

Suffolk and North East ICS Five Year System Strategic Plan

Briefing for Essex Health Overview and Scrutiny Committee - 15 January 2020

1. Introduction

Following publication of the NHS Long Term Plan in January 2019, all systems were expected to develop a five year strategic plan for the period 2019/20 to 2023/24. Although these system plans were required to make a commitment to delivery of the NHS Long Term Plan, there was freedom for each system to locally determine the broader format and content for their plan.

For Suffolk and North East Essex ICS it was agreed early on:

- to develop a whole system plan
- to aim to engage system stakeholders throughout the development of the plan
- to work to a pre-agreed timeline
- to frame the plan around a central conceptual framework that would reflect an Outcome based approach and core concepts in our agreed ICS Governance.

A broad range of stakeholders across the NHS, local government, and the community and voluntary section were engaged in development of content of the plan during August and September 2019. Stakeholders also came together to agree the overall vision for the plan at a system wide event 'Thinking Differently' that took place in September 2019.

An initial draft narrative plan was submitted to NHS England and NHS Improvement on time on Friday 27 September 2019, together with some additional submissions containing activity, finance and workforce information. Feedback from NHS England and NHS Improvement was then delivered through an initial informal and the formal feedback process. This feedback was positive and supportive of the draft plan from Suffolk and North East Essex ICS but required some further work in key areas including in particular the sections around workforce and finance. This additional work is now underway.

In addition to feedback from NHS England and Improvement, the plan was also shared in private with members of the following forums during October and November 2019:

- Suffolk and North East Essex Joint Health Overview and Scrutiny Committee (JHOSC)
- Suffolk Health and Wellbeing Board
- Essex Health and Wellbeing Board
- CCG Boards & NHS Provider Trust Boards
- STP/ICS Chairs Group & STP/ICS Board

Further to these reviews a collective assurance meeting was held on 31 October 2019 involving the chairs of Essex and Suffolk Health and Wellbeing Boards, the JHOSC, Healthwatch, Chair of the STP/ICS Chairs Group, the ICS Independent Chair and NHS England and Improvement. This assurance meeting reviewed the process of engagement and assurance that had been undertaken to develop the plan and agreed that it had adequately met the requirements of each oversight group. This collective assurance approach was positively profiled in a subsequent report by the Kings Fund published in November 2019 about 'Health and wellbeing boards and integrated care systems'.

<https://www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems>

A further draft of the plan has now been approved by NHS England and NHS Improvement. Publication has been delayed due to Purdah but is planned for late January 2020.

2. Key points from our Five Years System Strategic Plan

The following 25 key points highlight the key areas covered in the Suffolk and North East Essex ICS Five Year System Strategic Plan.

WHO WE ARE

1 - We're working together - An Integrated Care System is where the NHS, local government and community organisations work together to improve your health and wellbeing. You've told us how important this is and we are now one of the first areas of the country to work together in this way.

2 – Our local plan is ambitious - Every area in the country now has a plan but ours is AMBITIOUS. We want to have the best health and care system in the country. We will do this by helping you to avoid ill health, have access to excellent care when you need it and focussing on our Primary Ambition to reduce the health inequalities caused by deprivation.

WHY WE NEED TO WORK TOGETHER

3 - Our plan is about achieving the best outcomes for everyone - We want you to have as healthy a life as possible. Every child should have the best start in life. We all want a good experience of ageing and at the end of life. None of us can achieve these things alone. This is WHY we need to work together.

4 - We've been listening - You've told us you want quicker and easier access to GP appointments, hospital, community and mental health services. You want joined up services that are easy to navigate and continuity of care. This is what our plan aims to do.

5 - Our local population is changing - Although it's a good thing that we're all living longer - more of us are living with multiple long term conditions and dementia. Our children do not always have the best start in life with too many experiencing poor mental health and obesity. We are also increasingly affected by deprivation.

6 - We're 'Thinking Differently' - New advances in digital and medical technology offer opportunities to radically change the ways we think and work. We can also make a difference by building better networks and relationships, opening access to services and information and developing the potential in our local communities.

WHAT WE PLAN TO DO TOGETHER

7 – Our primary ambition is to reduce the health inequalities caused by deprivation - Some of our local communities are among the most disadvantaged in England. Living in poverty is linked to conditions - including cancer, diabetes and mental illness. It is unacceptable that life expectancy can be as much as 10 years less depending on where you live. This is why tackling the health inequalities caused by deprivation is our 'Primary Ambition'.

8 - Our Higher Ambitions - Our plan also includes some wider specific 'Higher Ambitions'. These reflect the priorities in the Suffolk and Essex Joint Health and Wellbeing Strategies. It is by achieving these 'Higher Ambitions' that we intend to not just change, but save the lives of the people that we serve.

9 - Every child should have the best start in life - The best start in life is about good physical and mental health for every child. Our plan will ensure healthy births and healthy growth and development. And one of our 'Higher Ambitions' is to ensure emotional wellbeing for children from the start.

10 - A healthy life for everyone - Whoever you are, a healthy life is important. This means eating and sleeping well, exercise, social connection and avoiding harm from alcohol or cigarettes. A healthy lifestyle not only prevents ill health but can also help if you are unwell. This is why a healthy life for everyone is one of our 'Higher Ambitions'.

11 - Mental health is important - We will support you to recover from mental health problems in the right way, in the right place and at the right time - particularly when you need help urgently. It is our 'Higher Ambition' to achieve 'zero suicide' because 'everyone can do something to prevent suicide'.

12 - Best care for major health conditions - Cancer, respiratory disease, musculoskeletal problems, diabetes, stroke and cardiovascular disease affect many of us. We will use new treatments and

technology to ensure fast and effective diagnosis and treatment when you need it. Saving lives through earlier diagnosis and treatment for cancer is one of our 'Higher Ambitions'.
13 - The best quality of life as we grow older - Enabling you to live well as you grow older is a 'Higher Ambition'. This means helping you to maintain your independence and supporting those who care for you. Our plan is also to ensure high quality care through GPs, hospitals and care homes.
14 - The best care at the end of life - At the end of life there are no second chances. People have the right to die in peace, and their loved ones should have the best possible memories. It is our 'Higher Ambition' that people have flexibility, choice and control over their care, and support for those closest to them.
15 - Our workforce is our biggest asset - Strengthening our health and care workforce is a key priority. More than 50,000 people work locally in health and care - they are our biggest asset. We will make health and care the best place to work, attracting high quality staff and leadership, committed to delivering 21 st century care.
16 - We plan to make better use of technology - Making better use of technology is easy to say but complex to do. We will have new joined up technology so that staff have the information they need to support you and you can have access to the information that you need about your care.
17 - We want healthy care environments - We know that the environment in which care is delivered and the location of services is important. We have a considerable health and care estate which we will ensure operates as efficiently as possible. We are also investing resources to create new hospital buildings, primary and community services.

HOW WE WILL WORK TOGETHER

18 - We have agreed how we work together as an ICS - We work together in partnership. Not a structure or a hierarchy. Our ICS creates an environment that enables us to work together particularly through our Alliances and neighbourhoods because every local community has different needs.
19 - Our focus is our three Alliances - Our three Alliances bring together local partners in North East Essex, Ipswich and East Suffolk and West Suffolk. They provide a forum for planning and delivering joined up care and services with everyone working together across the NHS, local government and voluntary sector.
20 - Personalised care through population health management - Population health management uses data to plan local services so that they are proactive and provide more personalised care with support closer to your home. This also enables local Primary Care Networks to target resources towards the things that matter to your health.
21 - We're committed to co-production - We know that by involving people in the right way we can deliver what people really want and ensure better outcomes for everyone. We are committed as an ICS to working with you to design, monitor and evaluate the work that we do.
22 - Our plan is to make the best use of resources - We have a public duty to you to ensure that we manage money in the NHS and local government as efficiently as possible. Our plan is to operate within our means so that any new local financial investment can be used to drive further improvements.
23 - An approach that always starts with 'Why?' - To ensure that we are successful we are using a core methodology that maintains a genuine focus on the outcomes that we want to achieve for you. This is a simple, common sense approach that challenges us to ask 'Why?' before we decide 'How?' or 'What?' we do.
24 - This is our first truly integrated plan - This is the first time we have come together to develop a plan for the whole health and care system in Suffolk and North East Essex. It brings together the priorities of our local Health and Wellbeing Boards with the NHS Long Term Plan and the vision of all our partners.
25 - We have the people, the passion...and now a plan! - Although we have made good progress in Suffolk and North East Essex we know there is so much more we can do together. There are three critical elements for this to be successful. We have the PEOPLE, we have the PASSION – this is now our PLAN.

3. Suffolk and North East Essex HOSC Briefing – responses to specific questions

1. Do you have any unique local challenges and circumstances that have had to be specifically addressed in your latest updated plan? With that in mind, how are you targeting health inequalities in your area?

The priorities in our Five Year System Strategic Plan are based on those in the Joint Health and Wellbeing Strategies in Essex and Suffolk. Our final plan features ‘Reducing health inequalities’ as the primary ambition for our ICS. This is in response to the continuing and increasing challenges of deprivation in North East Essex which include:

- Increases in deprivation, particularly Tendring where 24% of children under 16 live in deprived households, compared with 15% in Colchester
- Low educational attainment and poor social mobility in the most deprived areas, and relatively low pay in Colchester and Tendring compared to most other areas of the ICS (though average pay in Ipswich is lower than both)
- Lower life expectancy in Colchester and Tendring than any other area in our ICS, in Tendring male life expectancy is up to 3.3 years lower than in Colchester, and up to 10 years lower than in Mid Suffolk

These issues strongly impact the health outcomes for the local population and influence their utilisation of local health and care services.

Other key local challenges include

- mental health in children, adults and older people, and relatively high suicide rates in North East Essex;
- the impacts of obesity;
- higher incidences of cancer than the national average and variations in life expectancy depending on where people live ;
- the projected increases in older people in the coming years, which are higher than the national average.

In response to these challenges our plan also includes a further seven ‘Higher Ambitions’ including zero suicide, a healthy life for all, emotional wellbeing from the start of life, earlier cancer diagnosis and treatment, an effective treatment pathway for obesity, the best quality of life as we grow older and the care and support we need at the end of life.

2. To what extent can you ensure a pan-Essex approach is maintained in the commissioning and delivery of services (as part of ensuring consistency of quality of service)?

The ICS have a key role in enabling joint working across NHS, local authorities and other funding agencies to make shared commissioning decisions with providers, on the design of services and best use of resources to improve population health.

Our system strategy is informed by the population needs in Essex, and underpins joint planning and commissioning of services at local authority level and alliance levels. ‘Thinking Differently’ involves moving from transactional contracts to commissioning partnerships, and from silos in service delivery to relationships between colleagues, organisations and systems.

Networks at system, alliance and neighbourhood levels will support an integrated approach which will cross system boundaries wherever appropriate – for instance in region-wide digital developments.

We listen to local people to understand their priorities and their views on quality of local services and systems, and this informs both commissioning and monitoring of service quality.

We will learn from best practice elsewhere in Essex, as well as Suffolk, and share this to support improvement of quality of services for everyone.

We will continue to work with Essex County Council to ensure that commissioning and delivery of services helps to fulfil the council's county-wide strategies but also reflects where local variation is needed to meet local population needs. We believe this to be particularly important in North East Essex which faces some particularly deep and significant challenges as already outlined above.

3. How have you addressed improving support for Children and Early Years (and school readiness) in your updated plan? What challenges do you see here in your area?

We take a whole system approach, building on the Essex Joint Health and Wellbeing Strategy, which includes 'laying the foundations for lifelong mental health at school, pre-school and beyond school'.

Specific commitments in our strategic plan include

- Integrated early years support to enable children to be school-ready
- Integrated neighbourhood teams to support children's healthy growth and development
- Identifying need at regular health checks, at A&E, in health and care settings for children with complex needs, and working to secure appropriate services
- Ensuring health visitors and school nurses have the right skills and knowledge to support children and families
- A whole family approach that takes into account children's physical health and mental wellbeing, socio-economic conditions, parental needs and resilience.
- Early diagnosis of learning disabilities and autism to enable access to the right resources and services
- Starting Well Core Initiative to support young children to achieve and maintain good oral health
- Support to parents or other family members who experience socially isolation mental health problems, alcohol and substance misuse and/or domestic abuse to provide a healthy and caring environment in which children can grow and develop.
- Reducing the impacts of deprivation on families including helping people into jobs, early help for vulnerable families, and safeguarding procedures that help families out of deprivation.

4. How far have you progressed with shared care records and what further steps need to be taken to establish these not only across all health sectors but also comprehensively across social care? Are there issues preventing any of this at present?

Suffolk and North East Essex ICS has a leading role in enabling work across the whole of the East of England in the development of local integrated health care records through the regional LHCR board chaired by Cllr. John Spence.

Our five year plan incorporates shared care records, co-produced with people wherever possible, in community-based settings and in hospital-based care, including specifically;

- Planned care, between primary, secondary and tertiary care
- Rolling out the NHS Comprehensive Model of Personalised Care programme for integrated care
- Mental health care, including people at risk of suicide
- Maternity and neonatal care
- Children and adults with disabilities and/or long-term conditions
- SEND
- Between community-based services such as dentists and opticians, and secondary healthcare services
- Older people's advance care planning, power of attorney etc.
- End of life care

Our challenges are to achieve:

- Fit for purpose IT – this challenging as organisations are at different levels of development, and use different databases and systems
- Easy connectivity – this is a challenge for community services, particularly in rural areas
- Alignment of standards – it is a complex process to ensure that common standards meet all organisational and professional requirements, and to ensure standards are robust

We will:

- Develop local health and care records in the next 2 years, drawing on local and national recording systems
- Develop information governance guidance to meet national standards
- We will mitigate risks through new system-wide cyber-security and capabilities such as clinical safety governance, and ethics.
- Support the workforce to become digitally literate to use the digital tools effectively
- Encourage local innovation and integration within standards
- Create a ICS wide secure wireless network, operating model and funding arrangements
- Develop an investment cases for ICS wide capabilities such as Record Locator Service

5. How will you assess the success of your plan? How will you evaluate impact and on what timescale?

We will use an OBA methodology to support performance measurement, which asks, ‘How much did we do?’, ‘How well did we do it?’ and ‘Is anyone better off?’ In this way we ensure that focus remains on improving the health and wellbeing of the people we serve, rather than simply meeting targets for levels of activity. We will ask people for feedback and build on what works.

We are developing a set of metrics against which we can use to help measure progress against our strategic plan commitments. Some of these metrics will measure shorter term performance in specific areas such as cancer or emergency care, some will identify whether we are beginning to achieve the benefits we aim to achieve in the medium term, and others will be indicators much longer term population outcomes such as healthy life expectancy or mortality from long-term conditions. The impact of our strategic plans will therefore be measured in different ways and across different timeframes, reflecting the scale of the challenges ahead.

Our alliances are developing plans that will deliver, over the next five years, the benefits described in our strategic plan. Through our ICS governance we will monitor progress, and ensure learning and best practice is shared within the ICS and externally, to achieve consistently high-quality services and improve everyone’s health and wellbeing.

Population health management tools will help us to identify areas of greatest need, and also to learn where changes have the greatest impact. We also encourage innovation and will evaluate the impacts of what we do, and scale up those changes that work.

6. Please provide examples of where you have worked together with adjoining Essex footprints both in sharing learning but also in developing joint approaches and strategies.

There is regular dialogue and joint working across the three Essex STPs through a variety of local and regional mechanisms. This has recently included peer review of draft five year plans between Suffolk and North East Essex ICS and Mid and South Essex STP, joint presentations to Essex Partnership University NHS Trust and Essex Health and Wellbeing Board. In 2019 Nick Hulme and Susannah Howard from Suffolk and North East Essex ICS were invited to share learning from the development of local system governance with colleagues at West Essex and Hertfordshire STP. In summer 2019 there was collaboration across Suffolk and North East Essex ICS and Mid and South Essex STP around recruitment to ICS Independent Chair roles.

In May 2019 Suffolk and North East Essex ICS working together with colleagues in Mid and South Essex STP were key to the organisation of a regional event for those working across all six STPs in the East of England. A further event is in the early stages of planning for 2020 that is planned to bring together colleagues from across the NHS, LGA, Healthwatch and NCVO at regional level.

In digital, Suffolk and North East Essex ICS leads the East Accord collaboration, which will develop an information sharing environment that improves the lives of people across the East of England. This includes all partners, including pan-Essex, agreeing and adopting standards, developing intuitive and flexible joined up technology, designing safe and secure ways to share information and build trust among partners and people, demonstrating digital leadership to achieve genuine transformation, collaborating to share experiences and capabilities to enable region-wide improvements, and championing best practice.

Suffolk and North East Essex ICS has been a key partner in the organisation of a pan Essex conference on population health management on Tuesday 14 January 2020.

The Regional Cancer Alliance collaborates to reduce variation and improve patient outcomes and experiences across the region. The Essex Network Cancer Group provides a clinical forum for expert scrutiny of patient care and pathways across local footprints.

In workforce, our system will collaborate at a regional level to align our approaches to agency staffing and drive up standards, building on best practice, for example among local authorities in the East of England.

We are actively supporting the national ICS accelerator programme and routinely share our local work through a range of regional and national forums. This has most recently resulted in interest in Essex County Council work with Facebook from another STP in the region. During 2020 we have plans to make available some of the learning from our ICS as a vanguard for integrated care through some new local learning and development opportunities.

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The Suffolk and North East Essex ICS Five Year System Strategic Plan can be access as on online flipbook via the following link:

<https://resources.candohealthandcare.co.uk/flipbooks/fiveyearsystmstrategicplan/>

A hard copy of the document will be sent to members of the Essex HOSC once the document is published.