Black Country Questions for the BC ICB FOI/EIR 1143 National Policy & Holding ICBs to account

Following communication from HWE, local HW were encouraged to submit the following questions to their local ICB. HWW duly submitted the questions which had been tailored for the Black Country. The questions were submitted under a FOI request which the ICB duly responded to and gave permission for their responses to be made public via our website. The ICB responses are shown in blue.

DENTISTRY

1. Have you published a local oral health strategy? If not, when do you expect this to be completed?

No but a draft dental strategy is under development at a West Midlands, regional level. This will require review and agreement by all the relevant committees & board across the system. Where patient, public and stakeholder involvement is necessary, details of how to get involved and what is open to influence will be communicated via the Black Country Integrated Care Board (ICB) website, through our Get Involved database and directly with trusted partners and statutory bodies such as local Health Overview and Scrutiny Committees (HOSC).

1. Do you have a dental representative on the ICB board?

No. However, we do have a Chief Medical Officer (CMO), Dr Ananta Dave, who brings experience and perspective to the Board through regular discussions with local dental colleagues including regional leads and the ICB Chief Medical Officers (CMOs) in the region.

1. What steps are you taking to ensure that the NHS dental website details which Dentists are accepting new patients are up to date in your area?

The Office of the West Midlands are working with our contractors to ensure this is in place. (The office of the West Midlands describes the ‘Pharmacy, Optometry & Dentistry’ (POD) commissioning team, that works on behalf of the six West Midland ICBs.

1. Are you taking any specific measures on dentistry to target health inequalities?

Yes. An equity audit has just been completed and will be analysed shortly. This will underpin future commissioning decisions.

1. If you a forecasting a dental budget underspend, what is your approach to reallocating this?

We are not forecasting an underspend.

PRIMARY CARE

1. Are you experiencing GP practice upgrade and new build challenges due to rising construction costs? Will this impact on primary care access?

The Black Country ICB and GP Practice providers are experiencing difficult challenges in undertaking improvements, extensions, reconfigurations and new buildings due to the high cost of construction and requirements to meet sustainable development, the higher borrowing rates and high land values. This should not impact patient access in the short term due to the close collaboration of all primary care providers, trusts and the ICB, added to the measures the ICB is taking to increase capacity across the Black Country area.

1. How far advanced is your system in moving GPs onto digital phone systems?

All our GP practices have a digital phone system. We are now working with practices to ensure that they have the full functionality in place including call queuing and call back options.

1. What measures are being taken to ensure that patients can easily find out which services (including those under Pharmacy First) are offered by their local pharmacies? How is Pharmacy First being promoted to all demographic groups?

a. Every Pharmacy has been provided with posters to display in their pharmacies to promote the fact they offer the Pharmacy First Service

b. Every Pharmacy has had to update its Directory of Services profile to ensure it includes the offer of the Pharmacy First service

c. Every Pharmacy offering the service is listed on the BC ICB website: Your local pharmacy :: Black Country ICB

d. We are working on a "What a good health promotion/health living area?" looks like in a pharmacy to include how to promote all the Improving, Capacity and Access and Recovery Plan services.

e. Every GP practice is being sent a list of all the pharmacies in the Black Country and all the services they offer.

f. We are asking pharmacies and GP practices to put some messaging on their telephone hold messaging to promote the service whilst the patient is waiting on the phone.

g. We will be launching the second phase of the NHS Ambassadors scheme in Autumn 2024. Trusted voices will be recruited to carry and disseminate key health and care messages into their communities. Other potential options being considered include:

* Request this information is displayed on the NHS App, similar to the oral contraceptive and vaccination pharmacies.
* Ask pharmacies to promote the service on their own websites.
* Ask Local Pharmaceutical Committees to promote the service via their websites.

1. Following the Fuller Stocktake, have your PCNs evolved into integrated neighbourhood team (INTs)? Are there plans to engage local Healthwatch as part of INT development?

Neighbourhood-level Integrated Care Teams are a key component of our Future Primary Care in the Black Country 5 Year outline transformation strategy. The strategy so far has been influenced by a wealth of local insight, including Healthwatch reports. As part of our approach to involving people, our communities and stakeholders to further inform the development of the strategy we will be looking to undertake a public conversation. This important phase of patient, public and stakeholder involvement will allow us to explore and test key proposals and bring people/patients and our workforce along on the journey of transformation. This important phase of patient, public and stakeholder involvement will allow us to explore and test key proposals and bring people/patients and our workforce along on the journey of transformation.

Our current position around integrated neighbourhood teams is detailed below by place:

Walsall

* Has started a strategic priority to develop Integrated Neighbourhood Teams. These will be based on PCN footprint, with the emphasis on a “neighbourhood NHS”.
* We are currently at the early stages of mapping services and will then proceed to involve wider stakeholders, as part of the strategy plans Black Country Future Primary Care Transformation Programme

Accessible Information Standard

1. What engagement have you had with the NHS England AIS review?

The ICB has reviewed all the provider policies for Accessible Information Standard (AIS) through our Contract Quality Review Meetings (CQRMs). A working group has now convened to scope contract specification for the re-procurement of translation and interpreter services. Providers and the ICB are working with their respective communication teams on a consistent set of messaging about access and to ensure that different needs are met. This includes a centred library of health information in accessible formats including British Sign Language (BSL), which was co-produced with a local deaf community group.

1. What existing mechanisms do you use to seek assurance about AIS and how will you encourage self-assessment by your providers?

We’re using our existing channels to collaborate with communication teams to ensure a consistent message and intend to share information with staff and the public to raise awareness of the policies. We also expect that our continued conversation and listening regarding access to and experiences of receiving care, will provide rich insights that can and will be used to inform and shape the Future Primary Care Transformation Programme.

Hospital Discharge and Access Issues

1. What is being done to ensure patients are having their transport needs considered and the correct follow-up contacts given to them?
2. How are you ensuring providers involve family members in discharge decisions?
3. Following publication of the UEC recovery plan, are local providers submitting acceptable data to NHS England for official statistics on discharge ready dates and discharge delays?
4. Have you had any patient concerns about the Healthcare Travel Costs Scheme?

The ICB has not received or aware of any patient concerns. You are advised to redirect questions 12-15 to the local Trusts & ICS partners. Please see below their contact details:

* Walsall Healthcare NHS Trust Manor Hospital, Moat Road, Walsall, WS2 9PS.

FOI Email: WHT.FOI@nhs.net

* Black Country Healthcare NHS Foundation Trust Trafalgar House - 2nd Floor, 47-49 King Street, Dudley, West Midlands, DY2 8PS.

Email: [bchft.foi1@nhs.net](mailto:bchft.foi1@nhs.net)

* West Midlands Ambulance Service University NHS Foundation Trust Millennium Point, Waterfront Business Park, Waterfront Way, Brierley Hill, Dudley, DY5 1LX.

Email: FOI@wmas.nhs.uk

MARTHA’S RULE

1. How many Trusts in your area are piloting Martha’s rule?

All 4 Acute Trusts are implementing Phase 1 of Marthas rule.

1. What steps are you taking to support them in implementation? Which challenges do you foresee?

* We have an ICB system meeting taking place monthly to oversee progress and support the Trusts. We also have Health Innovation West Midlands attending our meetings and supporting us in this work.
* All 4 acute trusts have been identified as pilot sites in National Health Service England (NHSE) pilot work.
* At present we have not identified any specific challenges for Phase 1.

Mental Health/LD

1. What progress have you made in reducing waiting times for assessment and diagnosis in mental health services?

Within the Black Country, we initiated a lead provider model for Mental Health and Learning Disability (LD) Autism services. This took effect from 1 July 2022 and involves the Trust taking on additional functions and responsibilities which are summarised below.

1. Strategic system planning, transformation and resource allocation in order to meet the systems strategic objectives for mental health, learning disabilities and autism.

2. Operational management of:

a) The additional NHS standard sub-contracts for a range of NHS and non-NHS providers

b) Management of long-term placements (complex care and S117 as well as other associated funding); this includes the budget and managing the contractual relationship

c) Managing acute overspill and Paediatric Intensive Care Unit (PICU) placements: the Trust is acts as a clinical decision maker for these placements; in addition, it will hold the budget and make payments including putting in place contracts.

1. Monitoring and evaluating the effectiveness of all the arrangements, including performance management, budget management and quality assurance. This includes oversight of third party contracts, quality checks in relation to out of area and overspill placements before agreeing an admission and supporting the ICB in meeting its quality assurance responsibilities.
2. 4. Quality Assurance duties under the Limited Partnership (LP) contract: ♣ Management of sub-contracted providers: new responsibility for managing the contractual relationship including quality assurance.
   1. Long-term placements (complex care and S117 as well as other associated funding); the ICB retains quality assurance responsibilities.
   2. Acute overspill and PICU placements: the Trust will need to implement “quality checks” pre-admission agreement but the ICB retains quality assurance responsibilities.

As such, we are not able to respond to this FOI and recommend it is re-directed to Black Country Healthcare Trust. Black Country Healthcare NHS Foundation Trust Trafalgar House - 2nd Floor, 47-49 King Street, Dudley, West Midlands, DY2 8PS

1. What is your progress with Oliver McGowan mandatory training on Learning Disability rollout?

The ICB commenced delivering E-Learning and Tier 1 in 2023 across all providers and primary care across all specialisms in the system. Tier 2 commenced in May 2024; we are on track to deliver against the NHSE national key performance indicators (KPIs) for roll out.

**Wider questions**

1. How do we ensure that patient experience and engagement is central to ICS strategies?
2. What is your system doing to ensure that your population is digitally included in the provision of services?

Combined response to questions 20 & 21. The voices of our people, patients and communities are central to the development of system strategies. In 2022, the Integrated Care System (ICS) ‘Approach to working with people and communities’ was co-designed by the Integrated Care Board (ICB), wider Integrated Care System (ICS) partners and people who live in the Black Country. The principles in the approach provide a framework for meaningfully involving people and communities and what really matters to them.

The ICB’s Customer Services team (Time2Talk) supports Black Country patients with complaints and concerns resolutions, and requests for information and signposting. Experiences and insights recorded by Time2Talk are used to inform quality and safety improvements across the Black Country healthcare system, where appropriate.

The Black Country Insight Library was created in 2024 as a central destination for system partners to share and promote involvement activity, insight reports and records and as a resource for understanding what knowledge and intel already exists.

The Black Country Dementia Strategy refresh is a recent example of how the experiences of patients, their loved ones and carers have influenced the development of a system strategy. A short video documenting the involvement approach was developed and played at the ICB Board meeting in July 2024 – Feet on the Street: Dementia Strategy – July 2024.

The ICB chairs and ICS wide Digital Inequalities group whose aim it is to reduce digital exclusion across the Black Country. The system partners take learning from feedback from our population and work together with voluntary and community organisation to support people to become more digitally able and confident.

Our Black Country connected Programme Black Country Connected - Black Country ICS provides devices, skills and connectivity to people in the Black Country who are experiencing digital exclusion. To date we have supported over 3,000 people.

We are currently working with local organisations and voluntary groups who support people who are visually and hearing impaired, to understand the challenges they have in accessing services.

1. How will the ICB prioritise resources across the Black Country footprint?
2. How will decisions be made on services being excluded within each of the Black Country areas due to funding issues