

North East and North Cumbria Draft Integrated Care Partnership Strategy

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Better for everyone



North East and North Cumbria Integrated Care Partnership (ICP) Strategy

- The ICP is a statutory committee, established by the NHS and local government as **equal partners**, and involving partner organisations and stakeholders. It forms part of the arrangements for the Integrated Care System (ICS).
- Each Integrated Care Partnership is required to develop an **integrated care strategy** covering the whole ICP population by December 2022
- ICBs and local authorities must **'have regard to'** the strategy when making decisions, and commissioning or delivering services
- The strategy must use the **best evidence**, building from local assessments of needs (JSNAs), and enable integration and innovation.



Structure of the Draft Strategy

- Vision, Goals and Enablers
- Building on our Assets and the Case for Change
- Longer, Healthier Life Expectancy and Fairer Outcomes
- Health and Care Services and Enablers
- Involvement and Delivering the Strategy

Vision, Goals and Enablers

Better health and wellbeing for all our people and communities

Longer,
healthier
life expectancy

Excellent
health and care services

Fairer
health outcomes

A skilled, sufficient,
compassionate and
empowered
workforce

Working together
to strengthen our
places and
neighbourhoods

Innovating with
improved
technology,
equipment and
facilities

Making best use of
our resources and
protecting our
environment



Assets and Case for Change

- We have strong communities, an amazing Voluntary, Community and Social Enterprise sector, World Class natural assets and vibrant industries
- We have a strong foundation of partnership working, an outstanding health and care workforce, and some of the best research and development programmes of any system
- Our health outcomes are some of the worst in England, with deep and protracted inequalities, which correlate with socio-economic deprivation
- Life expectancy at birth is 81 (women) and 76.9 (men), compared to 82.6 and 78.7 for England
- Healthy life expectancy is 60.2 (women) and 59.4 (men), compared to 63.9 and 63.1 for England.



Draft Key Commitments

- We will reduce the gap in **healthy life expectancy** between our ICP and the England average by at least 25% by 2030, and aim to raise the average healthy life expectancy to a minimum of 60 years in every Local Authority by 2030
- We will reduce **smoking prevalence** from 13% of people aged over 18 in 2020 to 5% or below by 2030.
- We will reduce the **inequality in life expectancy** between the most deprived and least deprived deciles within our ICP by 25% by 2030
- We will reduce the **suicide rate** from 13 per 100, 000 population in 2019/2021 to below the England average of 10.4 per 100, 000 population in 2019/2021 by 2030.



Longer, Healthier Life Expectancy

- We will raise overall levels of health and improve at pace where the need is higher
- We will act as [Anchor Institutions](#) supporting social and economic development
- We will ensure [Community Centred and Asset Based](#) approaches building on the knowledge, skills, experience, resilience, and expertise in communities.
- We will implement evidence-based [prevention programmes](#) including smoking cessation, alcohol reduction, and healthy weight programmes, and support wider systems enabling good education, employment, fair pay, and better homes and neighbourhoods
- We will maximise routine adult and childhood [vaccination programmes](#), covid and seasonal flu vaccination programmes, and reduce iatrogenic harms.

Fairer Outcomes – Delivering Core20plus5

REDUCING HEALTHCARE INEQUALITIES

CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas



Excellent Health and Care Services

- We will improve **quality**, more organisations will achieve a 'Good' or 'Outstanding' CQC rating and improve the **sustainability** of the most challenged parts of our system
- We will enable **personalised care**, organised around the holistic needs of people and improve the support offered to **unpaid carers**
- We will support the development of **provider collaboration** and value the voluntary, community and social enterprise sector as equal partners
- We will ensure **parity of esteem** between mental health, learning disability and autism services and physical health
- We will improve **integration** between physical and mental health, primary and secondary care, and health and social care, and value services equally across sectors.



Enablers

- A skilled, sufficient, compassionate and empowered **workforce**: we will improve recruitment and retention, and enable people to work in positive cultural environments
- Working together to strengthen our **places and neighbourhoods**: we will support social and economic wellbeing, and enabling services to work together
- Innovating with improved **technology, equipment, estates and facilities**: we will maximise the opportunities to utilise existing, and embrace new technologies, and invest wisely in maintaining and improving contemporary estates, facilities and equipment
- Making best and equitable use of our **resources and protecting our environment**: we will develop sustainable financial plans, and protect the environment.



Engagement

- Strategy Steering Group jointly chaired between the NHS and Local Government
- Call for evidence – over 300 documents received
- Stakeholder engagement and survey in November
- Local ICPs and Health and Wellbeing Boards discussions where possible
- Working with Health Watch and the Voluntary, Community and Social Enterprise sector to engage experts by experience
- Publicly available draft document and survey for feedback



Delivering the Strategy

- Detailed delivery plans and the NHS Joint Forward Plan by end of March 2023
- Refresh of Place plans in light of the big, systemwide commitments we agree in the strategy, with room for local definition and flexibility for local context
- Working together as partners to align system drivers to deliver of the strategic priorities
- Clear accountability and regular, transparent reporting of progress.

Questions, discussion and feedback

