



# MAKING SENSE OF INTEGRATED CARE STRATEGIES

The Leading Integration Peer  
Support programme

4 October, 12:30-2pm

# Housekeeping

- This session is being recorded. Please let us know if you have any objections.
- Please keep yourself **muted** when others are speaking to avoid any background noise.
- The Q&A will start at **1:25pm** – please use the chat box or the ‘raise hand’ function to ask a question.
- If speaking, please introduce yourself and the system you are from.
- You are welcome to use the chat function throughout the session.
- If you have any problems or connection issues, contact Marnie Ridley in the chat or via email [marnie.ridley@nhsconfed.org](mailto:marnie.ridley@nhsconfed.org)
- We kindly ask that you complete the **evaluation survey** at the end of this webinar so we can develop and improve these sessions.

Thank you

# Agenda

Time	Item	Lead/speaker
12:30	Chair's welcome and introduction	Sarah Pickup, Deputy Chief Executive, Local Government Association
12:35	An introduction to integrated care strategies	Rachel Skingle, Head of Integration, Place and Partnerships, Department of Health and Social Care
12:50	What does a good integrated care strategy look like?	Mason Fitzgerald, Senior Consultant, Good Governance Institute
13:05	Integrated care strategies in practice - local approaches	Sarah Perman, Director of Health and Care Integration, Hertfordshire County Council.  Dame Yve Buckland, ICP & ICB Chair, Birmingham and Solihull ICS.
13:25	Q&A with panel	All
13:55	Chair's closing remarks	Sarah Pickup
14:00	CLOSE	

# Welcome

This webinar is delivered through the Leading Integration Peer Support programme, a unique collaboration between the NHS Confederation, NHS Providers and the Local Government Association.

## Upcoming webinars

- Raising the voice of clinical and care professionals in an ICS - 11 October, 2-3pm

For more details about the programme, contact [integration@local.gov.uk](mailto:integration@local.gov.uk)

## NHS England Menu of support for Integrated Care Systems (ICSs)

- Offers and resources available to support ICS development
- To access, log in to the NHSFutures platform or download the PDF from the chat



Department  
of Health &  
Social Care

# **Making sense of Integrated Care Strategies**

## **An Introduction to Integrated Care Strategies**

October 2022

# ICPs within Integrated Care Systems

**We have five expectations for Integrated Care Partnerships, that they will...**



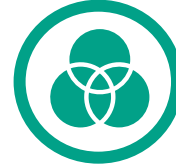
be a core part of Integrated Care System, driving their direction and priorities.



be rooted in the needs of people, communities and places.



create a space to develop and oversee population health strategies to improve health outcomes and experiences.



support integrated approaches and subsidiarity.



be open and inclusive in strategy development and leadership, involving communities and partners to utilise local data and insights.



# Purpose of integrated care strategies

Integrated care strategies were designed to support integration meet local healthcare, social care and public health needs. Guidance builds upon this so that the ICP:



Addresses local needs in a way that works for local circumstances



Engages a broad range of people, communities and organisations in the production of the strategy



Addresses the big, complex problems that require a system response, and multiple partners



Creates space to address population health and wellbeing and support socio-economic development



# Integrated Care Strategy in legislation

## INTEGRATED CARE STRATEGY

*An integrated care partnership must prepare a strategy (an “integrated care strategy”) setting out how the assessed needs in relation to its area are to be met by the exercise of functions of the ICB, partner local authorities and NHS England*

### MUST

Involve people who live and work in the area

Involve local Healthwatch organisations

Have regard to the NHS Mandate

Have regard to any guidance issued by the Secretary of State for Health and Social Care

Consider the extent that needs can be met through section 75 agreements

Publish each strategy and give a copy to each LA and ICB

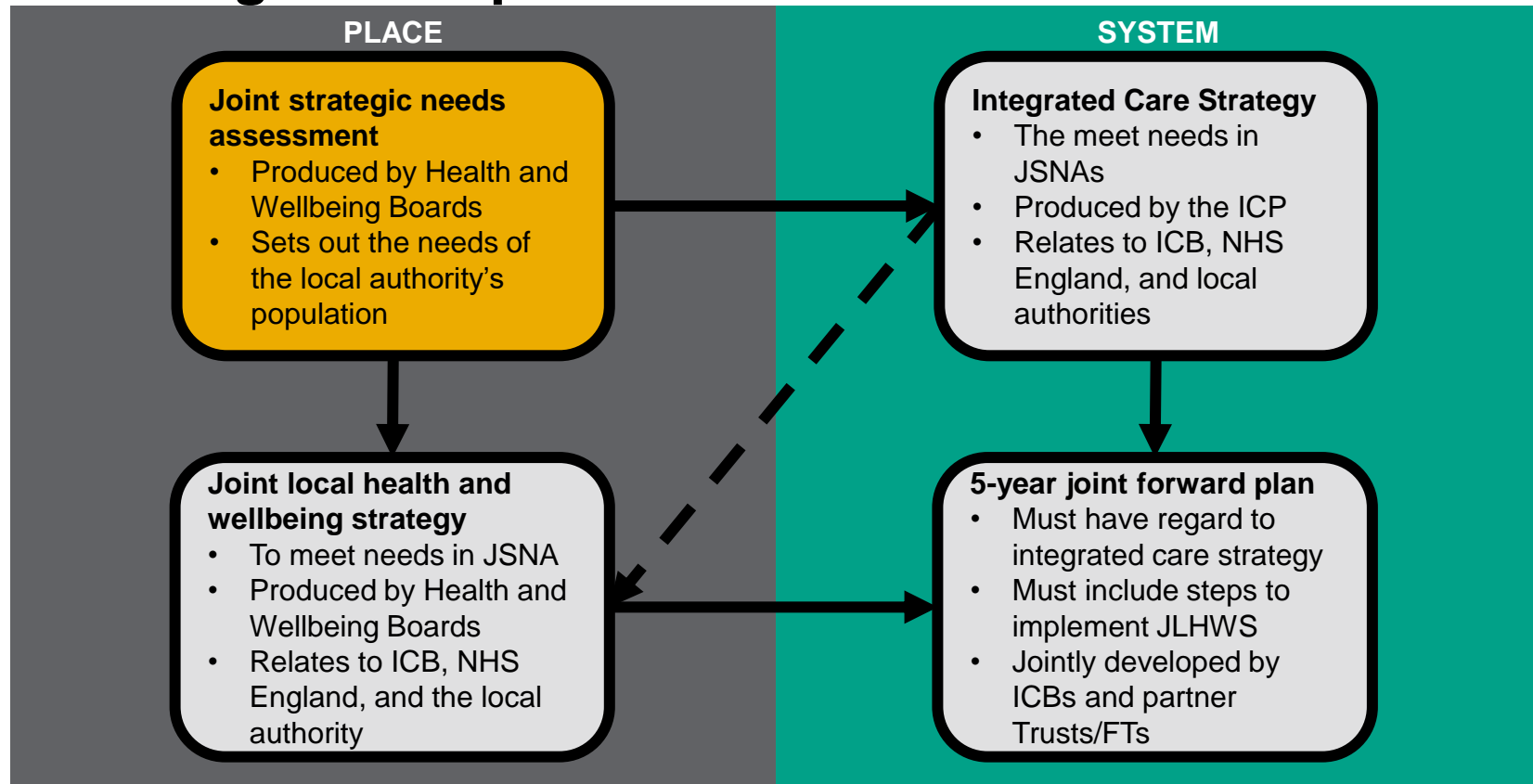
### MAY

Include a statement on how other related public services can be more closely integrated with health and social care





# ICS strategies and plans



# Integrated Care Strategy guidance

Integrated Care Strategies are ultimately about meeting the needs of their population, and building what already exists. Guidance suggests some groups and areas to consider, alongside statutory duties.

## PEOPLE AND ORGANISATIONS TO INVOLVE

### **People and Communities**

*Including children, young people and their families*

### **Health and Social Care Providers**

*Including Adult Social Care and primary care*

### **Local Authority and ICB Leadership**

*Including HWB Chairs, and District Councils*

### **VCSE groups**

### **Healthwatch organisations**

### **Wider organisations and partnerships**

*e.g Housing, Employment, Community Safety*

## AREAS TO CONSIDER

### **Disparities in health and wellbeing**

### **Personalised care**

### **Population Health and Prevention**

### **Health Protection**

### **Babies, Children, young people and health ageing**

### **Workforce**

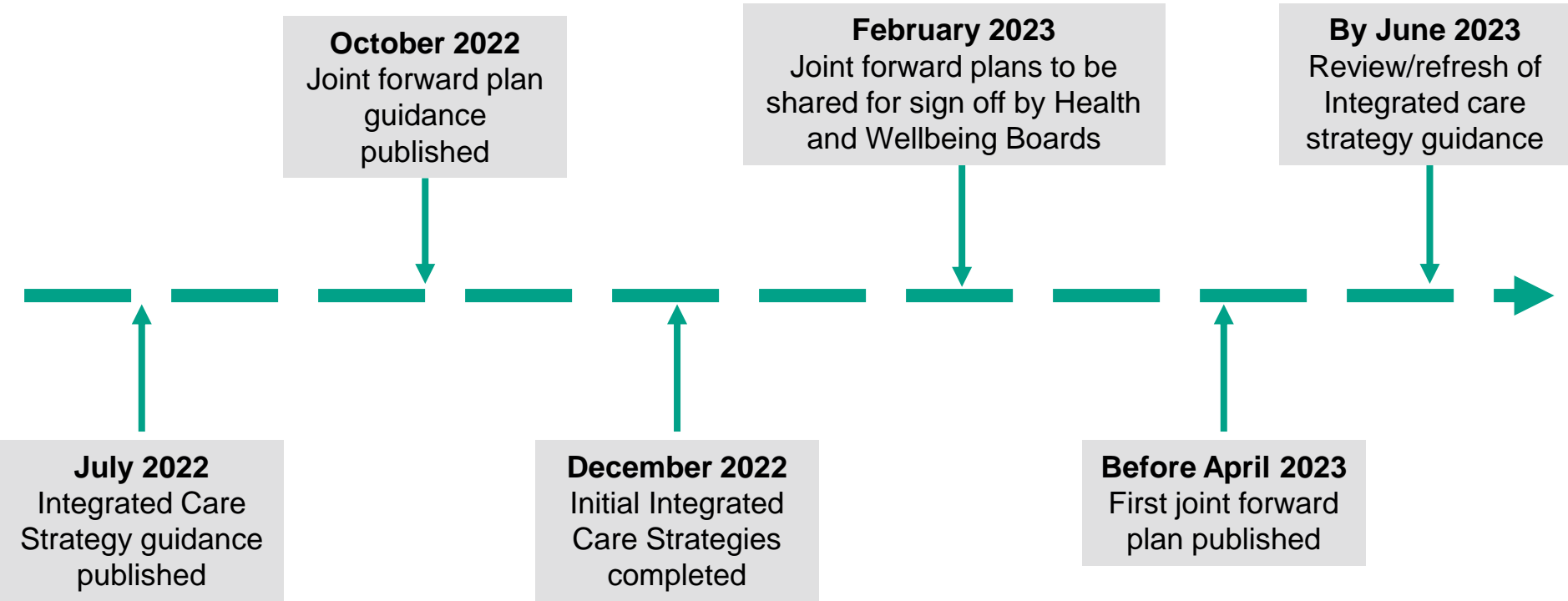
### **Research and Innovation**

### **Integration with Health related services**

### **Data and information sharing**



# Planning Timeline



# What does a good integrated care strategy look like?

Mason Fitzgerald  
Senior Consultant, Good Governance  
Institute



**Good Governance Institute**

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# **Integrated Care Strategy development**

**5 October 2022**

Mason Fitzgerald, Principal Consultant, GGI

# Why is the Integrated Care Strategy so important?

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- ✔ Sets out how the system will aspire to achieve the four key aims and its local priorities
- ✔ Provides a joint strategic mandate for working together & gives the system meaning & purpose
- ✔ Simplifies and joins up planning
- ✔ Aligns key strategic work across the system

# What – the guidance says

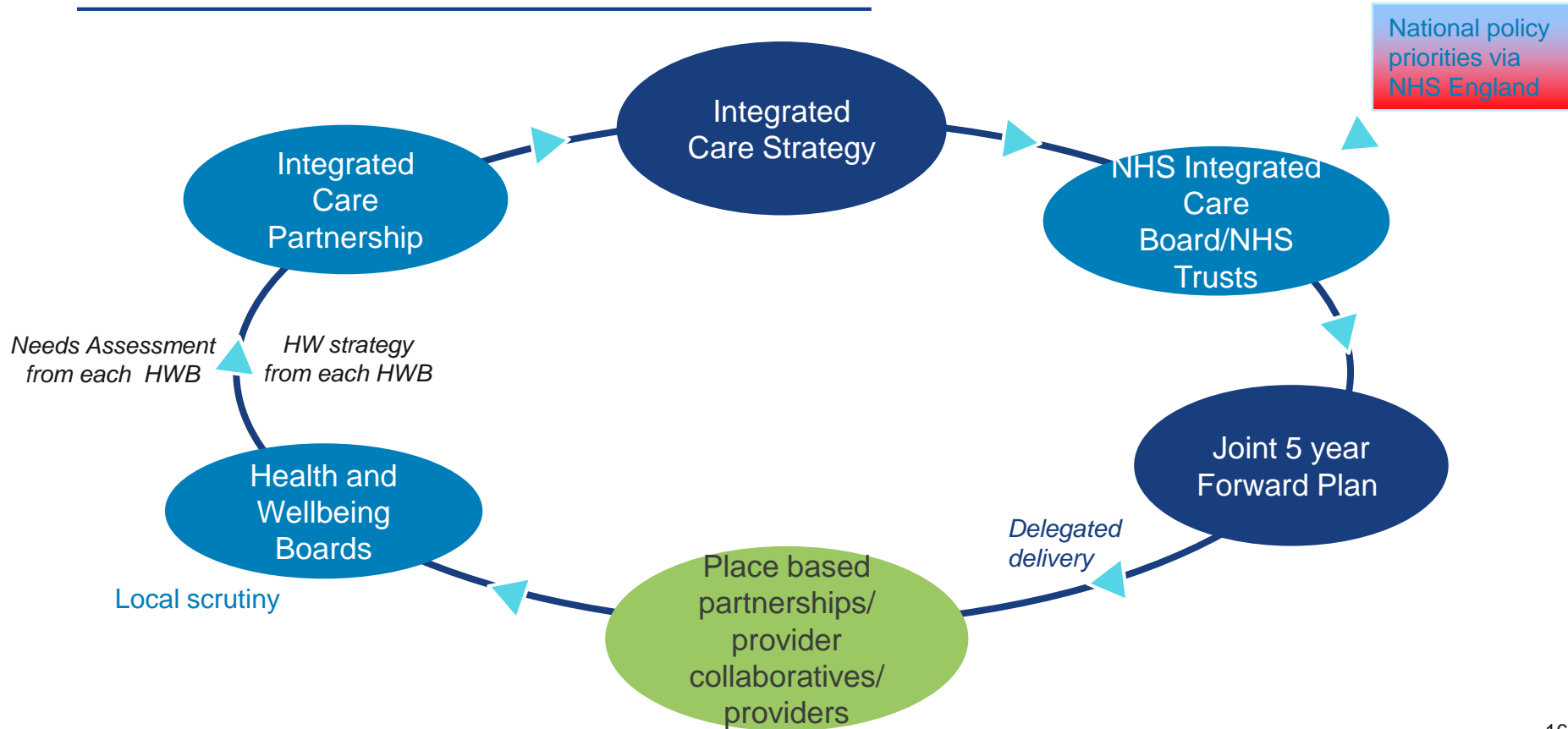
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The **purpose** of the Integrated Care Strategy is to **set the strategic direction and priorities** for the provision of **health and care services across the Integrated Care System**.

**It must:**

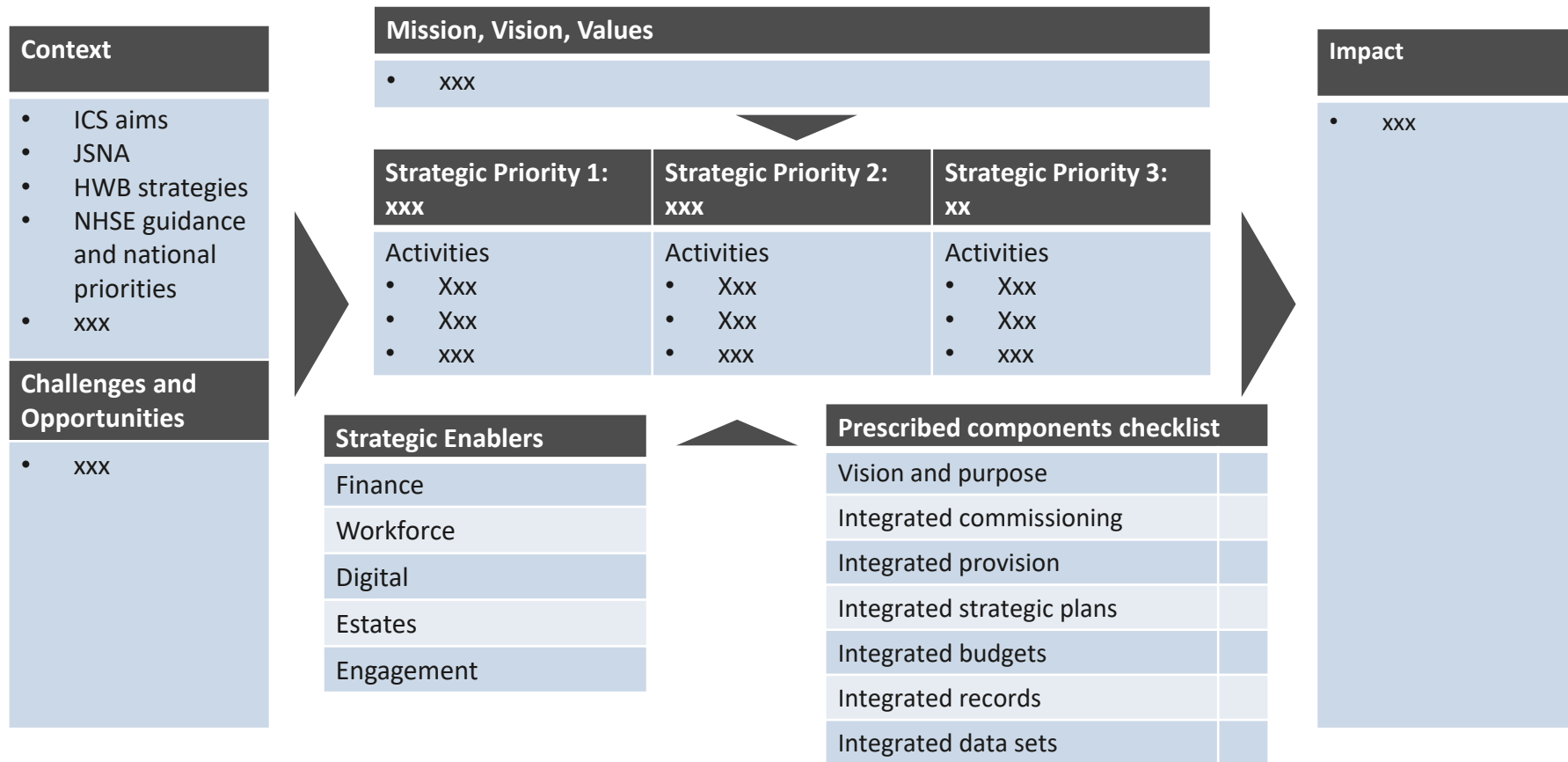
- **Be evidence based & built from local assessments of needs** and assets identified at place level, based on Joint Strategic Needs Assessments and Joint Health and Wellbeing strategies
- **Include consultation with the Local Healthwatch** organisations and the people who live or work in the system
- **Include the strategy components set out in the national guidance**
- **Set out how the assessed needs in the ICS are to be met** by the exercise of functions of the ICB, NHS England, or the local authorities.
- **Show regard to the mandate published by the Secretary of State** and any guidance issued by the Secretary of State.
- **Include a statement of its views on how health and care services could be more closely integrated** with arrangements for the provision of health services and social care services in that area

# What – the key strategy for the system, shaping the 5-year forward plan and influencing partner and place plans & strategies

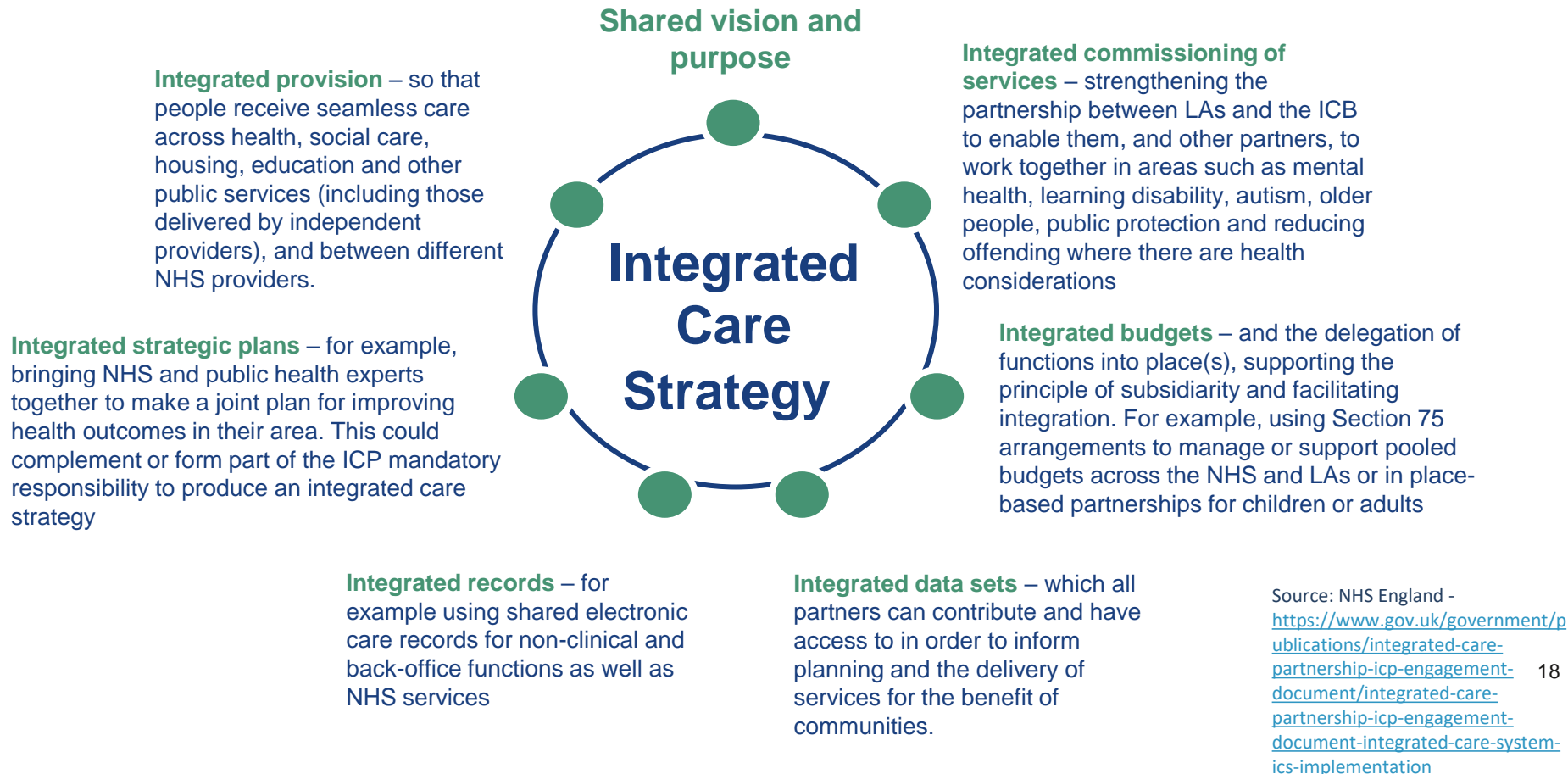




# How – the outline structure of an Integrated Care Strategy



# How - Integrated Care Strategy components



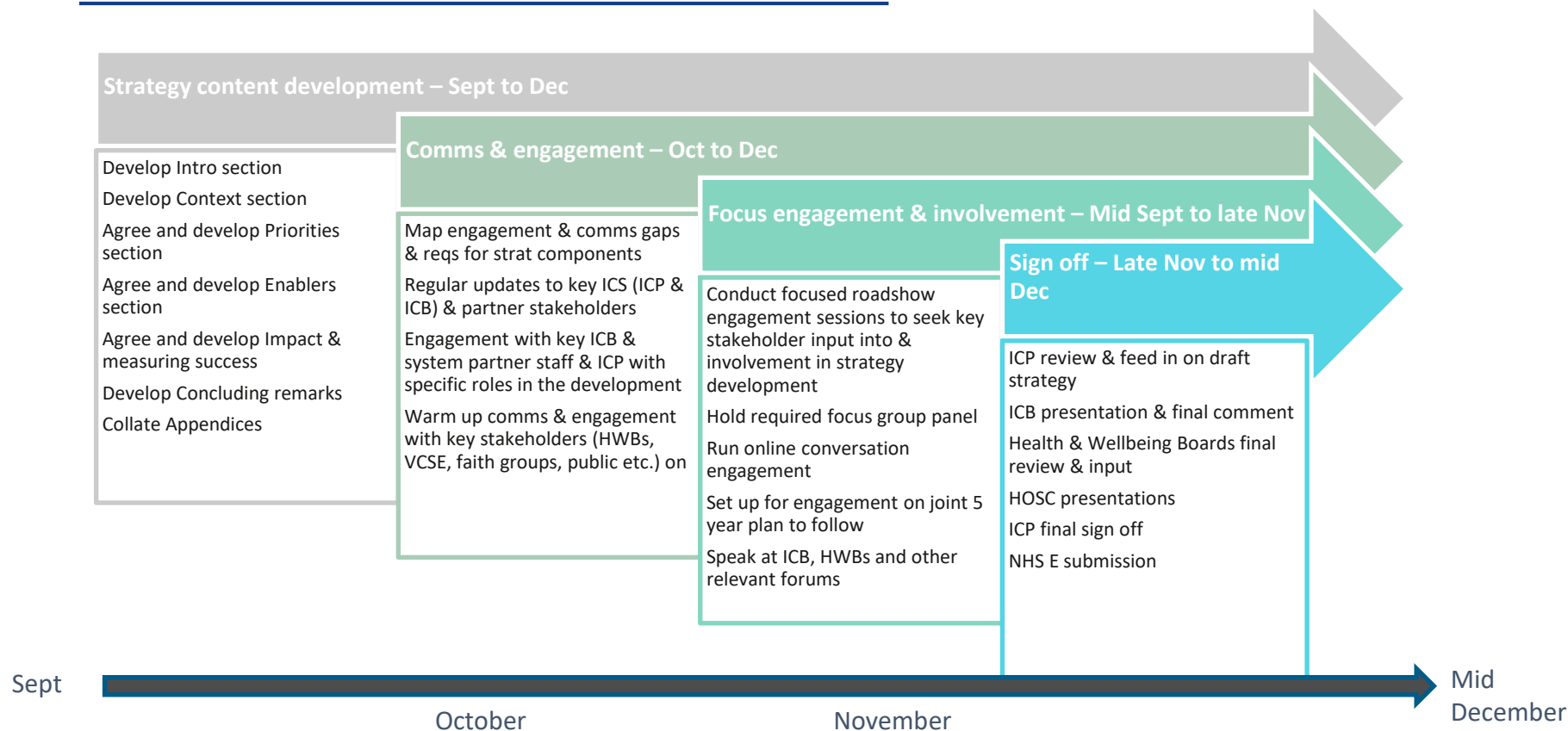
# How – co-production & engagement with key stakeholders

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ICP's are expected to have input from the below when developing the Integrated Care Strategy:

- **Directors of public health**, through arrangements agreed by local authorities in the ICS area
- **Clinical and professional experts** (including primary, community and secondary care)
- **Adult and children's social services** – for example by at least one director of adult social services or director of children's services agreed by the local authorities in the ICP area
- **Local social care providers**
- **Local experts**, through HWB chairs, primary or community care representatives and other professional leads, for example in social work and occupational therapy
- **Providers of health, care and related services**
- **VCSE** sector, including of social care
- **People with lived experiences** of accessing health and social care services in the ICS area, including children and young people
- **Healthwatch**, to bring senior level expertise in how to do engagement and to provide scrutiny
- **System groups**
- **ICB**

# When - ICP development timeline



## What – good looks like

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- ✓ Clear and precise local priorities and vision for how better integration can be delivered
- ✓ Co-produced strategy and shaped by engagement with key stakeholders
- ✓ Realistic and achievable to give early momentum, but with an edge of innovation
- ✓ Concise – 30 pages a good marker
- ✓ Focus on developing relationships and partnership working at all levels of the system



# Integrated care strategies in practice – local approaches



Hertfordshire and  
West Essex Integrated  
Care Partnership



Sarah Perman  
Director of Health and Care  
Integration  
Hertfordshire County Council

4 October 2022

**Working together**  
for a healthier future





# Our Integrated Care System area

1.5million  
people



1 Integrated Care Board  
1 Integrated Care Partnership  
2 Health and Wellbeing Boards  
3 Health and Care Partnerships  
1 Mental Health, Learning  
Disability and Autism Collaborative



1 Voluntary, Community, Faith & Social Enterprise  
Alliance, representing hundreds of local organisations



2 county councils and 13 district/borough councils



4 mental health  
and community  
providers



3 acute  
providers



135 GP practices  
working in 35 Primary  
Care Networks



295 community  
pharmacies



# Our Integrated Care Partnership

Established jointly by Hertfordshire County Council, Essex County Council and the Integrated Care Board

Formally constituted on 1 July 2022. First public meeting on 28 July

Initial membership of 28:

- Elected members and executive directors from the County Councils
- Chief exec and Chair of the Integrated Care Board
- Council leaders and chief execs from district councils
- Directors and Chairs of the Health and Care Partnerships
- Representatives of the Voluntary, Community, Faith and Social Enterprise Alliance
- Care Providers' Association
- Healthwatch
- Police, Fire and Crime Commissioner and Superintendent

Website: [Hertfordshire and West Essex ICP](#)



Hertfordshire and  
West Essex Integrated  
Care Partnership



# Development of our Integrated Care Partnership



# Development of our Integrated Care Strategy

## Overall approach

- A strategy for early help and prevention
- Builds on the Essex and Hertfordshire Health and Wellbeing strategies refreshed in 2022, as well as other key plans - the NHS Long Term Plan, Hertfordshire Corporate Plan
- Ten year strategy from 2023 to 2033
- 2030 as a key milestone - target date that many organisations within the partnership have set themselves for becoming carbon neutral or for reaching milestones along that journey

Developed by a strategy steering group formed from the County Councils, district councils, NHS providers, ICB and the VCSFE sector. Expert stakeholders

- drafting ambitions
- providing challenge and sense checking
- 2 workshops held with broader audience – July and September - to develop ambitions

Vision

A healthy Hertfordshire and West Essex, enabling everyone to live long, healthy and happy lives, with the greatest possible independence

Principles

A decisive shift in integration

Prioritisation of prevention and early intervention

Reducing health inequalities

Strategic Priorities

Increase in people that are physically active, eat healthily and maintain a healthy weight

Jointly develop our health and care workforce to deliver our vision for the future of health and care

Improve support to people living with Life Long Conditions, Long Term Health Conditions, physical disabilities and their families

Achieve a reduction in health inequalities, particularly by stepping up action on the wider determinants of health

Reduce the harm caused by smoking, alcohol, other harmful substances and addictions

Integrated care strategy – draft priorities

Support our communities and places to be healthy and sustainable

Give every child the best start in life

Support older people to age well and ensure support for people living with dementia

Improve access to health and care services

Improve our residents mental health and outcomes for those with Learning Disabilities and Autism

Enablers

Strengthening our workforce

Harnessing the power of people and communities

Building on good foundations in integrated services

Oversight and delivery at the right level in the system

Collaborative and joint commissioning

# Structure of ambitions

Ambition

Rationale

- Supporting data showing evidence of need

Enablers

- E.g. digital and technology
- E.g. collaborative and joint commissioning

Expected Outcomes

- “I” statements e.g. I have care and support that is coordinated, and everyone works well together and with me.
- High level deliverables

Lead Organisation

## Engagement approach

- draw on the considerable insight already held by ICP partner organisations – in line with the requirement to base our priorities on community needs and insights
- identify any gaps in knowledge and insight – are there communities, groups or cohorts that we are less engaged with and know less about?
- bridge those gaps with targeted engagement activities, to ensure that the priorities of these disadvantaged and ‘seldom heard’ groups are included in our strategy – survey and focus groups
- Hertfordshire and Essex Healthwatch, VCSFE Alliance and district councils key partners
- public survey and intensive “Big Conversation” fortnight in November
- engage with ICP partners on the strategy, testing our vision and level of ambition, and how partners see their roles and contributions
- feed the learning and insight from the above into the draft priorities

The engagement we carry out over the next two or three months will only be the start of ongoing engagement between our ICP and our residents. Co-production with residents on delivery plans will be essential.

News – 27 September 2022

## Healthwatch Hertfordshire

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### **Local healthcare needs to tackle discrimination, say Black and Asian communities**

Our ground-breaking Hertfordshire research has found that up to 45 per cent of Black and Asian respondents felt they had been discriminated against in a healthcare setting, with many believing this was because of their ethnicity.





# Reflections

## Challenges

- Making this different to previous strategies
- Strategy fatigue
- Comprehensive or specific?
- Pull of the short term versus the vision for the long term
- Risk of duplication and confusion, including around governance
- Role of Health and Wellbeing Boards
- Timescale very tight – particularly for genuine engagement
- The “so what” factor?

## Opportunities

- To be more ambitious than we have been as a system
- To energise a tired way of working
- For collective effort around factors that influence health - early help and prevention golden thread
- To highlight groups overlooked and gaps in services: people with physical injuries and acquired brain injury, adults with autism, dementia



Hertfordshire and  
West Essex Integrated  
Care System





**Birmingham and Solihull  
Integrated Care System**  
Caring about healthier lives

## **Integrated Care Strategies in Practice**

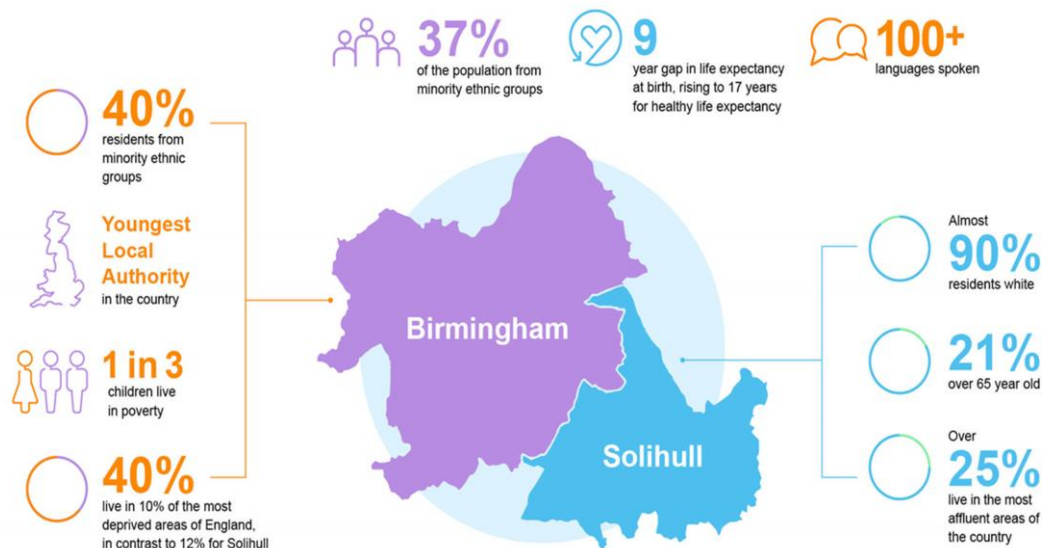
### **The BSOL Approach**

Dame Yve Buckland, Chair, Chair of Birmingham and Solihull Integrated Care Partnership

Birmingham and Solihull Integrated Care Board

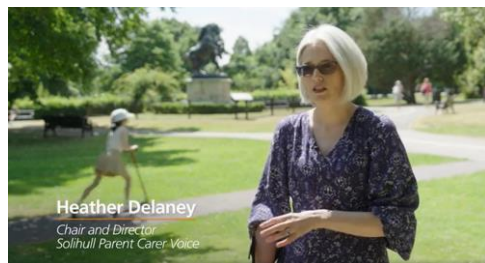
## Partnership: who's involved and local picture

- Chair and CEO of NHS Birmingham and Solihull Integrated Care Board
- NHS Provider Chairs
- Health & Wellbeing Chairman & Cabinet Lead for Social Care and Health, Birmingham City Council
- Health & Wellbeing Board Chairman Solihull Metropolitan Council
- Director of Public Health, Birmingham City Council
- Director of Public Health, Solihull Metropolitan Council
- General Practitioner from Birmingham and Solihull Primary Care
- Chair of Birmingham and Solihull Healthwatch
- Voluntary sector representative
- Citizen representation drawn from the six localities in Birmingham and Solihull
- Representative from West Midlands Police Service
- Representative from West Midlands Fire Service



## What our citizens say

*“There’s a disconnect between the health inequalities that health bodies want to address and those doing the same thing in the voluntary sector – they need to work collaboratively.”*  
**Naeem Qureshi, Sparkbrook resident.**



*“The one thing I would change for my children is to not have to tell their story over and over again.”*  
**Heather Delaney, Chair and Director – Solihull Parent Carer Voice**

*“If I had a magic wand, I would like someone who was there consistently, putting the needs of vulnerable people first,”*  
**Kiran Williams, parent of two children with learning difficulties**





## What's different this time?

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### Our ways of working

We know that we cannot keep doing the same things and expect the outcomes to be different. We want to develop new ways of working together.

#### SUBSIDIARITY

Things should be done and decisions made at the level that is most relevant, effective and efficient. These actions at every level work together to contribute to the overall ambition of the ICS.

#### JOINT-WORKING

Both in the way we commission and the way we deliver services, from shared funding, and collaboration to health and care teams designed around people and their lives.

#### EMPOWERMENT

Enabling people to navigate our system when they need help. We will need every organisation to think harder about access, inclusion, cultural safety and health literacy in the services they provide.

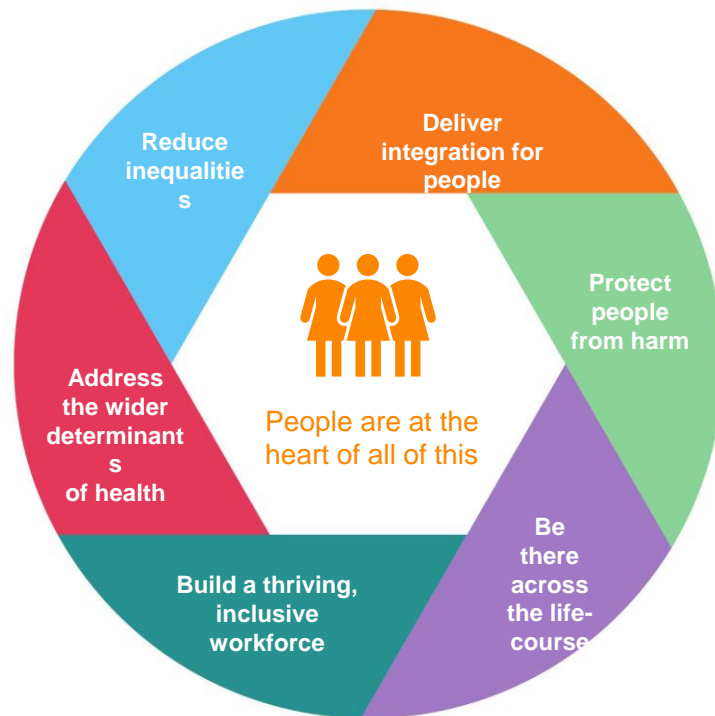
#### INNOVATION, EVIDENCE & RESEARCH

Should be at the heart of our approach to the challenges we face and the opportunities to deliver our ambition at scale and quickly, e.g., Fairer Futures Fund.



## Our objectives

In the ICS strategy, we have developed objectives that all of us - service users, citizens and people working in health and care - will need to work together to achieve.



## Developing our strategy

### Document Creation

- July/August
- Consolidation of JSNA themes
- Consolidation of HWB Strategies, ICS Inception plan
- Ambition
- Objectives
- Metrics for Success

### Engagement

- September-October
- Social care staff
- NHS staff
- VCS
- Elected members
- ICS Non-Exec Directors
- Communities
  - Place
  - Identity
  - Experience
- Stakeholders
  - Providers – Health & Social care
  - Police
  - Academia
  - WM Combined Authority

### Governance

- November-December
- 2x Health Overview and Scrutiny
- 2x Health and Wellbeing Board
- ICB
- NHS Midlands
- DHSC
- OHID
- UKHSA



# Supporting engagement

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## Considering how to engage

### **Building on all the amazing work and engagement**

The Integrated Care System Strategy has been developed from existing plans and strategies building on extensive previous engagement with local communities about what matters to them.

### **This isn't a consultation!**

Because the strategy builds on existing work, we are not 'consulting' about what should be included in the strategy.

### **Confirming the content reflects experience**

Instead, our approach through the engagement programme is to listen to people and confirm the content reflects what they have already shared and reflects the lived experiences of people who live and work in Birmingham and Solihull

### **Making sure the strategy connects**

We want to confirm the strategy is connective and works to help integrate

### **Confirming the ambition**

We want to confirm that people who live and work in Birmingham and Solihull feel heard and that the ambition of the strategy captures what matters to them



## Issues and risks

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### **A once in a generation opportunity**

Needs to be a radical overhaul of the way health and social care services are designed and delivered with community rooted in decision making process.

### **Engagement**

Targeted resources developed to support people to engage with the different groups – organisational, patients and citizens. Clear timeframes/expectations set with those groups.

### **Metrics of success**

How will we know we are making a difference? We are building in medium (5 years) and long term (10 years) measures of success in the ICS Strategy

## More information

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Visit our ICS website:

[Caring about healthier lives :: NHS Birmingham and Solihull \(birminghamsolihullics.org.uk\)](https://www.birminghamsolihullics.org.uk)

Our Integrated Care Partnership – The Opportunity for a Fairer Future

<https://youtu.be/qPmQqfVPbeg>

# Q&A

### Useful links

[Leading Integration Peer Support programme](#)

[FutureNHS ICS guidance workspace](#) | NHS England

[Integrated care communications toolkit](#) | NHS Confederation

# Thank you

Please [complete the evaluation survey](#) so  
we can develop and improve these sessions!