widest sense.
- **Name and job role for the colleague presenting the Health Inequalities Funding agenda item.** Liann Brookes-Smith, Interim Director of Public Health – Sandwell.

11.0 Any Other Business

Sharon Nanan-Sen, Wolverhampton Chief Executive Officer for Voluntary Community Action requested a 10-minute slot on one of the upcoming ICP agendas for the Voluntary, Community and Social Enterprise (VCSE). This was agreed and it was also noted that a VCSE Memorandum of Understanding has recently been signed off by the Integrated Care Board, which would need to come to the ICP for consideration and endorsement.

12.0 Agreed Actions of Date of Next Meeting

The actions from the previous meeting on the 18th January 2024 were updated. The agreed actions and their deadlines from the meeting held on the 11th April 2024 were:

- To report back the key themes identified from Health and Wellbeing Boards and set out a fuller engagement plan. (July 2024)
- A private ICP Development Session to be scheduled for September 2024, to discuss the key headlines that have been obtained following the community engagement sessions. (September 2024)
- A request to Health and Wellbeing Boards for them to share any insights/feedback from communities that will then be distilled into themes that will form the basis for an engagement exercise in September 2024. (May 2024)
- To share / provide the ICB Chair and Chief Executive evidence of the adoption of the Population Health Outcomes Framework for each place and a priority ranking of the projects that have been identified. (May 2024)



- To share and update partner members on the outcome and next steps of the Volunteering for Health bid. (July 2024)
- A 10-minute slot to be allocated to one of the upcoming ICP agendas for Voluntary, Community and Social Enterprise (VCSE). Noting that a VCSE Memorandum of Understanding is to also come to the ICP for consideration and endorsement. (July 2024)

