

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	
Official: Sensitive Personal		For information only	

North East and North Cumbria Strategic ICP 15 December 2022	
Report Title:	North East and North Cumbria Integrated Care Strategy
Purpose of report	
<p>Integrated Care Partnerships (ICPs) are required to publish an Integrated Care Strategy by the end of December 2022. The purpose of the strategy is to show how the ICP will meet the health and care needs of the population served.</p> <p>The North East and North Cumbria ICP is asked to agree to publish the attached strategy in December 2022.</p> <p>The ICP is asked to note that an easy read version of the document will also be developed. This will be supported by a summary brochure, an animation and further content to make the strategy more accessible to wider communities and stakeholders.</p>	
Key points	
<p>Developing the strategy</p> <p>In July 2022, the Department for Health and Social Care published guidance for the development of integrated care strategies. The North East and North Cumbria ICP established a steering group to oversee the development the strategy, supported by task and finish groups.</p> <p>A first draft of the strategy was produced in October 2022. The draft was informed by more than 300 needs assessments, plans and strategy documents received by the strategy steering group following a call for evidence during the late summer.</p> <p>On 26 October, the draft strategy was published on the ICP page of the ICB public website. It was shared across social media and other communications channels and distributed to a wide range of stakeholders asking for their views and comments. During November nearly 400 online survey responses were received, as well more detailed responses from individuals, organisations and partnerships.</p>	

During November a standard presentation was used to support discussions with stakeholders, including with ten of the health and wellbeing boards and all four of the local ICPs. An independent report on the feedback received was commissioned. The report is provided as appendix 2.

Final strategy

Based on the feedback, a final version of the strategy has been produced for publication before the end of December. This is attached as appendix 1.

The strategy is based on a case for change, the strengths in our region we can build on, and then the organising principles of our vision, goals and enablers, summarised below:



The strategy set out our goals to improve health and wellbeing in our region for everyone, and to reduce health inequalities. It describes how we will:

- Reduce the gap between how long people live in the North East and North Cumbria compared to the rest of England, so that our communities live longer, healthier and happier lives.
- Ensure fairer health outcomes for people. We know that everyone does not have the same opportunities to be healthy because of the environments where they are born, grow up, live, work, and their age too.
- Ensure our health and care services are high-quality, no-matter where you live and who you are. That they are also joined-up and that people have the same access to the right care.
- Work together to give our children and young people the best start in life.

The strategy also describes the deeply challenging context communities in the North East and North Cumbria are currently facing, as well as the pressures faced by health and care services and our workforce.

In summary, the strategy commits the ICP to a radical transformation of population health and wellbeing outcomes to ensure everyone in our region can experience better health and wellbeing.

Delivering the strategy

Delivering the strategy will require aligning our collective resources at all levels - neighbourhood, local authority place, the four local integrated partnerships and across the whole ICP region.

We will develop specific plans to take forward each key element of the strategy, for example a clear workforce plan. These will support the strengthening of work at a local level, while encouraging local determination and focus depending on local needs and context.

Local authorities, the ICB, and our broader partnership arrangements will need to have regard to the strategy in how they plan, commission, and deliver services. This includes ensuring alignment to the key themes.

We will undertake at least an annual review of the strategy. We will also publish a clear update on our implementation of the strategy including progress against the measurable goals.

Risks and issues

The strategy includes some specific and measurable goals and supporting commitments. There is a risk that these objectives may not be achieved, or indeed may not set a sufficiently high ambition. This risk will be mitigated by regular review of the strategy implementation supported by measurement of the delivery of the objectives.

There is a risk that the strategy is not sufficiently clear about how its ambitions will be delivered. The strategy focusses more on *what* we want to achieve, rather than *how* it will be achieved. This risk will be mitigated by developing more detailed action plans, for example on the workforce, and by asking all partner organisations and partnerships to pay due regard to the strategy.

There is a risk that the strategy does not take proper account of the wide differences in health and care needs between populations, and between local authority places. This will be mitigated by supporting partnerships in local authority places to apply flexibility in how the strategy is delivered in accordance with local context.

Assurances

The strategy has been produced in line with the national guidance from the Department for Health and Social Care, is founded on existing plans and the best available evidence and has been informed by engagement with stakeholders.

Recommendation/Action Required

1. The ICP are requested to approve the strategy for publication by the end of December.

<p>2. To provide a copy of the strategy to NHS England (in their role as a commissioner of services) and to confirm their agreement with the strategy.</p> <p>3. The ICP are requested to note the intention to commission an independent organisation to develop an easy read version of the document. This will be supported by a summary brochure, an animation and further content to make the strategy more accessible to wider communities and stakeholders.</p>						
Sponsor/approving director	Jane Robinson, Corporate Director, Adult and Health Services, Durham County Council and Jacqueline Myers, Executive Director of Strategy and System Oversight, North East and North Cumbria Integrated Care Board.					
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Link to ICB corporate aims (please tick all that apply)						
CA1: Improve outcomes in population health and healthcare						✓
CA2: tackle inequalities in outcomes, experience and access						✓
CA3: Enhance productivity and value for money						✓
CA4: Help the NHS support broader social and economic development						✓
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	✓	N/A	
If yes, please specify						
Equality analysis completed (please tick)	Yes		No	✓	N/A	
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No	✓	N/A	
Key implications						
Are additional resources required?	Delivering the strategy will require the optimal use of resources across the ICP, but at this stage there are no explicit resource requirements.					
Has there been/does there need to be appropriate clinical involvement?	There has been involvement through the process outlined in the key points above. A commitment to co-production is one of the five key enablers described in the document.					
Has there been/does there need to be any patient and public involvement?						
Has there been/does there need to be partner and/or other stakeholder engagement?						

Appendix 1 Integrated Care Strategy

Appendix 2 Engagement Findings Report