

## HEALTH & WELLBEING BOARD

<b>Subject Heading:</b>	North East London Integrated Care Strategy Development
<b>Board Lead:</b>	Hilary Ross, Director of Strategic Development, NHS North East London
<b>Report Author and contact details:</b>	Emily Plane, Head of Strategy and System Development, Barking and Dagenham, Havering and Redbridge, NHS North East London

**The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy**

<input checked="" type="checkbox"/>	<b>The wider determinants of health</b>	<ul style="list-style-type: none"> <li>Increase employment of people with health problems or disabilities</li> <li>Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do.</li> <li>Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.</li> </ul>
<input checked="" type="checkbox"/>	<b>Lifestyles and behaviours</b>	<ul style="list-style-type: none"> <li>The prevention of obesity</li> <li>Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups</li> <li>Strengthen early years providers, schools and colleges as health improving settings</li> </ul>
<input checked="" type="checkbox"/>	<b>The communities and places we live in</b>	<ul style="list-style-type: none"> <li>Realising the benefits of regeneration for the health of local residents and the health and social care services available to them</li> <li>Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.</li> </ul>
<input checked="" type="checkbox"/>	<b>Local health and social care services</b>	<ul style="list-style-type: none"> <li>Development of integrated health, housing and social care services at locality level.</li> </ul>
<input checked="" type="checkbox"/>	<b>BHR Integrated Care Partnership Board Transformation Board</b>	<ul style="list-style-type: none"> <li>Older people and frailty and end of life</li> <li>Long term conditions</li> <li>Children and young people</li> <li>Mental health</li> <li>Planned Care</li> </ul>

Cancer  
 Primary Care  
 Accident and Emergency Delivery Board  
 Transforming Care Programme Board



## SUMMARY

- 1.1 Considerable progress towards integration has taken place across North East London. Places have been working with their health and wellbeing boards through preparation of Better Care Fund plans, or the previous non-statutory Integrated Care Systems (prior to the Health and Care Act 2022) to develop strategies and approaches that support more integrated health and care.
- 1.2 The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007, and requires integrated care partnerships (ICPs) to write an integrated care strategy.
- 1.3 The Integrated Care Partnership strategy will need to set out how the assessed needs (building on place joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE).
- 1.4 The vision of the Havering Partnership is to pool their collective resources to create person centred, seamless care and support designed around the needs of local people throughout their life course, with a strong focus on prevention, addressing inequalities and the wider determinants of health. To do this, partners have identified a number of key priorities that they are progressing based on local insights, these include:
  - 1.4.1 Mental Health
  - 1.4.2 Developing a comprehensive approach to social prescribing and care coordination
  - 1.4.3 Development of a multidisciplinary way of working around Primary Care networks, to support those with more complex needs
  - 1.4.4 Development of a whole borough obesity strategy
  - 1.4.5 Establishment of Community Chest funding for Community and Voluntary sector groups to support local people where there are currently gaps
  - 1.4.6 Supporting local people around the cost of living impact
  - 1.4.7 Health Inequalities projects including;
    - Supporting Asylum Seekers
    - Supporting those who are housebound
    - Supporting carers and development of a carers strategy
    - Homeless
    - Self Service health checks
    - Increasing uptake in benefits
    - Launch of a universal stop smoking service
- 1.1 Development of the North East London Integrated Care System Strategy provides partners in Havering with the opportune moment to ensure that the strategy of the Integrated Care System reflects their locally agreed priorities (which may evolve as local strategies are refreshed).
- 1.2 The development of the integrated care strategy can be used to agree the steps that partners, working closely with local people and communities, will take together to deliver system-level, evidence-based priorities in the short-,



- medium- and long-term. These priorities should drive a unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout the area of the integrated care partnership.
- 1.3 This paper provides an update on the approach and proposed content of the development of the North East London Integrated Care System Strategy.

## RECOMMENDATIONS

It is recommended that the Board:

- Consider, discuss and comment on the proposed approach to develop the North East London Integrated Care Strategy
- Support identification of your key priorities and challenges locally, particularly based on your local knowledge and insights, to feed into development of the strategy

## REPORT DETAIL

### 2. Background

- 2.1 Considerable progress towards integration has taken place across North East London. Places have been working with their health and wellbeing boards and local partners, through preparation of Better Care Fund plans, or the previous non-statutory Integrated Care Systems (prior to the Health and Care Act 2022) to develop strategies and approaches that support more integrated health and care.
- 2.2 The Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007, and requires integrated care partnerships (ICPs) to write an integrated care strategy.
- 2.3 The Integrated Care Partnership strategy will need to set out how the assessed needs (building on place joint strategic needs assessments) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England (NHSE). It will build on existing work and momentum to further the transformative change needed to tackle challenges such as reducing disparities in health and social care; improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs, by promoting control, choice and flexibility in how people receive care and support.
- 2.4 The integrated care strategy will set the direction of the system across the area of the integrated care board and integrated care partnership, setting out how commissioners in the NHS and local authorities, working with



providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life. It presents an opportunity to firmly ground the approaches of our Place based Partnerships to do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care and wider services.

2.5 The vision of the Havering Partnership is to pool their collective resources to create person centred, seamless care and support designed around the needs of local people throughout their life course, with a strong focus on prevention, addressing inequalities and the wider determinants of health. To do this, partners have identified a number of key priorities that they are progressing based on local insights, these include:

2.5.1 Mental Health

2.5.2 Developing a comprehensive approach to social prescribing and care coordination

2.5.3 Development of a whole borough obesity strategy

2.5.4 Development of a multidisciplinary way of working around Primary Care networks, to support those with more complex needs

2.5.5 Establishment of Community Chest funding for Community and Voluntary sector groups to support local people where there are currently gaps

2.5.6 Supporting local people around the cost of living impact

2.5.7 Health Inequalities projects including;

- Supporting Asylum Seekers
- Supporting those who are housebound
- Supporting carers and development of a carers strategy
- Homeless
- Self Service health checks
- Increasing uptake in benefits
- Launch of a universal stop smoking service

2.6 Development of the North East London Integrated Care System Strategy provides partners in Havering with the opportune moment to ensure that the strategy of the Integrated Care System reflects their locally agreed priorities (which may evolve as partners refresh their local strategies).

### **3.0 Proposed approach to develop the North East London Integrated Care Strategy**

3.1 We are proposing to sign off the interim North East London Integrated Care System Strategy at a full meeting of the integrated care partnership in January 2023.

3.2 To achieve this tight deadline, we will work closely with the North East London Place based Partnerships, Wellbeing Boards, Overview and Scrutiny Committees and partners over the next several months to co-



develop the content of the strategy, building on the significant engagement work that has already taken place across the system to identify our key priorities (babies, children and young people; mental health; long term conditions; and workforce and employment).

3.3 There is a requirement for the strategy to be refreshed annually and we intend for the strategy to support an ongoing process of system development, learning and improvement as opposed to production of a one-off static document.

3.4 **Appendix 1** sets out a proposed timeline for engagement over the next several months with key groups and partners. We are in the process of engaging with key groups within each Place based Partnership to get slots on agendas.

#### 4.0 **Proposed content of the strategy**

4.1 We have established a range of workstreams to support development of the strategy. There is a workstream on data and analytics which is meeting fortnightly with whole system representation. In addition to producing a Population Health Profile for NEL, we have undertaken rapid reviews of local JSNAs and health and wellbeing strategies. The Healthwatch team has also undertaken an analysis of insights in relation to the four ICS priorities which will inform the workshops.

4.2 A series of stakeholder workshops are currently taking place aimed at progressing the four Integrated Care System priorities. Stakeholder events have taken place during October and November focusing on our priorities of babies, children and young people; mental health; long term conditions; and workforce and employment. Over 120 people from across the system attended a workshop on our system response to the cost of living increase on 6 October.

4.3 **Appendix 1** sets out in more detail the proposed content of the strategy, which we are keen to seek feedback and input from partners on to further shape.

### **IMPLICATIONS AND RISKS**

Timescales are short ahead of the submission of the first draft of the strategy, however, the Partnership is dedicated to developing the content of the strategy locally with our Places, Health and Wellbeing Boards and partners and are keen for them to shape and own it, ensuring that it reflects our key challenges, and agreed direction of travel. Our intention for this to be an ongoing process, rather than a one off document, should help to mitigate the risk around the short timeframe that we have to develop the initial draft.

### **BACKGROUND PAPERS**



# Havering

LONDON BOROUGH

## **Appendices**

### **Appendix 1 – North East London Integrated Care Strategy Development**