

## **NORTH LINCOLNSHIRE COUNCIL**

### **HEATH AND WELLBEING BOARD**

## **INTEGRATED HEALTH & CARE STRATEGY**

### **1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To inform the Health and Wellbeing Board that, in accordance with the requirements of the Health and Care Act 2022, the Integrated Care Partnership for Humber and North Yorkshire have been undertaking a process to develop an Integrated Health and Care Strategy.
- 1.2 This paper sets out the approach taken to develop the strategy which has been informed by the legislative requirements, statutory guidance, policy and a broad range of engagement and discussions with Place at the heart.
- 1.3 A copy of the final draft of the Integrated Health and Care Strategy is attached as appendix A to this report.

### **2. BACKGROUND INFORMATION**

- 2.1 The Humber and North Yorkshire Health and Care Partnership (formally Humber, Coast and Vale) was established in 2016 as a collaboration of 28 organisations from the NHS, local councils, other health, and care providers including the voluntary and community sector. The Partnership covers a geographical area of more than 1,500 square miles and serves a population of 1.7 million people, all with different health and care needs. It includes the cities of Hull and York and the large rural areas across East Yorkshire, North Yorkshire, and Northern Lincolnshire.

- 2.2 The Health and Care Act 2022 that received Royal Assent on 28 April 2022 put Integrated Care Systems (ICSs) on a statutory footing, empowering partners to work closer together to better join up health and care services, improve population health, reduce health inequalities, enhance productivity, and value for money, and help support broader social and economic development. The Humber and North Yorkshire Health and Care Partnership is one of 42 ICSs which cover England.
- 2.3 The Health and Care Act sets out the four core elements of an ICS these are Place, Provider/Sector Collaboratives, Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).
- 2.4 The ICP is a separate statutory committee, which brings together local authorities and the NHS Integrated Care Board as partners to focus more widely on health, public health, and social care. The development of the Humber and North Yorkshire ICP commenced over the spring and summer of 2022 with membership being built from Place and with Place leaders at the very heart. The Humber and North Yorkshire ICP met for the first time in September 2022.
- 2.5 One of the key responsibilities of the ICP is to co-produce with partners an Integrated Health and Care Strategy for Humber and North Yorkshire and guidance was published by Department of Health and Social Care on 29 July 2022 and is available online here: [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/integrated-health-and-care-strategies)..
- 2.6 The expectation was that Integrated Health and Care Strategies must be built bottom-up from local assessments of needs and assets identified at place level, developed for the whole population using best available evidence and data, covering health and care and addressing the wider determinants of health and wellbeing. The strategy should set out how the assessed needs of the population can be met by upper tier Local Authorities, the ICB and partners and over what timescale. The expectation was that the strategy would be produced by December 2022.
- 2.7 The Health and Care Act 2022, also places a duty on the NHS Integrated Care Board to have regard to Integrated Health and Care Strategy, the Joint Strategic Needs Assessments (JSNAs), and Joint Local Health and Wellbeing Strategies when exercising its functions and developing its Joint Forward Plan and Operational Plans with NHS Trusts and Foundation Trusts.

### **Process architecture for developing our strategy**

- 2.8 Recognising the requirement for a strategy to be developed, early in 2022 and to support the ICP whilst it was developing, a strategy design group was established in early 2022 to provide a core function of designing, co-ordinating, developing and overseeing the development of the strategy based on an inclusive approach.
- 2.9 The strategy design group included broad representation from Local Authorities, ICB and Place. It played a key role in analysing data and

intelligence and providing the information through which to make sense of where we are and where we want to be.

- 2.10 A number of principles were agreed by the strategy design group which underpinned its development. These were, that the strategy would:
- Be a living and breathing dynamic approach
  - Be co-produced and created with the system and its partners, including closely with local government and based on lived experience of our citizens/communities
  - Add value and not replicate what is happening in Place
  - Enable other emerging strategies to sense check against a set of ambitions and ensure there is a golden thread
  - Make use of technology to support the continuing development and engagement so that progress can be seen, feedback given as emerging themes to develop.
- 2.11 The development process has been population health data and intelligence driven, supported by strong clinical and care professional leadership. The work has been a collective responsibility to ensure that the strategy is co-owned, connected to real work and is delivered by a living system which is empowered to act.
- 2.12 There have been and continues to be the opportunity for all members of the wider system to be involved through a networked approach to engagement and open and transparent opportunities to be part of the dialogue. It will be important to continue to provide the opportunity for effective challenge and enable diversity of thought and for the ICP to be prepared to listen to suggested change and keep open minds to evolving the strategy even after approval.
- 2.13 In tandem with this, engagement has taken place with a variety of stakeholders and a number of open sessions have been held. A desktop review of data, evidence and existing policies and strategies and engagement with our communities has also been undertaken. The reviews have considered existing strategies and plans both within the architecture of our system, but also from across our wider system and areas of work through which we come together in partnership.
- 2.14 In addition, the ICP Committee heard the immediate feedback at their meeting on the 26 October 2022 from the workshop that had taken place on the same day, which had focussed on the vision of 'start well, live well, age well and die well' and the following questions:
- Where are we now?
  - Where do we want to get to?
  - How will we get there?
  - How will we know when we have got there?
- 2.15 There have been numerous engagement sessions with Place with each Place developing their strategy intent and the

## Where are we now

- 2.16 The information we have gathered from the engagement and document reviews has now been taken to support the development of a strategy document. As previously mentioned, we have set the aim to develop a living and breathing strategy, not a weighty tome document to sit on a shelf. Therefore, the document has been prepared with the view of establishing a strategic intent that is clear and creates the framework for the plans at Place.
- 2.17 As mentioned earlier the requirement of the strategy is that it is developed based on the needs of our population and to do this, we have taken the approach of 'if Humber and North Yorkshire was a community of 1,000 people' what would it look like in terms of its demographics, people's economic, health and wellbeing circumstances. We have also recognised that our communities are also as unique as the people that live in them and provide us with some of our greatest assets whilst acknowledging that they also have very different experiences in their lives.
- 2.18 The ambition set out in the strategy builds on the one we have held for many years as a Partnership which is **for everyone in our population to live longer, healthier lives**. However, we have made it more specific with the addition of by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.
- 2.19 To reach this ambition our vision is through a life course approach to ensure that all our people **start well, live well, age well and die well**. And to deliver on both the ambition and vision our intention is to
- **create the conditions** for change, making it easier for our people, communities and organisations to come up with the solutions they think will work best in improving the lives of our people, their neighbours and communities
  - **think person** by listening and paying attention to what they tell us matters most to them which will enable us to remove barriers and give them greater control over their own lives.
  - **think family** not in the traditional sense but by considering the different way people consider a family, the people who are closest to them, who can include relatives, friends or those who provide a temporary but important relationship or network to support a person. By focusing on supporting families we want to create a safe and nurturing environment that raise aspirations for all but particularly enable every child to grow, learn and thrive.
  - **think community** by recognising the assets in our communities, harnessing the strength and uniqueness, we will plan, design and implement health and care services for people living across Humber and

North Yorkshire. We will focus on all our communities, however we will place specific emphasis on working with those with the greatest need, such as our coastal and rural communities

- 2.20 The strategy is for everyone to understand our ambition, vision and intentions. To enable us to make this meaningful to a key audience of the strategy our people and communities we have used 'I' and 'we' statements that will resonate with them and have come from different engagement across our system. We will use this as a mechanism for helping to support the evaluation of the progress we are making.
- 2.21 Appendix A to this paper includes a copy of the final draft of the strategy content which the ICP Committee considered and approved on the 14<sup>th</sup> December 2022.

### **Next Steps**

- 2.22 Whilst the purpose of this strategy is to set the ambition and vision for our people and communities with some description of our intentions of how we will achieve this, it is only the framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.
- 2.23 The most important part of any strategy is turning it into action and we have identified a number of next steps and these are as follows:
- The final content version of the strategy is shared with each Health and Wellbeing Board as the statutory committee for Local Government and the Integrated Care Board for the NHS for approval.
  - The strategy is used to prioritise our time, energy and resources through:
    - Place engaging with their communities, neighbourhoods and partners building with communities to develop integrated delivery plans – aligned also with local health and wellbeing strategies. An initial plan on a page for each of our six Places is set out in the appendices and these will be developed further during the early part of 2023.
    - Providing the guiding framework for the development of other specific strategies and plans such as the 5-year Joint Forward Plan that the ICB with Providers is required to produce.
- 2.24 We also want to understand the difference that is being made and whether we need to adjust our ambition, vision and intentions by keeping the strategy as a living and breathing document.
- A task and finish group has been established to develop the population health outcome framework to provide the assurance and evidence that we are making the difference we intended
  - Continued engagement particularly with our communities as we develop and implement the actions to deliver the strategy – Healthwatch have kindly offered to support this as well as development of communication messages.

- 2.25 Finally the Communications Plan will be finalised and implemented. This includes for example:
- the production of a professionally designed document,
  - the development of an online space which will create the platform to ensure we have a living and breathing strategy, will connect with other strategies, and be a space where we share promising practice
  - production of case studies that demonstrate how the ambition, vision and intentions are being delivered in practice with a focus on outcomes and sharing learning.
  - A full launch of the strategy will take place over the spring of 2023.

### **3. OPTIONS FOR CONSIDERATION**

- 3.1 The Health and Wellbeing Board is asked to approve the Humber and North Yorkshire Integrated Health and Care Strategy

### **4. ANALYSIS OF OPTIONS**

- 4.1 See supporting background information above

### **5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 5.1 The Integrated Health and Care Strategy provides a framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.
- 5.2 A Communications Plan will be finalised and implemented which includes the production of a professionally designed document, the development of an online space which will create the platform to ensure we have a living and breathing strategy, production of case studies that demonstrate how the ambition, vision and intentions are being delivered in practice with a focus on outcomes and sharing learning. A full launch of the strategy will take place over the spring of 2023.

### **6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

- 6.1 The Integrated Health and Care Strategy provides a framework to support the development of specific strategies and plans including the North Lincolnshire Strategic Intent and North Lincolnshire Plan for Integration.

### **7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 7.1 In progress.

## **8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 8.1 The report above outlines that there has been significant engagement with stakeholders across the Partnership including at Place throughout the process of development of the Strategy.

## **9. RECOMMENDATIONS**

- 9.1 The Members of the Health and Wellbeing Board are asked to:
- Note the update in the paper
  - Consider and approve the final draft content of the Humber and North Yorkshire Integrated Health and Care Strategy (appendix A)
  - Note the next steps.

### **NORTH LINCOLNSHIRE NHS PLACE DIRECTOR**

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### **Background Papers used in the preparation of this report**