

Integrated Care Systems: the new frameworks in Suffolk and North East Essex

Sharon Rodie

Suffolk and North East Essex Integrated Care System
Central Team

June 2022

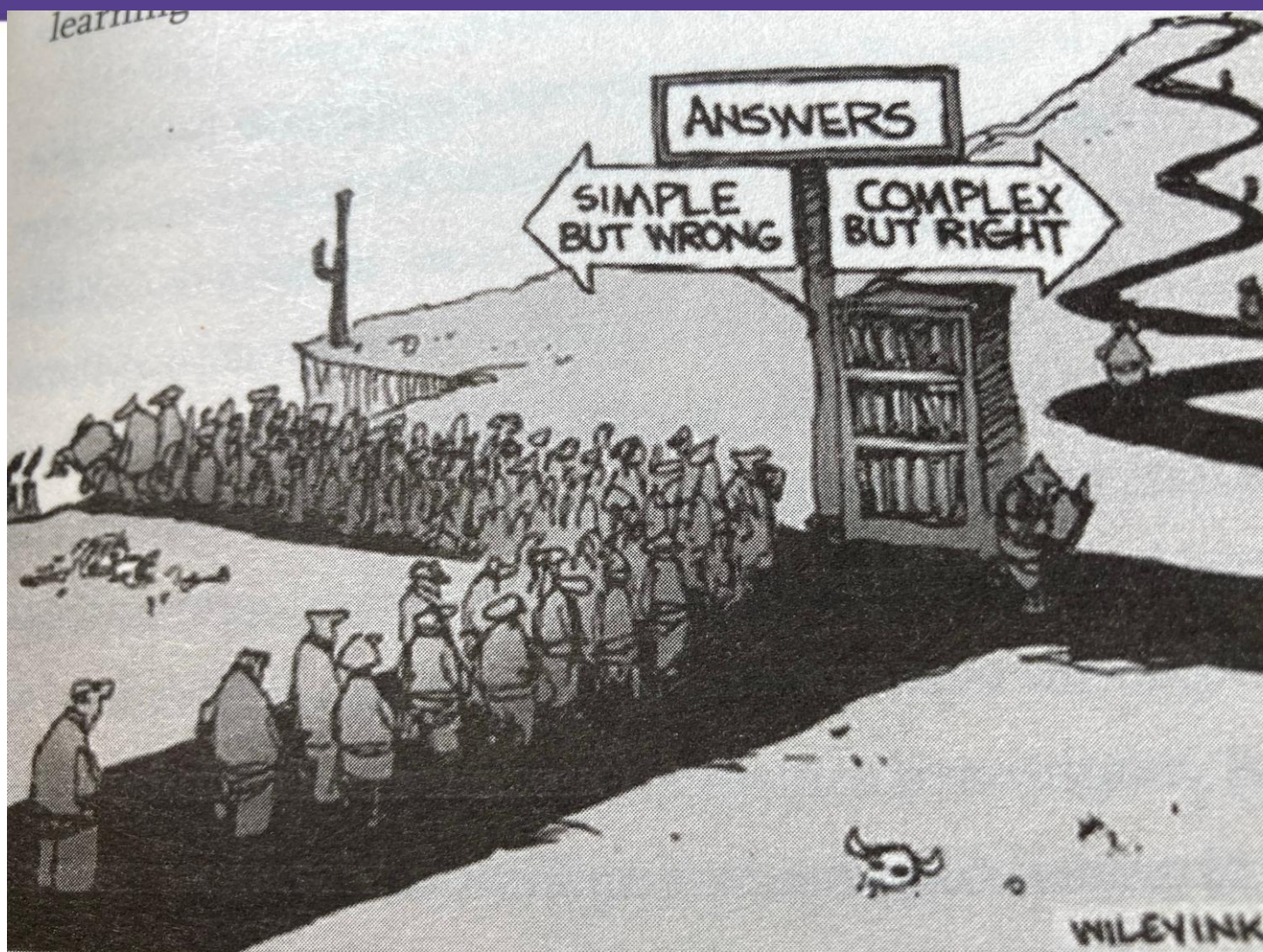
Timeline

- **June 2021:** ICS Design Framework published
- **July 2021:** Decision on ICS Boundaries
- **August 2021:** ICS Transition Programme established
- **Autumn 2021:** Development of Plans for NHS ICB to replace CCGs
- **April 2022:** Draft System Design Framework for circulation
- **Late April 2022:** Royal assent achieved for the Health and Care Bill.
- **May 2022:** ICS Board to agree constitution for ICP and ICB
- **1 July 2022:** New ICS established. 'Can Do' Expo 2022.
- **December 2022:** First ICS Integrated Care Strategy
- **April 2023:** First NHS ICB Plan





How should Integrated Care Systems be organised?



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Suffolk and North East Essex ICS

Our new Integrated Care System – ‘Organs’



Suffolk and North East Essex Integrated Care Partnership (ICP)



NHS Suffolk and North East Essex Integrated Care Board (ICB)



Suffolk Health and Wellbeing Board



Essex Health and Wellbeing Board



North East Essex Alliance



Ipswich and East Suffolk Alliance



West Suffolk Alliance



NHS Provider Collaboratives



VCSE Assembly

Chairs Group



Integrated Neighbourhood Teams

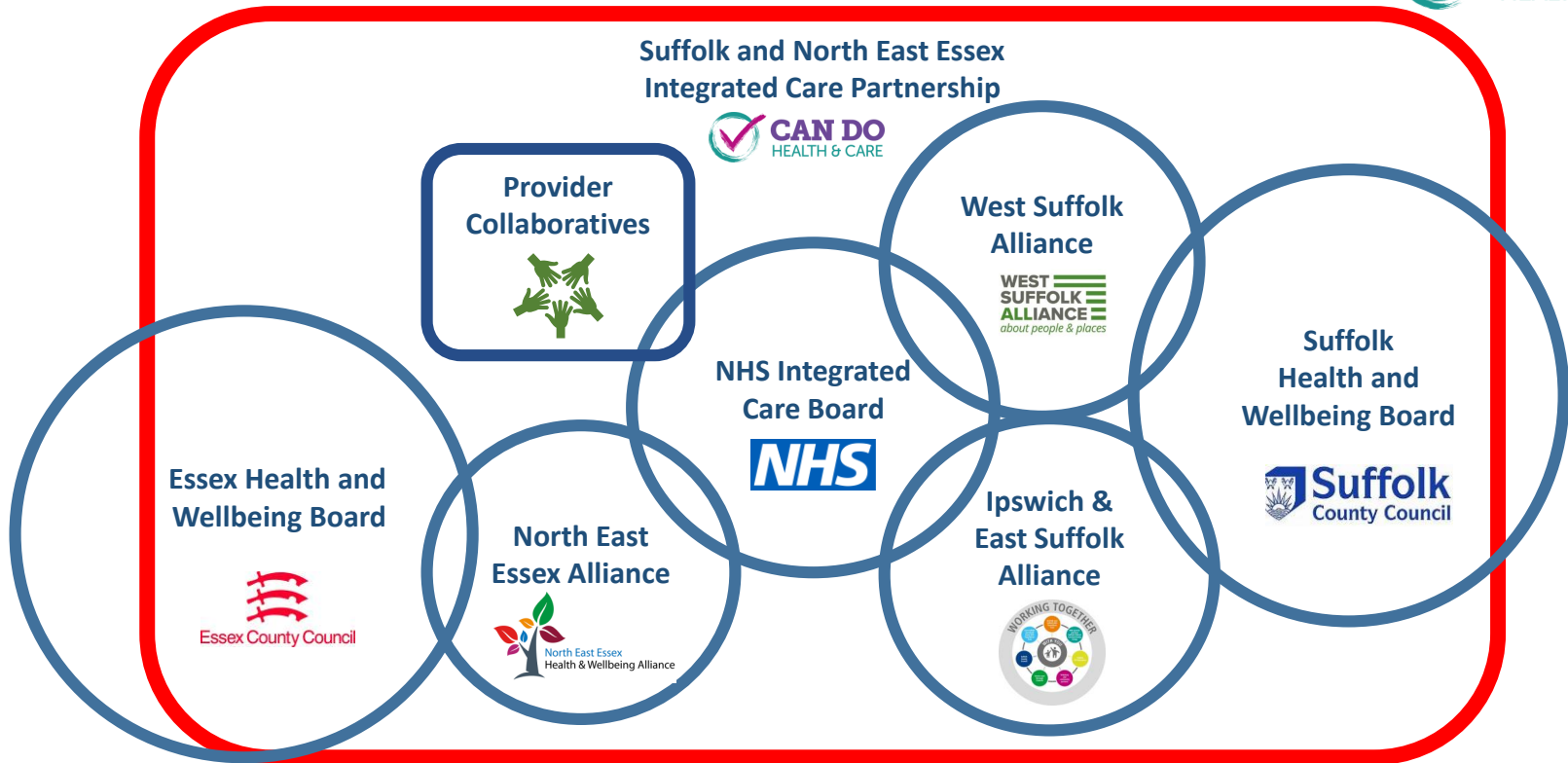


Primary Care Networks

INTEGRATED CARE SYSTEM (ICS)

Suffolk and North East Essex ICS

A system of interlinking ways of working together



How the different elements of the ICS link together:
working as an interlinked system not a hierarchy

How the ICB and ICP are different

Integrated Care Partnership (ICP)

Suffolk and North East Essex Integrated Care Partnership (ICP)

- The ICP is a Statutory Committee made up of the ICB and the Local Authority.
- The ICP will develop a local population strategy for health and care based on evidence and outcomes.
- ICP will have a Partnership Chair; across NHS, local government and community, supported by small joint secretariat

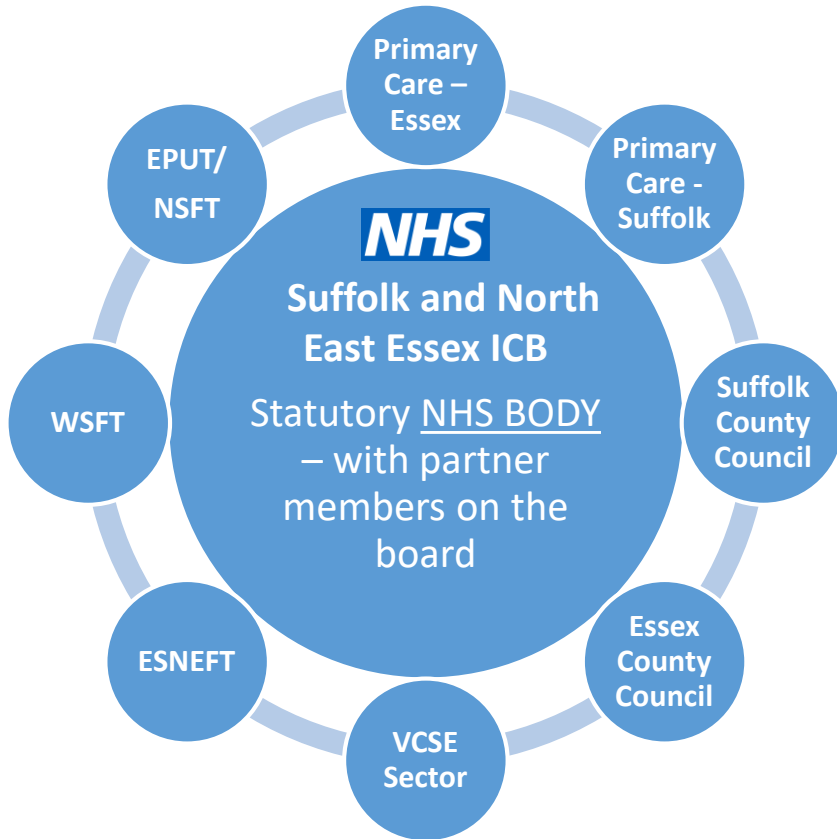
Integrated Care Board (ICB)

NHS Suffolk and North East Essex Integrated Care Board (ICB)

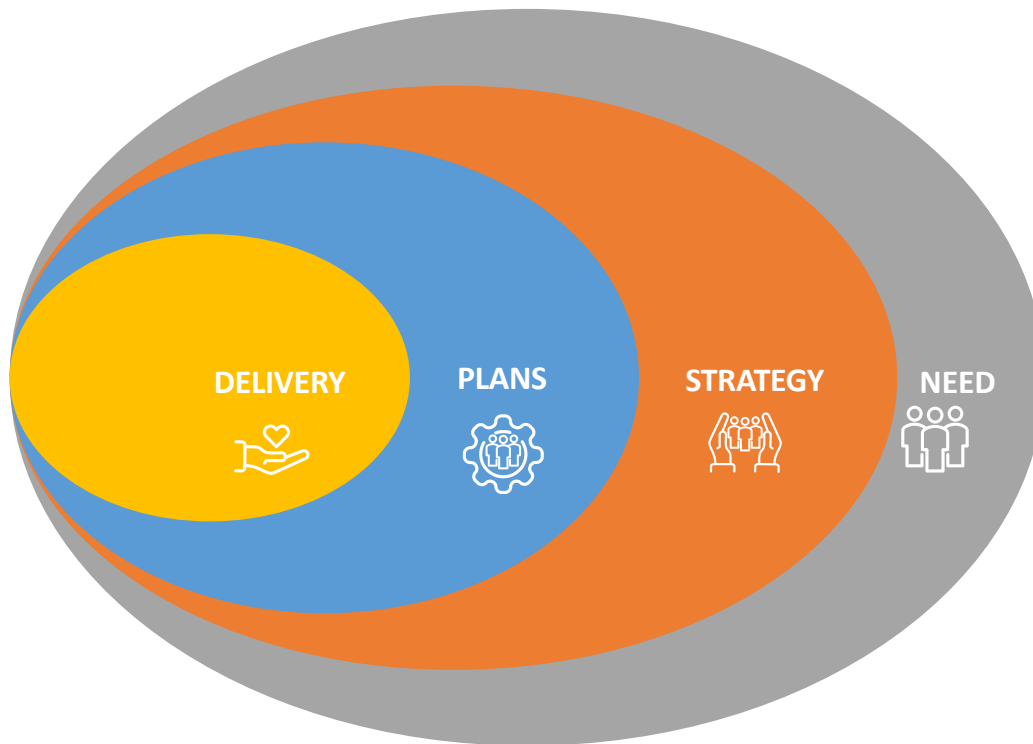
- An ICB is a Statutory Body.
- The ICB is responsible for developing a plan to meet the health needs of the population and allocate NHS resources accordingly.
- The ICB will receive the transfer of all CCG functions and duties.
- The ICB is able to transfer some functions and delegations to ICB Committees, Place Based Partnerships (Alliances) and Provider Collaboratives.

Suffolk and North East Essex ICS

How the ICB and ICP are different



Population health strategy, planning and delivery



POPULATION NEED

Joint Strategic Needs Assessment (JSNA)
Public Engagement - Healthwatch

STRATEGY

Integrated Care Strategy - ICP
Joint Health and Wellbeing Strategy - HWBBs

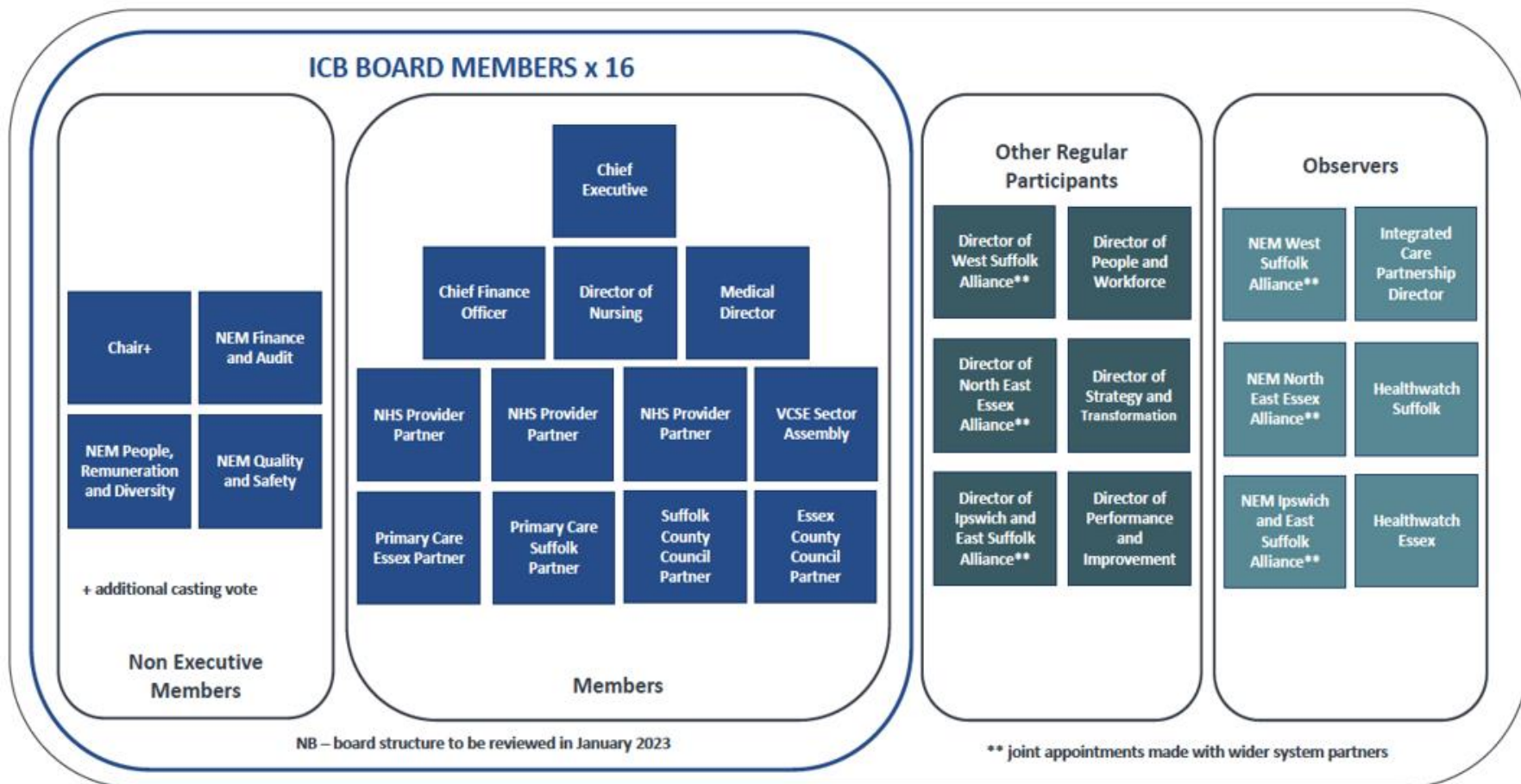
PLANS

NHS Integrated Care Board
Alliance Plans
Local Government Delivery Plans
Wider partner delivery plans

DELIVERY

Providers – NHS, social care, public health, VCSE
Provider Collaboratives
Integrated Neighbourhood Teams
Primary Care Networks

ICB Board Members & Partner Members



The Integrated Care Board membership is set in legislation. The ICB replaces the current Clinical Commissioning Groups and takes on some new responsibilities from NHS England.

Our aim: tackling health inequalities and working towards health equity



Join our



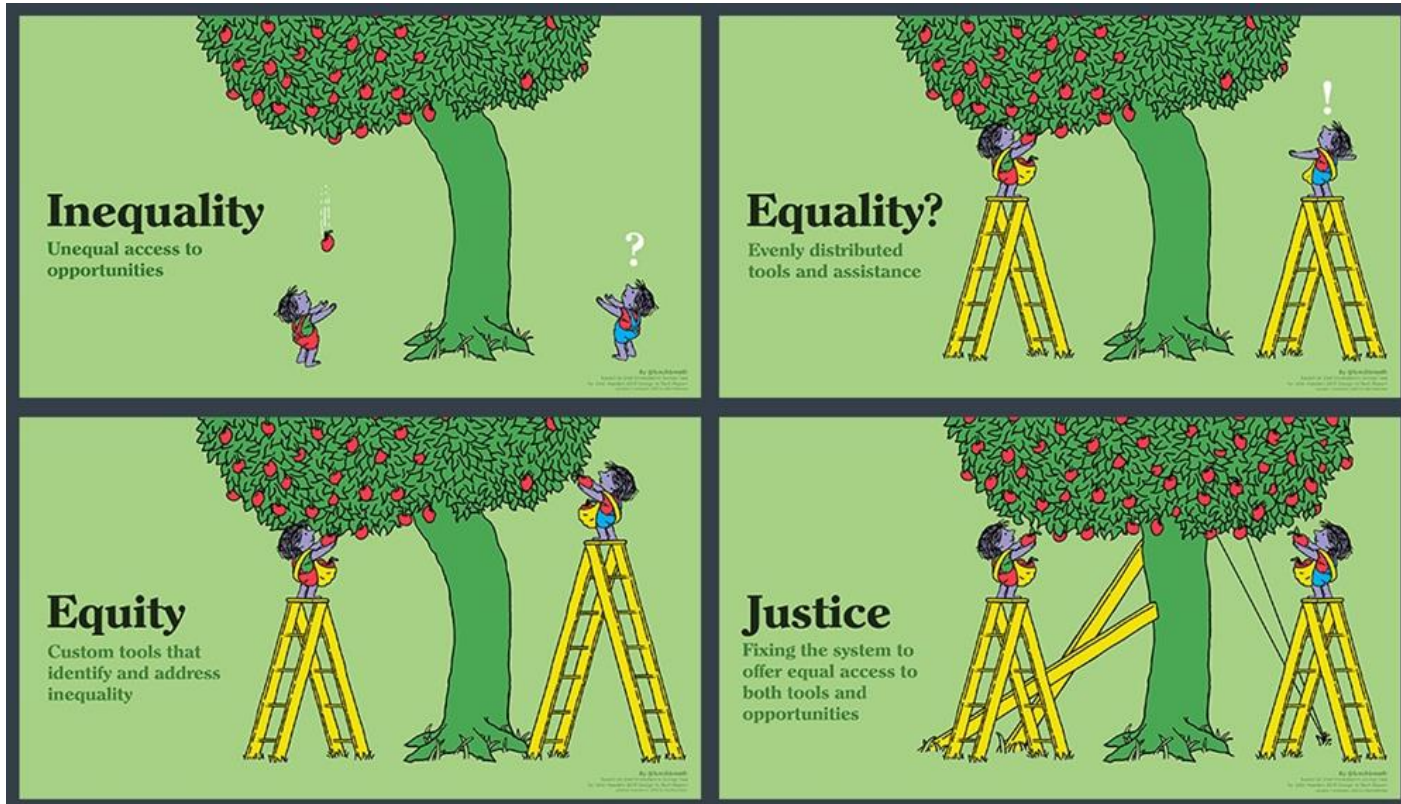
100 DAY HEALTH EQUITY CHALLENGE

SUFFOLK & NORTH EAST ESSEX ICS

200 people across 32 different organisations

Four 'As' Approach

- ASSESSMENT
- ALLYSHIP
- AWARENESS
- ACCOUNTABILITY



June 2020: #whatarewemissing? event in Suffolk to listen to ethnic minority communities



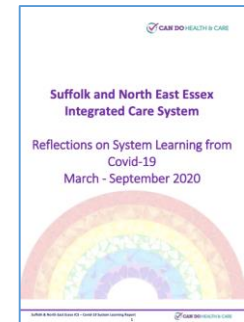
#WhatAreWeMissing



July 2020: Our Thinking Differently Together event on race and health inequalities

September 2020: System learning from the first wave of Covid-19:

“We need to plan both for the many and the few”



July 2021: commitment by the ICS Board to tackling health inequalities including by assessing the impact of our major programmes on health equalities

Community Ambition

Two year programme June 2021-May 2023 to tackle inequalities:

- **Bangladeshi Women's Association Essex** – health needs survey, mental health and advocacy for Bangladeshi and other Muslim people and families in Colchester and Tendring.
- **African Families in the UK** – Big Garden, work with families, mental health and Covid vaccinations for African people and families in Colchester and Tendring.
- **Unity Centre** – a collaborative partnership of Active Essex, PHOEBE, Suffolk Refugee Support and Fresh Start New Beginnings at the Unity Centre health hub in Ipswich.
- **Sharing Parenting** – working with Urdu-speaking and other minority ethnic communities in partnership with schools and faith organisations in Newmarket.
- **Volunteering Matters and ISCRE** – developing Young Health Ambassadors in Ipswich.
- **Ladies of Suffolk, Essex and Norfolk** – healthy eating and nutrition for African women across the ICS.

**NHS CHARITIES
TOGETHER**



In partnership with



Mental health in Muslim communities

Bangladeshi Women's Association Essex and The 1928 Institute held a two day workshop in March 2022 to explore mental health in their community. They found:

From the NHS, the community wants:

- A seat at the table
- Staff trained in compassion, curiosity, and cultural nuance
- Trusted, flexible professionals who take time to listen and learn
- Services accessible to those living with language difficulties and stigma

Within the community, people want:

- Support and signposting to mental health services that are accessible to all via community and faith organisations
- Safe spaces to talk about mental health, and regular events to build awareness
- Training for imams and schools so they can support their members
- Community hubs providing expert support on mental health mental capacity, power of attorney etc.



REDUCING HEALTHCARE INEQUALITIES

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

CORE20

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



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
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Tackling inequalities: mental health

Suffolk

‘Equity in Mind’ awards grants to community organisations working with people living with SMI and those living with more serious mental illnesses, including older people, refugees, people living in rural/coastal areas with poor access to services, young people and people from LGBTQ communities and their families.

‘Men’s Mental Health Community Fund’ supports men in high risk groups including those receiving mental health services, who self harm, who are in contact with the criminal justice system, or who work in specific industries including construction and agriculture.

North East Essex

Refugee Action Colchester projects include ‘Together we Grow’ and forest school. Watch their video <https://youtu.be/InJs7l1T5XY>



African Families in the UK is working with people and families to improve their mental health and wellbeing, isolation and access to health and care services.

Tackling inequalities: diabetes and heart disease

The NHS is launching a project with the Eastern Academic Health Science Network to implement the national Blood Pressure Optimisation Programme using the University College London Partners' 'Proactive Care at Home Framework for Hypertension' framework:

- Identify practices/Primary Care Networks, targeting the 20% most deprived areas.
- Use data to find people who have or are at risk of hypertension - case finding
- Develop the care pathway
- Train staff
- Develop remote management (digital)



We have also secured 1500 extra blood pressure machines which will be handed out to practices who decide to join the programme to help them monitor their patients blood pressure.

Tackling inequalities: maternity

5 year maternity equity plan being produced in 2022:

- Approach from pre-conception, through pregnancy, to after birth.
- Aim to reduce the complexity of pregnancy, lower risk factors, and improve long-term health and wellbeing for the family.



Working with a range of community organisations to improve family health and wellbeing during pregnancy and wider aspects such as housing, benefits, and employment. The organisations will each approach this differently depending on the needs of their community, and how they prefer to be supported. Includes:

- Giving families the knowledge and information they need on being healthy and safe, and what services are available to help them, so they can make informed choices on their care.
- Developing trusting relationships between communities and health professionals.
- More culturally aware staff who are sensitive to lived experiences.
- Removing barriers to maternity and neonatal services

CORE20PLUS Community Connectors

- National programme commissioned by NHS England in partnership with the NHS South, Central and West Commissioning Support Unit.
- Funds and supports development and mobilisation of the model of Core20PLUS, developing and supporting community-based action on healthcare inequalities, by building a network of local Core20PLUS Connectors.
- Connectors are:
 - “people who are part of those communities who are often not well supported by existing services, experience health inequalities, and who then help change these services to support their community better”.*
- Our delivery partner is African Families in the UK who will use their Community Ambassador model to recruit and support connectors from a wide range of communities.

