



ICP Update

November 2023

Cllr Lynne Caffrey
Cllr Kelly Chequer

What's the difference between an ICS, an ICB and an ICP?

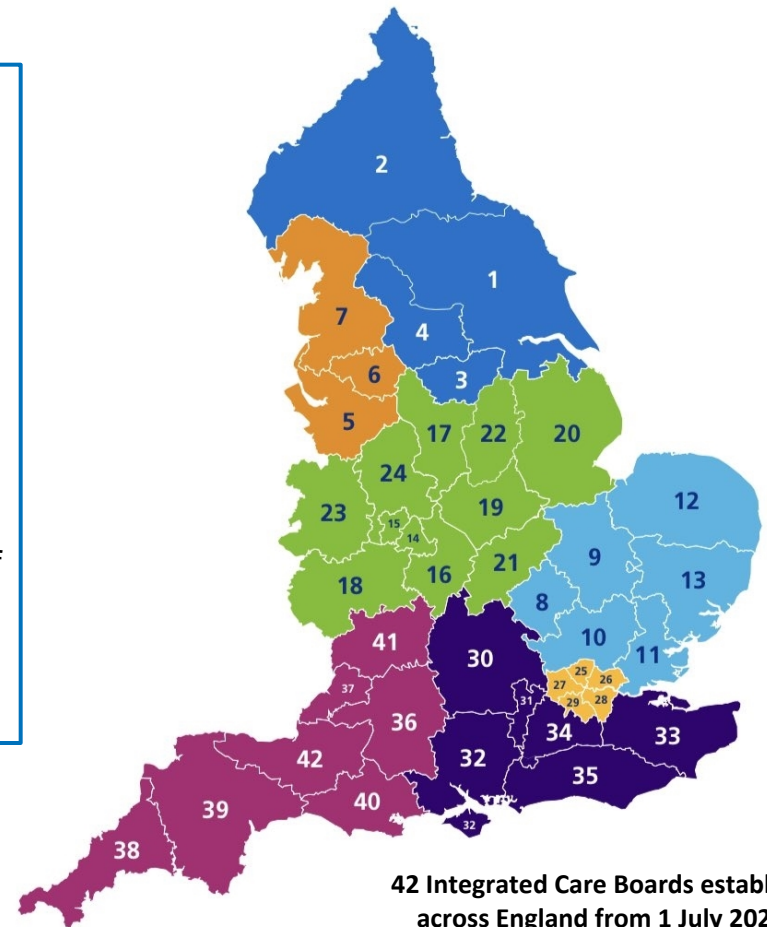
North East
North Cumbria
Health & Care
Partnership



Integrated Care System (ICS) – includes all of the organisations responsible for health and wellbeing working together across a region to plan and deliver services for our communities.

It is not an organisation but works through the following bodies:

- **Integrated Care Board (ICB)** – a statutory NHS organisation that took on the responsibilities of the former CCGs and some of the functions held by NHS England. The ICB will also work with a range of partners at 'place level' in each of the 14 local authority areas in our region.
- **Integrated Care Partnership (ICP)** – a joint committee of the ICB and the 14 local authorities in the ICS area – plus other invited partners - responsible for developing an **integrated care strategy** for the ICS.



42 Integrated Care Boards established
across England from 1 July 2022 –
replacing the former CCGs

Our patch: the North East and North Cumbria

SIZE & SCALE



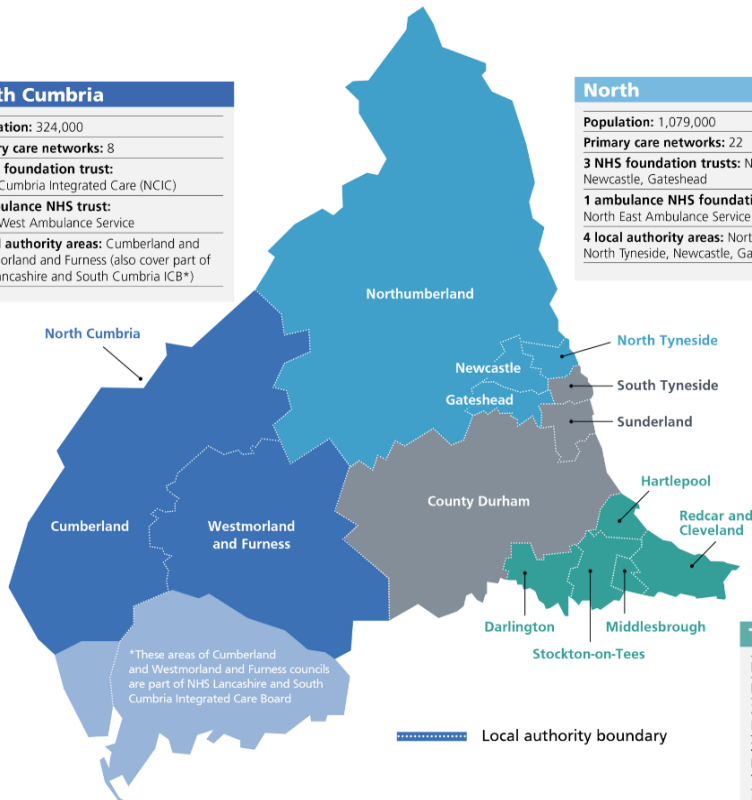
North Cumbria
Population: 324,000
Primary care networks: 8
1 NHS foundation trust: North Cumbria Integrated Care (NCIC)
1 ambulance NHS trust: North West Ambulance Service
2 local authority areas: Cumberland and Westmorland and Furness (also cover part of NHS Lancashire and South Cumbria ICB*)

North
Population: 1,079,000
Primary care networks: 22
3 NHS foundation trusts: Northumbria, Newcastle, Gateshead
1 ambulance NHS foundation trust: North East Ambulance Service
4 local authority areas: Northumberland, North Tyneside, Newcastle, Gateshead

North East and North Cumbria
2 mental health NHS foundation trusts: Cumbria, Northumberland, Tyne and Wear, Tees, Esk and Wear Valleys

Central
Population: 997,000
Primary care networks: 22
2 NHS foundation trusts: South Tyneside and Sunderland, County Durham and Darlington
1 ambulance NHS foundation trust: North East Ambulance Service
3 local authority areas: South Tyneside, Sunderland, County Durham

Tees Valley
Population: 701,000
Primary care networks: 14
3 NHS foundation trusts: County Durham and Darlington, North Tees and Hartlepool, South Tees
2 ambulance NHS trusts: North East Ambulance Service (FT) Yorkshire Ambulance Service
5 local authority areas: Hartlepool, Stockton-on-Tees, Darlington, Middlesbrough, Redcar and Cleveland





Our model: one Strategic ICP and four Area ICPs

It was agreed by JMEG that our 'Area' ICPs would be best chaired by an elected member – e.g. a Health & Wellbeing Board chair or Lead Member



North Cumbria ICP: Cllr Mark Fryer
leader of Cumberland Council



North ICP:
Cllr Lynne Caffrey –
Chair of the Gateshead Health and Wellbeing Board

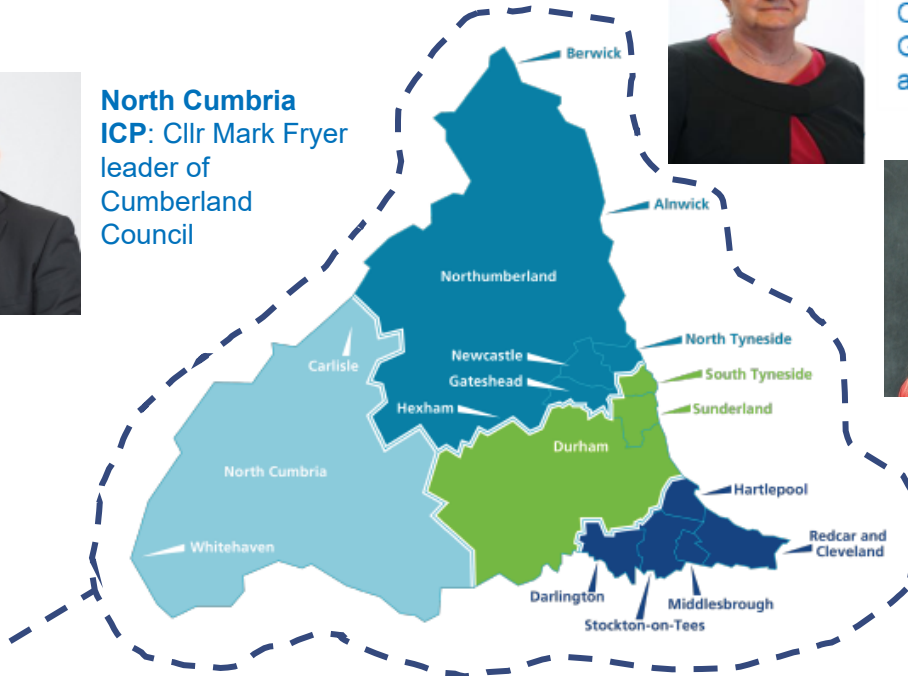


Central ICP:
Cllr Kelly Chequer –
Healthy City cabinet member on Sunderland City Council



Tees Valley ICP:
Cllr Bob Cook,
Leader of Stockton-on-Tees Borough Council

North East and North Cumbria Integrated Care Partnership



Complementary role of Strategic ICP and Area ICPs

The Strategic ICP will:

- Oversee and approve the ICS-wide Integrated Care Strategy, built up from an analysis of need from the four Area ICPs
- Promote a multi-agency approach to population health and wellbeing and the wider social and economic determinants of health for our 3million population
- Consider and suggest ways forward to tackle health inequalities, and improve access to health services at this same population level
- Champion initiatives involving the contribution of the NHS and wider health and care organisations to large scale social and economic development

The Area ICPs will:

- Develop and strengthen relationships between professional, clinical, political and community leaders
- Provide a regular forum for partners to share intelligence, identify common challenges and objectives and share learning
- Analyse the Joint Strategic Needs Assessments from each of the Health & Wellbeing Boards in their Area to feed into the Integrated Care Strategy setting process
- Ensure the work of the Area ICP is focused on the priorities of local residents and service users to identify those 'supra-place' issues that cut across its constituent places
- Ensure that the Area ICP is a forum that allows for the sharing of best practice and collaboration as part of our 'Learning and Improvement System' in the North East and North Cumbria.

Developing our Integrated Care Strategy

North East
North Cumbria
Health & Care
Partnership



Better health & wellbeing for all

A plan to improve health and care in the North East and North Cumbria



We want...



Longer and healthier lives

Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England.



Fairer outcomes

As we know not everyone has the same opportunities to be healthy because of where they live, their income, education and employment.



Better health and care services

Not just high-quality services but the same quality no-matter where you live and who you are.



Giving our children the best start in life

Enabling them to thrive, have great futures and improve lives for generations to come.

And that's not all...

We will be working together to help people to stay healthy by addressing the causes of ill health and preventing diseases in the first place, and also to improve mental health and wellbeing, so that our communities live healthier and longer lives.

We have set clear goals to tackle the key causes of early death in our region - such as smoking, alcohol, obesity, heart disease, substance misuse and suicide.

Our supporting goals by 2030 are to:

- reduce smoking from 13% of adults in 2020 to 5% or below
- reduce alcohol related admissions to hospital by 20%
- halve the difference in the suicide rate in our region compared to England
- reduce drug related deaths by at least 15% by 2030
- ensure 75% of cancers are diagnosed at an early stage so that more people who have cancer will live for at least five years after their diagnosis

We also want to:

- reduce the number of children, young people and adults who are an unhealthy weight
- reduce social isolation, especially for older and vulnerable people
- reduce the gap in life expectancy for people in some of the most excluded groups within our communities, such as homeless people.



The health of our region...

Across the North East and North Cumbria, we have made advances in health and social care. We have much to be proud of thanks to the strong partnerships and collaborative working which has been built on over many years. But despite this, we still have some of the poorest health outcomes in the country and there is more we can do to improve health and care services.

In nine of our 13 council areas, healthy life expectancy (meaning life without the burden of a chronic condition or disease), is less than 60 years. There are only four such council areas in the whole of the south of England. Other facts about the health and wellbeing of people in our region make for very uncomfortable reading:



Highest rate of drug related deaths in England (North East)



Men spend almost a quarter of their lives in ill-health



2nd highest rates of heart disease in the country



Some of the highest rates of suicide in the country



Respiratory disease rates are much higher than the national average



28% of children live in low-income families - England average 19%



Rates of child poverty are double the England average in some areas



2nd highest rate of liver disease in the country

Behind these numbers are individuals and communities. They are people who could be enjoying longer and healthier lives. They are children who could be thriving – not just surviving.

This is why we are so determined to work together across health and care to achieve better health and wellbeing for all.

Area ICPs – emerging priorities

- **Better Health and Well Being for All** signed off by the Strategic ICP in 2022; updates now being received on the delivery of this strategy as set out in the ICB's Joint Forward Plan
- Updates on the work of the ICB's **Healthier and Fairer Advisory Group** – including from the chairs of the Health Inequalities and Social and Economic inequalities workstreams
- Opportunity to align the Area ICP structure to match the geography of the new **North East Mayoral Combined Authority (NEMCA)**
- Potential areas of focus from the NEMCA devolution agreement for the ICP include **prevention, and work and health**

ICP North

Emerging strategic priorities

- Winter pressures – including pharmacy provision
- Women's health, national and regional strategies
- Suicide and self-harm prevention
- Restructured mental health service priorities
- Prevention priorities
- Healthy weight management
- Healthwatch priorities- GP access, dental services, pharmacy provision, hospital discharge, support for carers

ICP North issues

- Not another set of meetings
- We don't have the resources/time
- We have enough work to do now
- We already have enough area meetings
- Awareness of what's being done already
- Is this duplicating what already happens?

ICP Central

Emerging strategic priorities

- Understanding the work of the ICB's Healthier and Fairer Programme – focus on health inequalities
- Healthwatch – key themes from local public feedback
- Access to dentistry and oral health strategy
- Reduce the impact of alcohol and tobacco harm and healthy weight management
- Improve mental health and emotional wellbeing

ICP Central issues

- Identifying the issues that need to be coordinated across places and sectors
- Focus on health inequalities and ensuring equitable access to services
- Maintaining strong links with Health and Wellbeing Boards
- Considering how the ICPs will work with the new Combined Authority

Building trust and knowledge

- How do we ensure that the ICPs are forums that shape the strategic priorities for health
- How do they encourage the sharing of best practice and meaningful collaboration?
- How do we ensure it isn't just seen as a 'talking shop'?
- How do we engage the right people ?
- How do we avoid duplication of effort and work together to deliver better outcomes and develop better services?

Questions and Feedback