

Developing Integrated Health and Care

North East and North Cumbria
Working for people from North Yorkshire
to the Scottish Borders



Join our journey...

Creating our 'ICS' to support older people living with frailty

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Council



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NHS Direction of Travel

An Integrated Care System for the North East and North Cumbria

Update & Next Steps


10th July 2018

**Developing Integrated
Health and Care Partnerships**
North East and North Cumbria



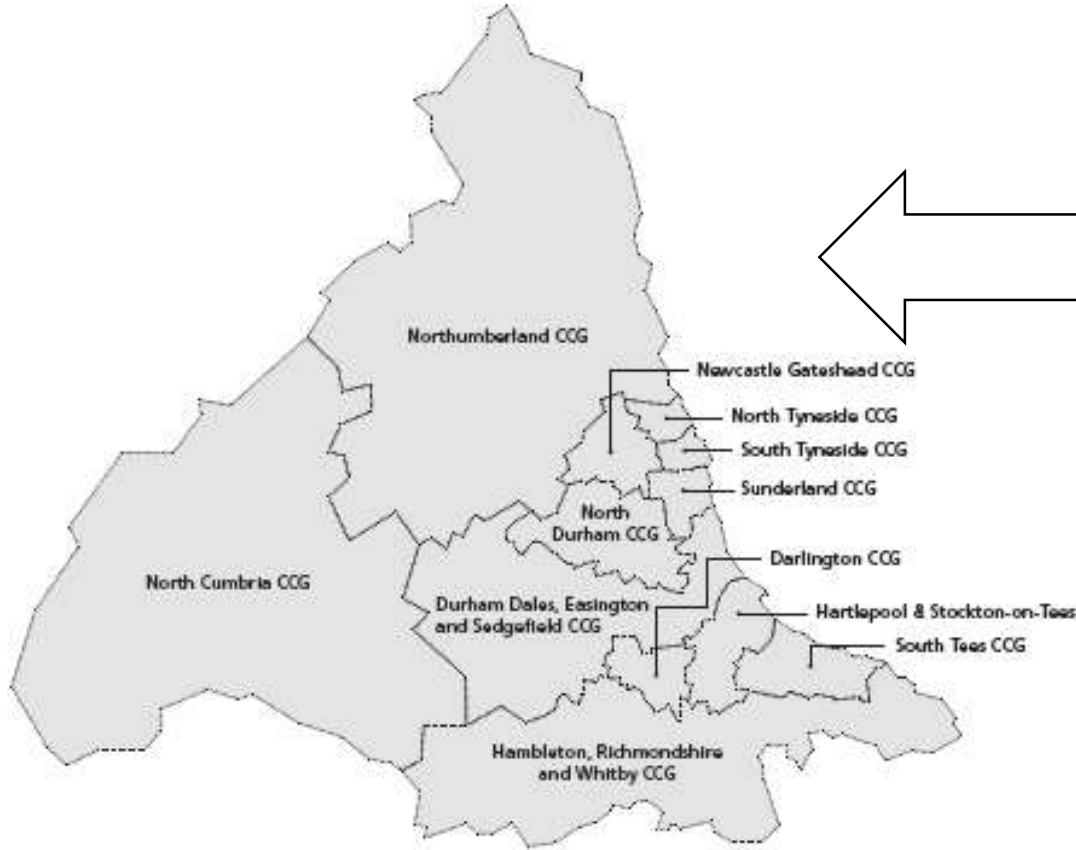
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Join our journey...

**12 Clinical
Commissioning
Groups**



**12 unitary local
authorities and
2 County
Councils with
districts**



13 provider trusts

- NHS Foundation Trusts**
- North Cumbria
 - Cumbria Partnership
 - Northumbria
 - Newcastle
 - Gateshead
 - City Hospitals Sunderland
 - South Tyneside
 - County Durham & Darlington
 - North Tees and Hartlepool
 - South Tees
 - Northumberland, Tyne & Wear Mental Health
 - Tees, Esk and Wear Valley Mental Health
 - North East Ambulance Service

Key

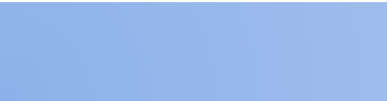
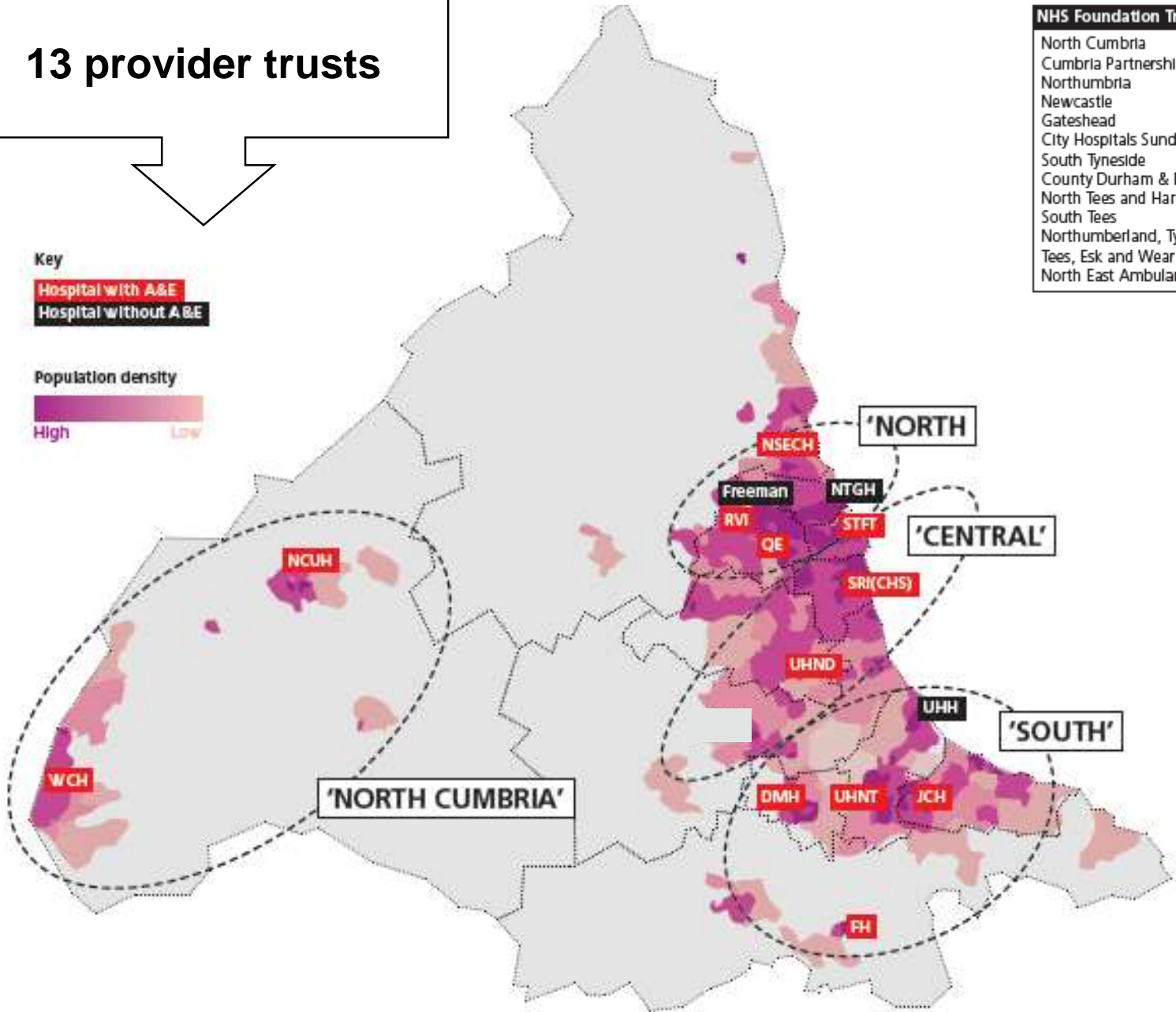
Hospital with A&E

Hospital without A&E

Population density

High

Low

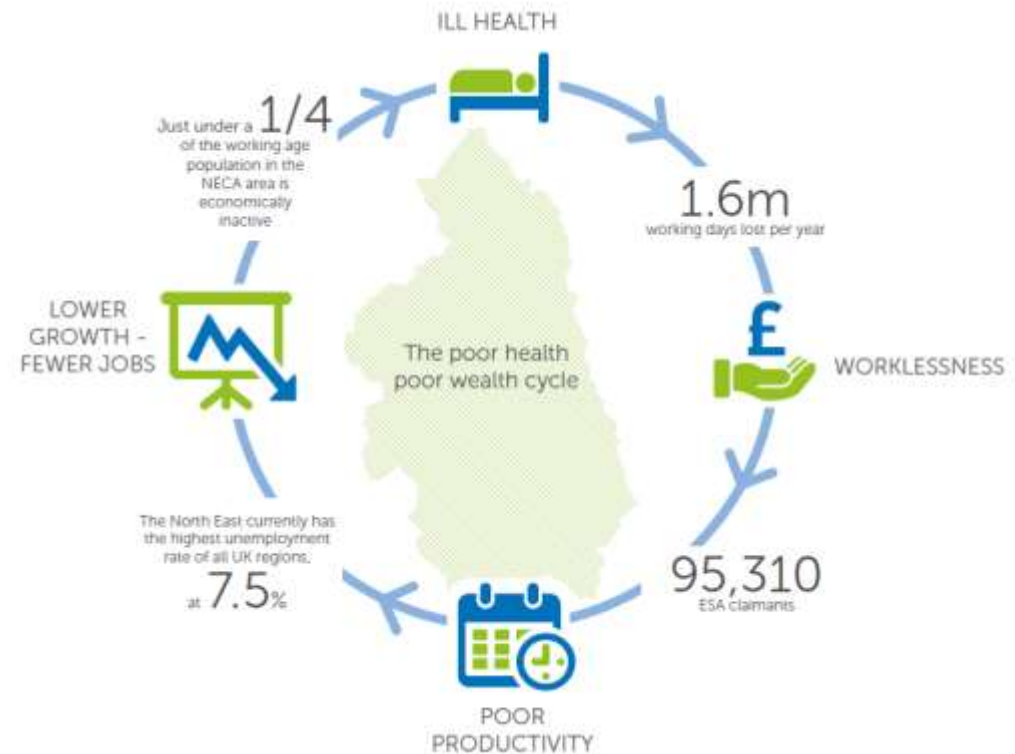


The context for NHS in NENC

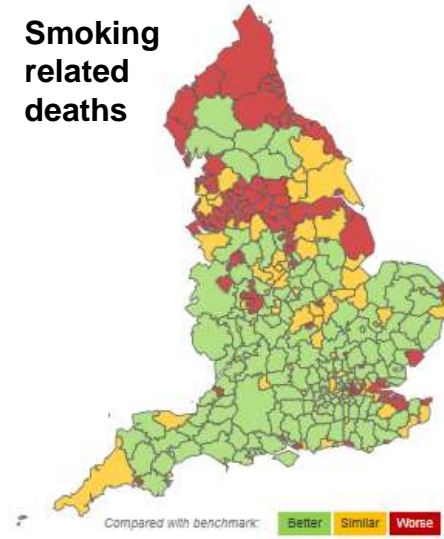
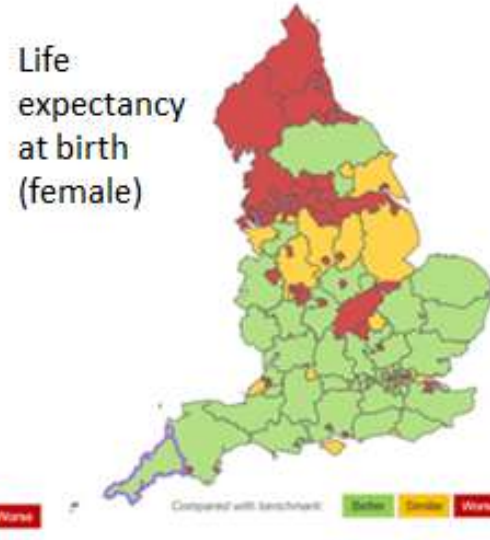
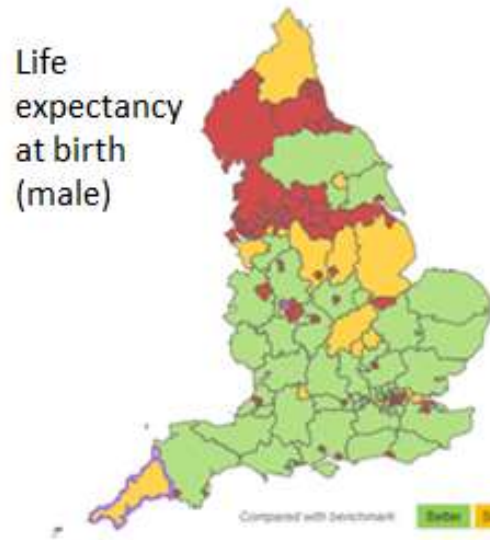


- The NHS cycle is driven by poorer population health as a starting point
- This leads to an over-dependence and over utilisation of the hospital sector
- NHS funding is drawn away from investment in prevention and preventative services which stops the causes of poor health being addressed

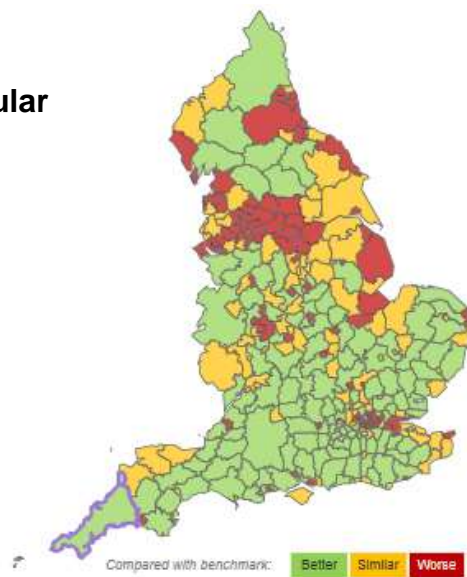
- There is a gearing effect applied to the NHS cycle of missed opportunity caused by the "health and wealth cycle"
- Ill health contributes to worklessness, poorer productivity and lower economic growth which impacts onto the health of the population



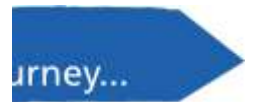
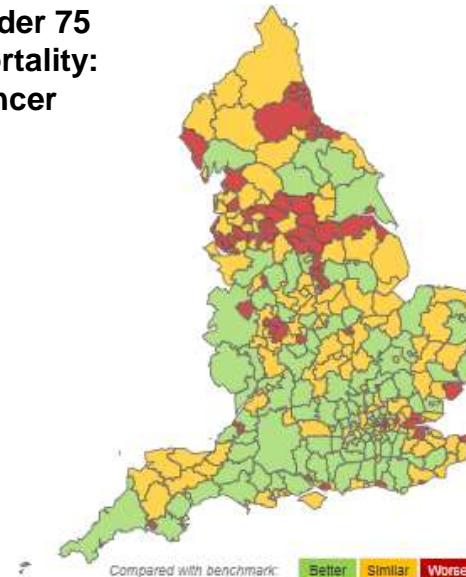
The opportunity cost is poorer health outcomes



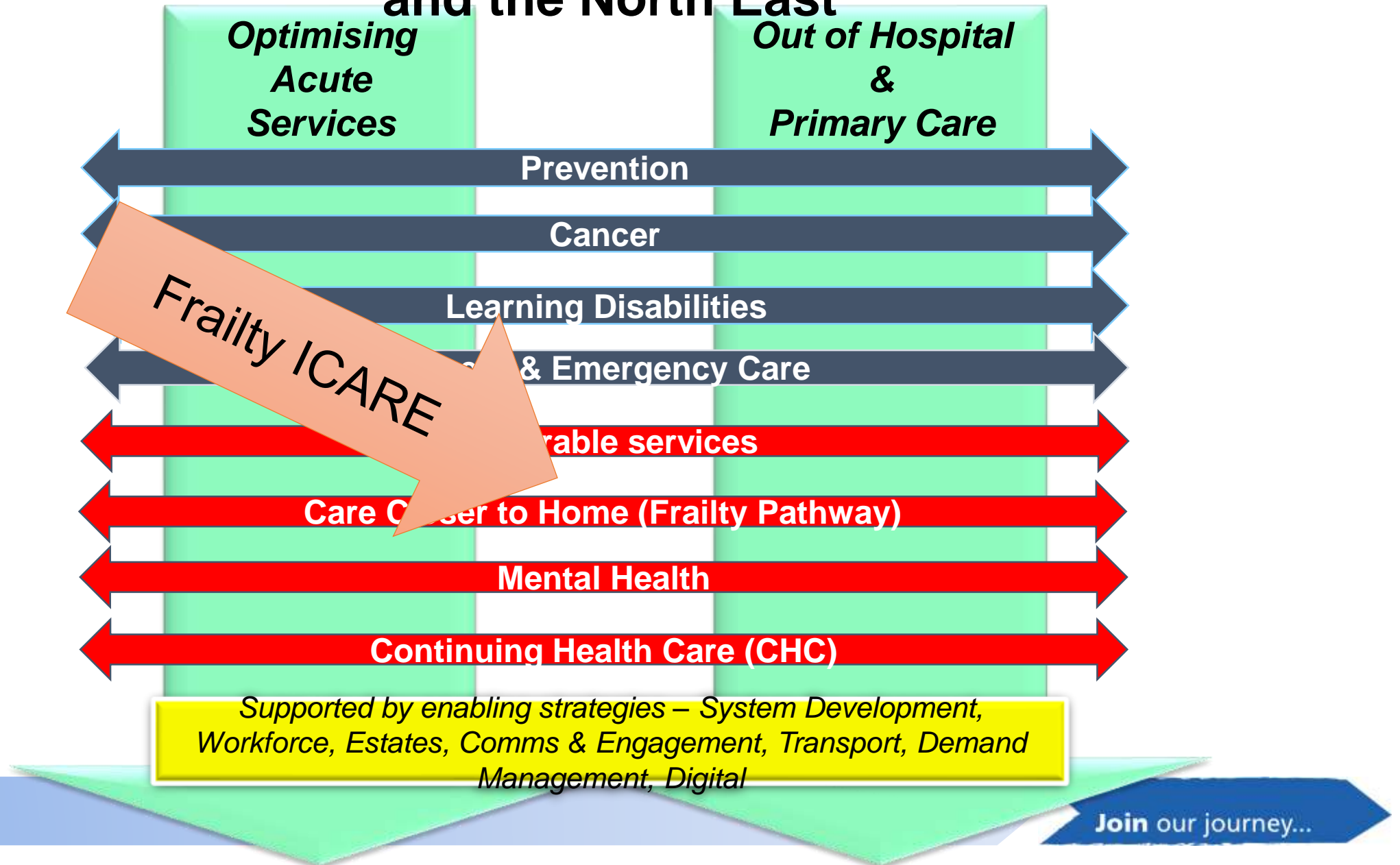
Under 75 mortality: cardiovascular disease



Under 75 mortality: cancer



Why we need an Integrated Care System in Cumbria and the North East



Why we need an Integrated Care System in Cumbria and the North East

Context

- A long-established geography, with highly interdependent clinical services
- Vast majority of patient flows stay within the patch.
- Strong history of joint working, with a unanimous commitment to go further as an ICS
- High performing patch, with a track record of delivery

Challenges

- Fragmentation following the 2012 Act has made system-wide decision-making difficult
- Significant financial gaps, service sustainability issues and poor health outcomes
- Maximising our collective impact to delivering best patient outcomes whilst reducing duplication and overheads.



• Single leadership, decision-making and self-governing assurance framework for CNE

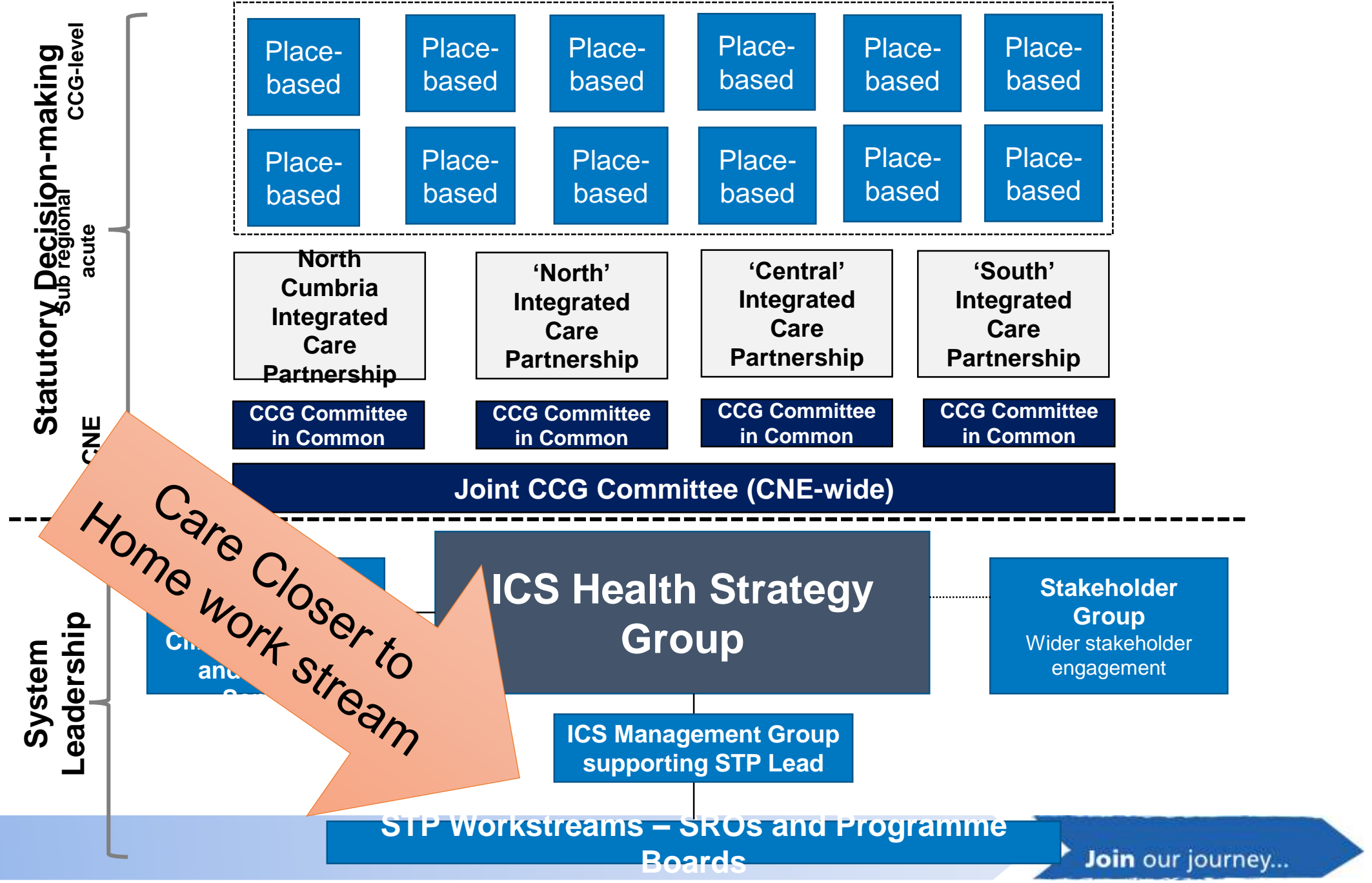
• Integrated Care Partnerships – building on the learning from North Cumbria

- Establish governance and management arrangements
- Aspire to devolve financial and staffing resources
- **Set the overall ICS strategy and enabling workstreams to reduce variation**
- **Coordinate 'at scale' shared improvement initiatives – including prevention and pathway standardisation**
- Arbitrate where required and hold the ICPs to account for the delivery of FYFV outcomes

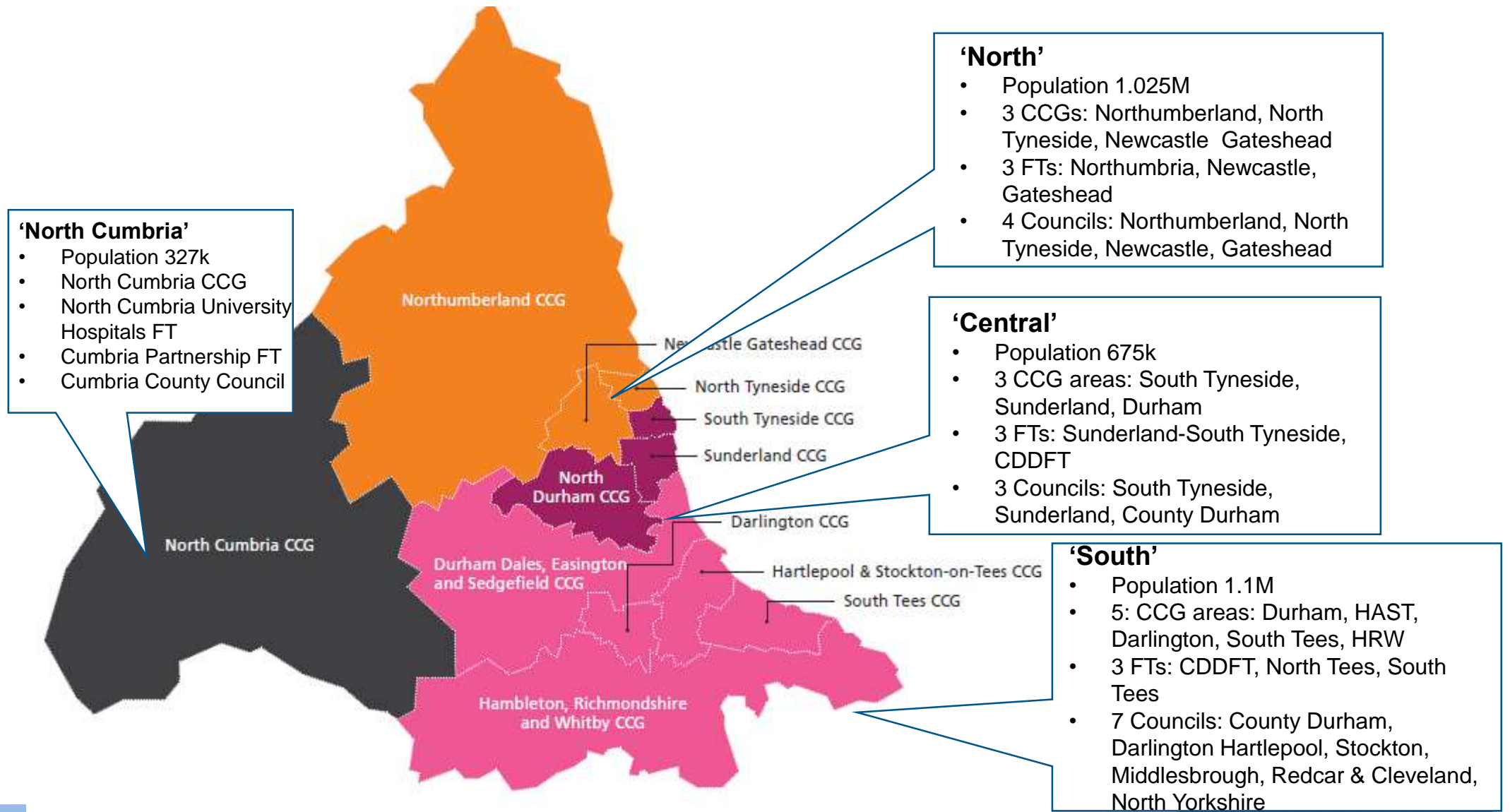
Our ICPs will be commissioned to

- Deliver integrated primary, community and acute care (aligned to the overall ICS strategy).
- Ensure critical mass to sustain vulnerable acute services within their geography

Frailty ICARE toolkit

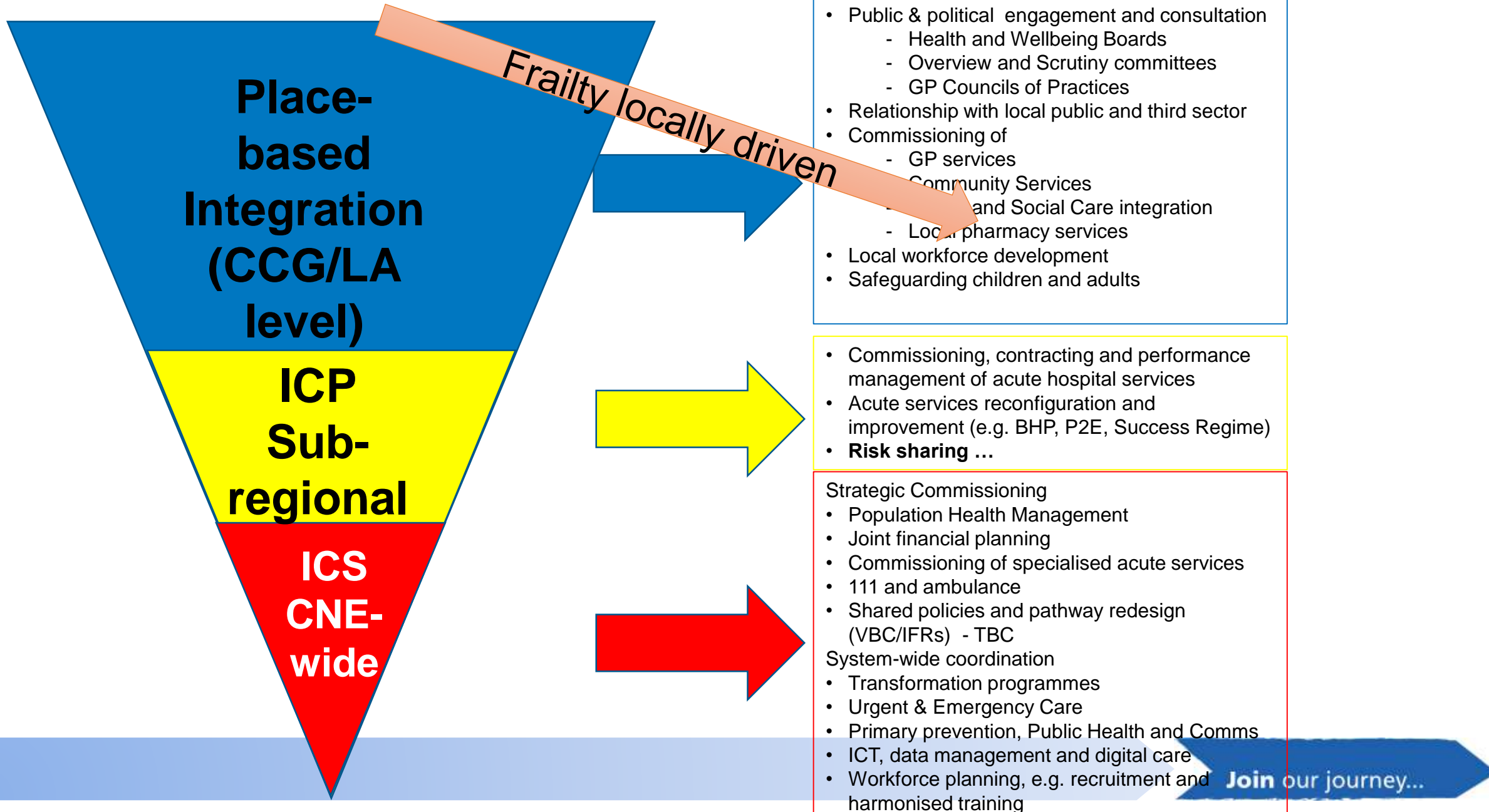


Four Integrated Care Partnerships



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11 What gets done at ICS, ICP, and place-based levels



A balancing act.....



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Shared goals.....



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An effective system for older people


- ✓ A common vision and purpose, shared between leaders
- ✓ Effective and robust leadership, underpinned by clear governance arrangements and clear accountability
- ✓ Strong relationships, at all levels, open communication, trust and common purpose
- ✓ Funding and commissioning
- ✓ The right staff with the right skills
- ✓ The right communication and information-sharing channels
- ✓ A learning culture

Beyond barriers: How older people move between health and social care in England, July 2018 CQC

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Doing the right thing.....

- Safe, single, supportive approach for shaping local integrated plans
- Learning forum to promote celebration and innovation
- Making data meaningful, for benchmarking, peer identification and partnerships
- Leadership at every level, senior decision makers within a governance framework
- Encouraging innovation from people at the front line, staff and users



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