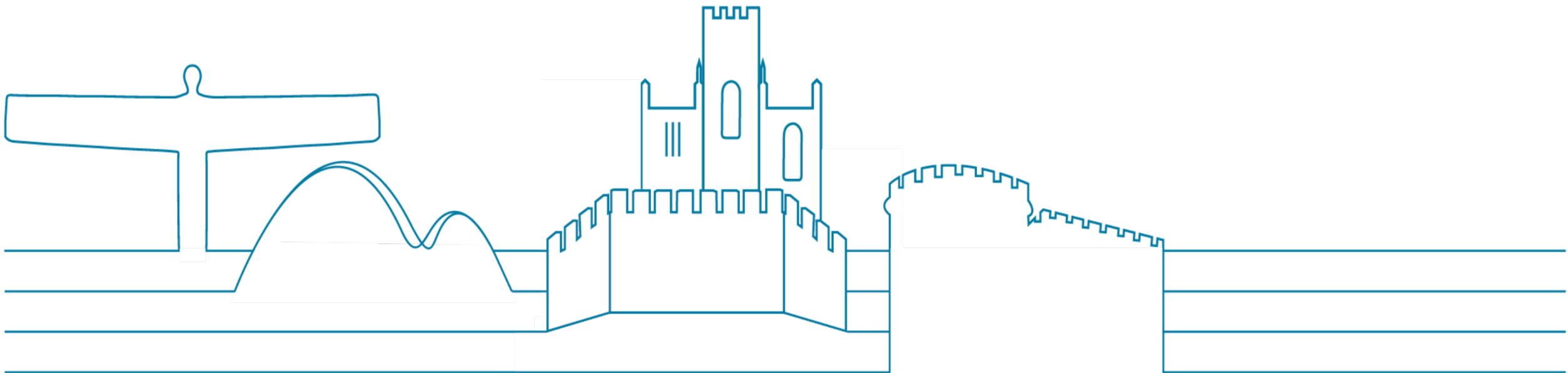




# North East and North Cumbria Draft Integrated Care Strategy





# 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

