

Walsall Council – Health and Wellbeing Board

Thursday 13 June 2024

Integrated Care Partnership Update

For Information and Assurance

1. Context and Key Issues

1.1 To update the Health and Wellbeing Board on the development of the Integrated Care Partnership and its Integrated Care Strategy. The meeting held on the 11th April was the fourth meeting of the Black Country Integrated Care Partnership (ICP) and the second in public. – **See appendix 1 for the full meeting report.** This report sets out the key points of discussion and actions undertaken to engage health and Wellbeing Boards on the refresh of the Integrated Care Strategy.

2. Recommendations

2.1 The committee is asked to take note of progress to date.

3. Key discussion points

3.1 Terms of Reference

3.1.1 The Terms of reference were formally signed off in January 2024. They include the LA membership that the partnership has agreed as set out below:

ICP CX / Director representative	LA lead
Lead Chief Executive	Sandwell
Substitute	Walsall
Lead Director for Adult Social Services	Walsall
Substitute	Wolverhampton
Lead Director for Childrens Services	Dudley
Substitute	Sandwell
Lead Director for Public Health	Wolverhampton
Substitute	Dudley

3.1.2 In addition to LA membership the TOR also include 4 members from the ICB and 4 wider partner members drawn from Fire, Police, Academia and Voluntary Sector infrastructure organisations.

3.1.3 The full terms of reference are available [here](#).

3.2 ICP Strategy Forums

3.2.1 The Partnership considered the role of the ICP Strategy forums (listed below).

3.2.1.1 Prevention and Personalisation Forum – Chaired by Dr Mayada Abu Affan.

3.2.1.2 Refugee and Migrant Forum – Chaired by Dr Nadia Ingliss.

3.2.1.3 Health Inequalities Forum – Chaired by Dr Salma Reehana.

3.2.1.4 Health and Housing Forum – Chaired by Connie Jennings (whg – Director).

3.2.1.5 Black Country Anchor Institutions Network – Chaired by Taps Mtemachani.

3.2.2 The primary role of the forums are to support the ICP to co-develop the IC strategy with a broad range of partners across each of our Places. The terms of references for each of the forums were also reviewed alongside an initial set of objectives which will be further refined with the support of the Academy.

3.3 WMCA Health Equity Advisory Council

3.3.1 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.

3.3.2 The advisory council has only met once to date, however, the aims of the combined authority is to further develop its approach to 'health in all policies' and to keep the connection with ICPs.

3.3.3 A further workshop took place on Tuesday 23rd April 2024 – we are yet to receive a read out of the conversations.

3.4 DHSC Refresh of Integrated Care Strategy Guidance

3.4.1 ICP members have now had an opportunity to discuss the Refreshed IC Strategy guidance and its implications. The key discussion points related to:

- 3.4.1.1 The emphasis on subsidiarity and the primacy of Place – the partnership noted this was very much in line with the principles of working which were agreed from the inception of the Partnership and reinforced within the initial strategy and the terms of reference.

3.4.1.2 The partnership agreed to convene a meeting of ICB and LA CEOs and their representatives to discuss how to ensure the ICP relates and adds value to local governance infrastructure and ensures the notion of subsidiarity is upheld whilst delivering the legislative requirement of an ICP.

3.4.2 The partnership also discussed the refresh of the Integrated Care Strategy based on a process proposed around the engagement of HWBB to obtain any feedback or insights drawn from local communities, that will then inform a public engagement exercise over the summer/into the autumn. The outputs from that will then inform the refreshed strategy, which according to the guidance should be published by April 2025. To that effect, a letter has now gone out to HWBB Chairs and Directors of Public Health with a deadline of the end of May.

3.5 Health Inequalities Funding Proposal 24/25

3.5.1 As previously reported to the board, the Partnership discussed the development of the population outcomes framework and suggested that further work is to be done through each of the Places to ensure that the framework delivers against local expectations.

3.5.2 A proposal tabled by Directors of Public Health for each Place was discussed, the proposal is based on delivering against the workforce education and training priority of the initial strategy and includes delivering against the CORE 20+5 framework within primary and community care using both medical and non-medical workforce.

3.5.3 The partnership agreed the principle of the proposal but only on the basis that the Population Outcomes Framework was signed off and utilised by all Places as a mechanism for demonstrating resource impact.

3.5.4 The partnership also noted whilst it can endorse/support a revised proposal it does not have a budget or executive powers and that any proposal will need to be taken through appropriate ICB governance.

3.5.5 The Partnership also supported a proposal for the Interim DPH in Sandwell to lead the process of engaging all PbPs in developing a final proposal for consideration through appropriate ICB Committee and once the ICP has discussed the final fully costed proposal.

4. **Implications for Joint Working arrangements:**

4.1 **Financial implications:** Consideration will need to be given to the adequate resourcing of the ICP and its attendant workstream.

4.2 **Legal implications:** There is a legal requirement for the LA and ICB to jointly form an ICP with Local Authorities.

4.3 **Other Resource implications:** A report taken to the ICB System Development Committee advised that consideration would need to be given to the adequate resourcing of the ICP and its attendant workstreams.

5. **Health and Wellbeing Board Priorities - impact:**

5.1 The current priorities within the Integrated Care Partnership are as below;

- Mental Health & Emotional Wellbeing

- Children & Young people
- Adult social Care
- Workforce

There is also consideration being given to how the ICP could add value to the work of Health and Wellbeing Boards and Scrutiny. Work is also being carried out to take to the next Integrated Care Partnership Meeting around the Place Based Partnership terms of reference to see if they align to the ICP. There is also consideration being given to how the ICP could add value to the work of Health and Wellbeing Boards and Scrutiny.

A successful ICP will have contributed to:

- Improved population health outcomes
- Addressing inequalities
- Ensuring VFM, sustainability and productivity
- Supporting broader socio-economic development

Background papers

Not Applicable.

Appendices:

- Appendix 1 – Black Country Integrated Care Board Partnership Meeting – 11 April 2024.

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