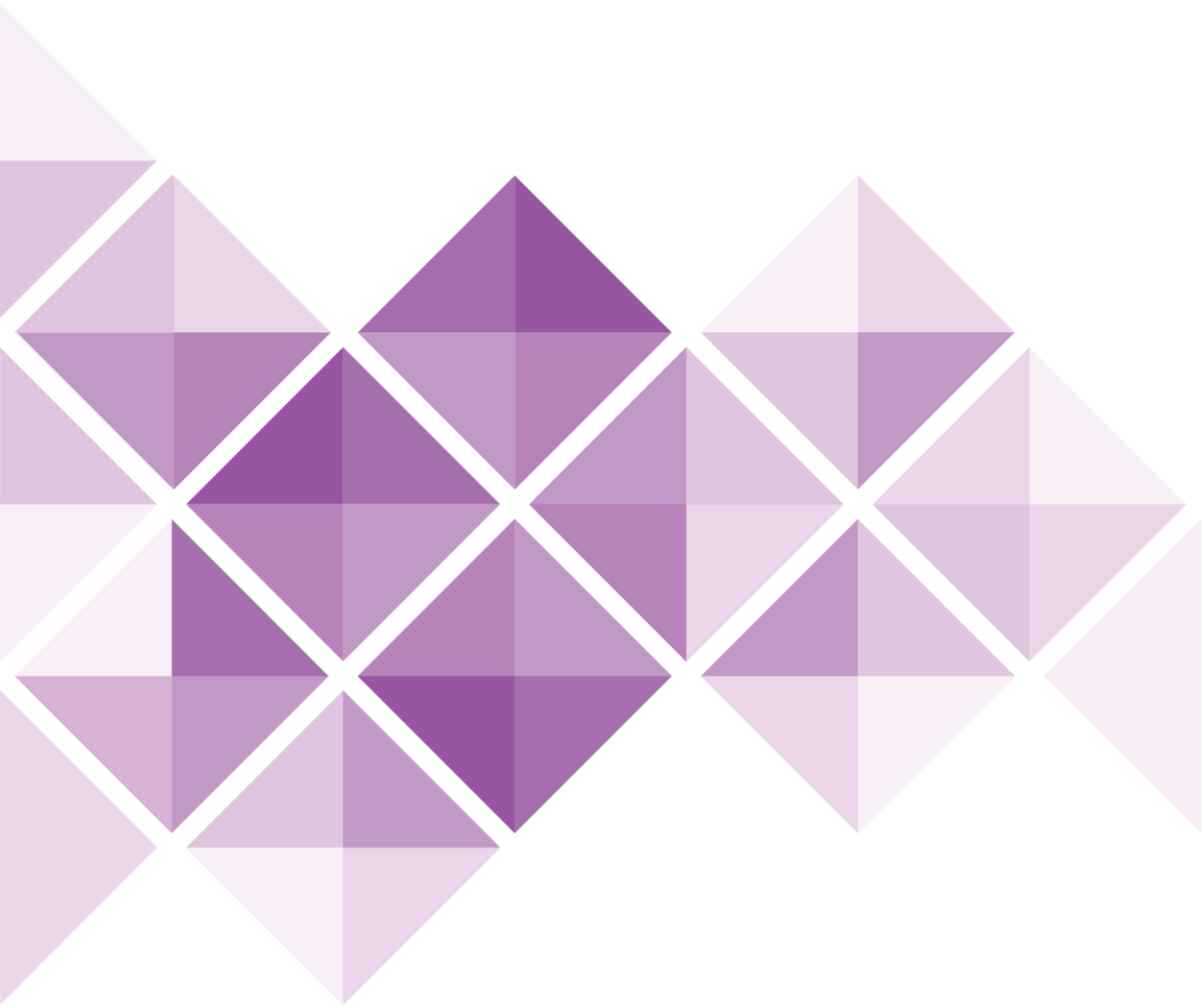
Integared Care Partnership (ICP) Strategy

Engagement Findings Report

Final report v1.3 (DRAFT)

6th December 2022



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1 Executive summary

1.1 Introduction

The Integrated Care Partnership (ICP) is a statutory joint committee of the Integrated Care Board (ICB) and the thirteen local authorities in the North East and North Cumbria (NENC) and includes partners from the voluntary, community and social enterprise (VCSE) sector. The committee is responsible for setting the priorities for the system through the development and approval of an integrated care strategy.

Based on prior engagement, the ICP developed a draft integrated care strategy which set out the ambitions and goals to improve the health of all communities across NENC, as well as the steps that will be taken to make these ambitions into reality.

To ensure that stakeholders, partners, and members of the public had the opportunity to help shape this evolving strategy – the committee welcomed the views of these individuals through an online survey open from 27th October to 25th November 2022. Additionally, individuals / organisations were able to submit a direct response.

In total, 386 individuals responded to the survey and 45 additional submissions were received.

1.2 Key findings

The table below shows the proportion of survey respondents who were agreeable with different aspects of the strategy; the vision, the goals, the plan to support the goals and the key commitments.

	Proportion of survey respondents who felt this was right (N=386)
The vision	80%
The goals:	
Longer, healthier life expectancy	86%
Fairer health outcomes	84%
Excellent health and care services	86%
The plan to support the goals:	
Workforce	80%
Places and Neighbourhoods	79%
Technology, equipment and facilities	78%
Resources and protecting our environment	77%
The key commitments:	

Reduce the gap in life expectancy	72%
Reduce the smoking prevalence	72%
Reduce the inequality in life expectancy	77%
Reduce the suicide rate	70%
	Proportion of survey respondents who felt the strategy aligned with… (N=92)*
The priorities of their organisation	62%
The priorities of their geographical place	59%
The priorities of work streams across the ICP	52%

**Completed by those responding as an ICP member or on behalf of an organisation only.*

Although some provided favourable comments about the strategy, others provided comment / suggestion as to how the strategy could be further enhanced / strengthened. The following provides a summary of the key themes which stemmed from the feedback gathered.

- **Document accessibility –** the document was felt to contain much terminology / jargon / acronyms that members of the public, including Children and Young People (CYP) as well as partners in non-healthcare settings, would find difficult to understand. It was suggested that the document digresses from its 'NHS style' to a shorter, easier-to-read document. Specific comments made about the language / terminology used within the draft were fed back to the ICP throughout the engagement process, in a separate document.
- **Specific detail -** the document was felt to lack specific detail as to how the vision (including goals and commitments) will be achieved, as well as being measured / evidenced. Additional information was requested with regards to an accountability framework, a roadmap with milestones and concrete deliverables and monitoring structure.
- **The challenge posed -** for some the vision / goals / commitments are felt to be too ambitious within the timescales specified. However, this was not the case for all, with some highlighting areas where specific goals / commitments could be strengthened / more aspirational (e.g., the goal relating to the reduction in suicide rate).
- **Missing focus areas / wider areas to consider** – throughout the engagement, specific areas were identified as not being strong enough / absent from the strategy. The key ones being:
    - The underrepresentation / lack of focus on Children and Young People (CYP).

- Communication, engagement, and involvement – recongising the importance of listening to and embedding the voice of patients, members of the public, communities, businesses and VCSE partners / organisations.
- The role of prevention and wider determinants of health and wellbeing, in helping to address health inequalities.
- Recognition and value of the VCSE sector, as key partners within the ICS at both system and place level.
- Improving access to services, including access for those with disabilities / ill health.

A wide variety of other areas were also identified, these included:

- Mental health and access to mental health services
- Obesity
- Substance misuse
- Public education and prevention
- Palliative and End-of-Life (EoL) care
- Loneliness and social isolation
- Elderly care / health of older people
- Social care provision / improving access to social care.

Further comments / queries were raised with regards to financial investment, and whether this will be available to help build resources / services, as well as the workforce, to help achieve the vision.

Concluding points

This document provides an overview of the wealth of feedback collated with regards to the overall strategy and its composing parts. A wide range of suggestions are put forth to help strengthen its approach.

It is evident that members of the public and stakeholders welcomed the opportunity to be involved in this process, with many looking forward to helping to support the ICP going forward with the further development of the strategy, as well as its delivery.

2 Introduction

The Integrated Care Partnership (ICP) is a statutory joint committee of the Integrated Care Board (ICB) and the thirteen local authorities in the North East and North Cumbria (NENC) and includes partners from the voluntary, community and social enterprise (VCSE) sector. The committee is responsible for setting the priorities for the system through the development and approval of an integrated care strategy.

Based on prior engagement, the ICP developed a draft integrated care strategy which sets out the ambitions and goals to improve the health of all communities across NENC, as well as the steps that will be taken to make these ambitions into reality.

2.1 Methodology

To ensure that stakeholders, partners, and members of the public had the opportunity to help shape this evolving strategy – the committee welcomed the views of these individuals through an online survey. The survey was open from 27th October to 25th November 2022.

Additionally, stakeholders, partners, and members of the public were given the opportunity to submit a direct response.

	No. of responses
Online survey	386
Additional submissions (from stakeholders, partners, and members of the public)	45

2.2 Notes on analysis

The report is split into two sections: survey findings and additional responses.

Specific comments in the feedback relating to the wording within the draft strategy (i.e., grammatical errors, typos, terminology) were presented to the ICP in a sperate document.

3 Survey findings

3.1 Demographics

A total of 386 responses were received to the online survey.

Whilst 87% responded on behalf of themselves, 24% answered on behalf of an organisation. A list of these is provided under the table below.

Additionally, 4% responded as an ICP member. It was requested that within this report, the responses of these individuals were presented as part of the whole sample as well as separately (see sections titled 'Feedback from ICP members').

Table: Are you completing this survey…? (N=386)

	% (N)
… on behalf of yourself	87% (285)
… on behalf of someone else	2% (5)
.. as an ICP member	4% (14)
… on behalf of an organisation	24% (78)
No response	1% (4)

Participating organisations:

- Age UK Gateshead
- Bensham Family Practice
- Buddy_Cups
- Catalyst Stockton-on-Tees Ltd
- CLIP
- Connected Voice Haref
- Craig Healthcare
- Cumbria Third Sector Network
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- Diabetes UK
- Durham County Council Public Health Healthy Settings Team
- Eden Valley Hospice and Jigsaw Cumbria's Children's Hospice
- ESCAPE Family Support
- Gateshead Health
- Halo Project
- Hartlepool Borough Council
- Hartlepool Local Authority
- Haydon Bridge & Allendale surgery
- HBC
- HC-One
- Healthwatch
- Healthwatch Northumberland Board
- Hospital of God at Greatham
- iCan Health and Fitness CIC
- Journey Enterprises
- Labriut Health Living Centre
- Lets Connect (Teesside and County Durham)
- LilyAnne's C.I.C
- Middlesbrough FC Foundation

- Middlesbrough Food Partnership
- Mind and Sole
- NE NHS Independent Complaints Advocacy
- NENC ICS End of Life Care
- NENC VCSE Ageing Well sub-group (part of the NENC VCSE Partnership Programme)
- NENC VCSE Learning Disability & Autism sub-group (part of the VCSE Partnership Programme)
- NENC VCSE Multiple and Complex Needs sub-group (part of the NENC VCSE Partnership Programme)
- NENC VCSE Women/VAWG sub-group (part of the VCSE Partnership Programme)
- NESCHA
- NHS England
- North Cumbria Integrated Care NHS Foundation Trust
- North of England Activities and Training
- North Tees and Hartlepool NHS trust
- North Tyneside Public Health Team
- Northern Cancer Voices
- Northumberland Community Development Co
- Northumberland County Council
- Northumbria Cancer Patient and Carer Group
- NRASS
- Parkinson's UK
- PC and SIC ODN NENC
- Prospect Surgery A81029
- Prudhoe Medical Group
- Regional Ageing Well Programme
- Rise North East
- Seahouses Development Trust
- Search Newcastle CIO
- South Durham Health Community Interest Company
- South Tees Hospitals NHS Foundation Trust
- South Tees Public Health
- South Tyneside & Sunderland NHS Foundation Trust
- St Cuthbert's Hospice
- Teesdale Day Clubs
- Teesside Hospice and St Teresas Hospice
- The Adderlane Surgery
- Thirteen Housing Group
- Thomas Pocklington Trust
- Thriving Together Northumberland
- Together Middlesbrough & Cleveland
- Vision Northumberland
- YMCA North Tyneside
- You've Got This.

Respondents were asked to indicate where they, or the person / organisation they were responding on behalf of, where from.

Slightly higher proportions were from Durham (18%), Northumberland (13%), other / more than one area (13%) Hartlepool (12%), North Tyneside (10%) and Stockton (9%).

Table: Where you, the person, or the organisation you are responding on behalf, of is from?* (N=372)

	% (N)
Durham	18% (58)
Northumberland	13% (42)
Other / more than one area	13% (43)
Hartlepool	12% (39)
North Tyneside	10% (32)
Stockton	9% (28)
Gateshead	7% (21)
Newcastle	7% (21)
No response	6% (18)
Darlington	5% (16)
Redcar & Cleveland	5% (15)
Sunderland	5% (15)
Allerdale / Carlisle / Copeland / Eden District	4% (13)
Middlesbrough	2% (5)
South Tyneside	2% (6)

**Those that responded to the survey as an ICP member did not answer this question.*

3.2 The vision

The ICP's vision is for 'Better Health for all of our People and Communities' and to improve health and wellbeing for everyone across the North East and North Cumbria.

Respondents were asked if they felt this vision was right; to which 80% felt it was, 10% said it wasn't and 26% were unsure.

Table: Do you think we got this vision right? (N=386)

	% (N)
Yes	80% (264)
No	10% (32)
Not sure	26% (85)
No response	2% (5)

Respondents were given the opportunity to comment upon the vision. As for all open questions within this survey, to provide a quantifiable representation of the feedback – each response was coded, with codes being grouped into themes.

The range of themes identified were grouped under the following categories and are presented in the table below:

- Support for the vision / positive comments
- Missing focus area / wider areas to consider
- Achieving the vision
- Funding / resources
- Partnerships
- Wording / information
- Other.

Notably, some of the key themes in response to this question related to:

- Missing focus area / wider areas to consider – respondents identified numerous areas that they felt were absent and/or required more focus within the vision / strategy, these included obesity, substance misuse, mental health, care for the elderly, and End-of-Life (EoL) care.

  With similar areas being identified in each of the open questions within the survey, a summary of these is provided in Section 2.7.

  However, specifically in response to this question, a high number of responses were noted in relation to the following. These were therefore presented as discrete themes:

  - Improving access to services / appointments, including access for those with disabilities / ill health.
  - Reducing / tackling health inequalities / ensuring equal access for all.
  - Under-representation of Children and Young People (CYP).

- Query / uncertainty as to how the vision will be measured / evidenced / delivered, and further whether it is achievable.
- Query / comment about financial investment, with a feeling that this is integral to the delivery of the strategy, including investment in resources / services, and the workforce.
- Comment / suggestion about greater integration / partnership work needed with members of the public and patients (i.e., Patient and Public Involvement - PPI), communities, schools / education, VCSE sector, local food partnerships and community pharmacies.
- Comment relating to the vision being meaningless / too generic / broad.

Specific comments included:

"Concern is that there are a lot of words but not clear how organisations and individuals will be able to tell the difference in 1- and 5-years time. A bit woolly"

"Very adult focused and fails to recognise the unique health needs of children and young people and the importance of improving their health to improve the health/outcomes as adults. Less than half a page on CYP is disappointing"

"Access - is missing from the vision, people need to be able to access services simply and easily".

Table: Please share any thoughts on the vision or if you think anything is missing (N=187)

Support for the vision / positive comments	No. of responses
Good / perfect vision / aligns with our organisation's vision	14
Working together as one system / joint health and social care is imperative	10
Missing focus area / wider areas to consider	
Missing focus area / wider areas to consider (See Section 2.7)	54
*Improved access to services / appointments	23
*Too focused on adults / needs more focus on CYP	12
*Equal access for all / tackling and reducing health inequalities	11
Achieving the vision	
How will this be measured / achieved? Is it achievable?	27
Strategy should not replace local strategies / make it clear that the vision aligns with local strategies	2
How does the strategy differ from previous visions / strategies?	2
Other comment, including: - Success dependent on every organisation being fully committed - How will the public be informed of this? - Who will monitor the process / results?	4
Funding / resources	
Funding required / key to strategy delivery	22
Partnerships	
Need to work more with public / patients / communities	9
Need to work with schools / education	6
Need to work with VSCE sector	7
Need to work with local food partnerships	1
Need to work with community pharmacies	1
Other comment re: integrated care / partnerships and information sharing	3
Vision wording / information	
A bit meaningless / generic / broad	25
Specific reference to 'wellbeing' needed	8
Specific reference to 'care' needed	8
'People and communities' not needed / what is the difference between them?	3
Other comment / suggestion, including: - Second part reads better - Seems haphazard / rushed - Data sounds fictitious	5
Other	
Other comment	24
Other comment relating to access to / improving healthcare services including barriers to accessing digital services	15

**Identified as a discrete theme, due to the number of respondents who referenced this specifically.*

3.2.1 Feedback from ICP members

The following summarises the feedback received specifically by ICP members in terms of the vision.

Table: Do you think we got this vision right? (N=14)

	No.
Yes	10
No	2
Not sure	2
No response	0

Table: Please share any thoughts on the vision or if you think anything is missing (N=5)

Key points
• Need to better understand how the money will follow the person. • How will this be achieved? • What about prevention and rehabilitation services? • Suggestion of 'Prevent, educate, and provide better health to all people and communities.' • Vision not wide enough – focus should be on better life outcomes (education, housing etc.). • Lack of focus on CYP.

3.3 The goals

To support this vision, there are three key goals. These are:

- **Longer, healthier life expectancy** – this means reducing the gap between how long people live in the North East and North Cumbria, compared to the rest of England, so that people live longer, healthier lives.

- **Fairer health outcomes** – people may experience a difference with their health because of different environments where they are born, grow up, live, work, and age. This means not everyone has the same opportunities to be healthy. This is known as health inequalities, and we want to reduce this across the entire population.

- **Excellent health and care services** – we want to make sure the health and care services in the North East and North Cumbria region is high-quality, the same quality no-matter where you live, joined-up, and that people have the same access to the right care.

Similar proportions felt each of these goals were appropriate, specifically:

- 86% perceived 'longer, healthier life expectancy' was right
- 86% perceived 'excellent health and care services' was right
- 84% perceived 'fairer health outcomes' was right.

Table: Do you think we got these goals right? (N=386)

	Yes	No	Not sure	No response
	% (N)	% (N)	% (N)	% (N)
Longer, healthier life expectancy	86% (331)	5% (19)	8% (30)	2% (6)
Fairer health outcomes	84% (326)	6% (24)	7% (27)	2% (9)
Excellent health and care services	86% (331)	5% (21)	6% (24)	3% (10)

Respondents were given the opportunity to provide any further comments on the goals. Responses were grouped into themes and are presented in the table below under the following categories:

- Support for the goals / positive comments
- Partnerships
- Missing focus area / wider areas to consider
- Achieving the vision
- Funding / resources
- Wording / information
- Other.

Notably, some of the key themes in response to this question related to:

- Missing focus area / wider areas to consider – numerous additional areas were felt to be absent from the goals / require more focus. An overview of these is provided in Section 2.7.

  The following areas were however presented as discrete categories, due to the number who referred to each:

  - Tackling / reducing health inequalities / ensuring equal access for all.
  - Improving access to services / appointments (including primary care).
  - Under-representation of CYP.

- Query / uncertainty as to how will these goals be achieved, including proposed timescales, and how these goals will be measured / evidenced.

- Query / comment about financial investment, with a feeling that this is integral to the achievement of these goals, including stronger / greater workforce and better management of, and more resources.

- In terms of the wording of the goals, there was feeling that emphasis should be on 'healthier life' not 'longer life', whilst others considered them to be meaningless / vague and/or state the obvious.

Specific comments included:

"I agree reduction in health inequalities by ensuring clear education to our parents. Supporting our children with better healthcare and stronger transition and educating our future population would be the way forward"

"All 3 goals are difficult to argue against, but systemic health inequity is going to a huge challenge to overcome"

"Just getting to see a GP would be an ambitious goal"

"I think the goals are focused on health and care and there needs to be consideration given to wider social, environmental and economical factors which will improve people's lives e.g., access to leisure, community services, good jobs etc"

Table: Please share any thoughts on these goals or if you think anything is missing (N=167)

Support for the goals / positive comments	No. of responses
Good / admirable goals / support these commitments	6
Partnerships	
Cannot be done alone / need to work in partnership (public / patients / communities / VCSE sector)	9
Missing focus area / wider areas to consider	
Missing focus area / wider areas to consider (See Section 2.7)	56
*Need to tackle health inequalities	30
*Improve access to services	15
*Too focused on adults / under-representation of CYP	13
Achieving the vision	
How / when will you achieve these goals? Including measurement and evidence	24
Fear no change / how will it be done differently?	5
Much commitment / hard work needed to achieve	3
Too ambitious	2
Other, including: - How will this be communicated to the public? - Plan needs to be flexible	2
Funding / resources	
Financial support / investment required to achieve the vision	14
Other comment relating to funding / resources, including: - Need to stop putting profits before humanity - Investment in VCSE sector	5
Wording / information	
Emphasis should be on 'healthier life' not 'longer life'	14
Meaningless / vague / old phrases / stating obvious	9
'Excellent health and care services' is important/should be placed first	6
Goals need more detail	6
What is the measurement of 'fairness'?	5
Grammatical error	2
Should increase life expectancy to match the best in England	2
Other	
Other comment	30
Comment relating to access to / improving healthcare services	13
Concern about the size of the ICB / need for separate visions (ICS / ICB / ICP)	3
Improving quality of care must not reduce quality in other areas	2

**Identified as a discrete theme, due to the number of respondents who referenced this specifically*

3.3.1 Feedback from ICP members

The following summarises the feedback received specifically by ICP members about the goals.

Table: Do you think we got these goals right? (N=14)

	Yes	No	Not sure	No response
	No.	No.	No.	No.
Longer, healthier life expectancy	13	1		
Fairer health outcomes	12	2		
Excellent health and care services	13	1		

Table: Please share any thoughts on these goals or if you think anything is missing (N=6)

Key points
• Too health focused – greater focus on wellbeing needed. • Acknowledgement needed of societal pressures as well as social care. • Not wide enough – should focus on better life outcomes (education, housing etc.). • Lack of focus on improving outcomes for CYP. • How will this be achieved? • What about prevention and rehabilitation services? • Clear education needed for parents supporting their children with better healthcare (educating our future population).

3.4 The plan to support the goals

There are four ways these goals can be supported. These are:

- **Workforce** – we want a well-supported, sustainable, diverse workforce, which supports the physical and mental wellbeing of our employees.

- **Places and Neighbourhoods** – we want to make sure that local areas and neighbourhoods are considered at the start when we are delivering actions from this strategy, with decisions made at the most appropriate level.

- **Technology, equipment and facilities** – We will deliver a digital, data, intelligence, and insights strategy to help us manage the health of the population, based on research and information.

- **Resources and protecting our environment** – We will support this ICP to receive a fair budget to provide health care services across the region. We will make sure there is improvement across the whole area, with the greatest improvement in areas which need it most.

In terms of the plan to support the goals, there was high and very similar agreement for each. Uncertainty was slightly greater for 'resources and protecting our environment' with 77% perceiving this was right, 6% that it wasn't, whilst 15% were unsure.

Table: Do you think we got these right? (N=386)

	Yes	No	Not sure	No response
	% (N)	% (N)	% (N)	% (N)
Workforce	80% (309)	8% (29)	11% (41)	2% (7)
Places and neighbourhoods	79% (306)	7% (27)	12% (45)	2% (8)
Technology, equipment and facilities	78% (302)	7% (26)	13% (50)	2% (8)
Resources and protecting our environment	77% (298)	6% (23)	15% (57)	2% (8)

Respondents were given the opportunity to comment on this plan. Responses are presented in the table below under the following categories:

- Missing focus area / wider areas to consider
- Enablers
- Achieving the vision
- Wording / information (general)
- Other.

Again, many felt that specific areas were absent / needed more focus within the goals / strategy, particularly improving access and providing equality for all. See Section 2.7 for more information.

Additionally, numerous comments were made with regards to how the vision / goals will be achieved, and the importance of working in partnership / adopting a co-productive approach.

In terms of the plan (enablers), a summary of the key themes for each is provided here:

- **Workforce** – respondents highlighted the challenges faced in terms of recruitment and retention, with considerable effort / major changes felt to be needed to address this. This included consideration of career pathways / prospects, fair wage and working conditions and greater support / recognition of employees.

- **Places and Neighbourhoods** – reflecting on the wording used, respondents highlighted the importance of 'working with / listening to' local people / groups / communities / neighbourhoods. Furthermore, questions were raised over the specific terminology used (i.e., 'Places', 'Neighbourhoods' and 'appropriate-level').

- **Technology, equipment, and facilities** – concern was raised about the barriers that some people face in terms of accessing technology / online services, consideration of this was felt to be needed due to the risk of digital exclusion and further exacerbation of health inequalities. Additionally, some commented upon the need to improve data integration / record sharing across the system, whilst others felt this should be at the 'bottom of the list'.

- **Resources and protecting our environment** – to achieve the vision, financial support was felt integral. Furthermore, the omission / lack of detail about how the environment will be protected was questioned, as was the meaning of 'fair budget'.

Specific comments included:

"More detail on the meaning of place - this varies so a definition may strengthen this element"

"In partnership we need to recruit and train many people. Do we have ring fenced money otherwise it won't get off the ground?"

"It is very difficult at present to recruit staff, both nursing and medical. This may need a lot more thought"

"Places and local neighbourhoods - local neighbourhoods are involved - their voice is heard, feedback system. Co-creation"

"Health inequalities and outcomes vary even in the same localities, e.g., Newcastle. How will we achieve greater improvements in areas which need it most?"

Table: Please share any thoughts you have on how we can support these goals or if you think anything is missing (N=189)

Missing focus area / wider areas to consider	No. of responses
Missing focus area / wider areas to consider (Section 2.7)	25
*Improved access to health services / GPs / dental services / community services for all / healthcare equality	18
Enabler: Workforce	
Focus on recruitment and retention	36
More support / recognition for healthcare providers / volunteers (including support wellbeing / mental health of employees)	9
Major changes required to address the workforce / need a clear plan	6
Need to consider fair wage and working conditions	6
'Diversity' less important	4
Consider career pathways / prospects	2
Enabler: Places and Neighbourhoods	
Importance of 'working with and listening to' local people / groups / communities / neighbourhoods	16
Query over terminology; Places, Neighbourhoods, appropriate level	8
Importance of community-centred approaches / place-based services	3
Other comment, including: - Need to get away from 'places' working in silos - Should include public planning - ICP needs to understand services in local communities	4
Enabler: Technology, equipment, and facilities	
Technology / online services not an option for all	17
Record sharing should be easier / data integration needs to improve	11
Technology should be bottom of the list / too much emphasis	7
Inadequate safeguarding of data protection / selling of information	4
Other comment, including: - Intelligence/insights also need to include lived experiences / literature - Ensure everyone has access to technology - IT causes stress / increased workload - Technology can never be a suitable replacement for face-to-face interaction - Should include innovation	6
Enabler: Resources and protecting our environment	
Financial support needed to achieve the vision / investment in services	14
No / lack of detail on how to protect the environment / more needed	7
Query about spending - what is a 'fair budget'?	4
Sustainability needs to be included	3
Too much focus on urban areas / leave rural areas behind	3
No mention of facilities	2

Funding needed for VSCE sector	1
Achieving the vision	
Good in theory / how will this be achieved?	18
Needs to be realistic / need robust plan	6
Other comment, including: - Dependent on national policy - Keeping system working is key - Streamlining of services could tackle all the above - Will take too long	5
Wording / information (general)	
Too generic / simplistic view	7
Stating the obvious / unable to disagree	2
Other	
Other comment	42
More focus about working in partnership / co-production	16
Comment relating to access to / improving healthcare	15

**Identified as a discrete theme, due to the number of respondents who referenced this specifically.*

3.4.1 Feedback from ICP members

The following summarises the feedback received specifically by ICP members about the plan.

Table: Do you think we got these right? (N=14)

	Yes	No	Not sure	No response
	No.	No.	No.	No.
Workforce	12	1	1	
Places and neighbourhoods	13			0
Technology, equipment and facilities	11	1	1	1
Resources and protecting our environment	12	1	1	

Table: Please share any thoughts you have on how we can support these goals or if you think anything is missing (N=7)

Key points
• Need to think different about how best we attract a new kind of worker • Leading the system to provide solutions for workforce issues. • Better information sharing across the ICP is needed (i.e., between systems, professionals and services without living in fear of GDPR or Information Governance). • Prevention is the way forward. • Aspirations to level up and lead from the North East (rather than London-centric NHS). • Consideration of housing and other social determinants of health. • Importance of investing time and efforts on building a strong society / healthcare system. • Right treatment at the right time in the right place. • Ensuring good mental health provision is available. • Strong emphasis on education and teaching not only our healthcare teams but also the public and future leaders. • Identifying areas of need such as mental health and chronic illness and ensuring clear similar pathways are present for all children and families reaching out for healthcare.

3.5 The key commitments

To measure progress, there are four key commitments:

- Reduce the gap in healthy life expectancy between our ICP and the England average by 25% by 2030 and aim to raise the average healthy life expectancy to a minimum of 60 years in every Local Authority by 2030.

- Reduce smoking prevalence from 13% of people aged over 18 in 2020 to 5% or below by 2030.

- Reduce the inequality in life expectancy within our ICP between the most deprived and least deprived deciles by at least 25% by 2030.

- Reduce the suicide rate from 13 per 100, 000 population (2019/2021) to below the England average (10.4 per 100, 000 population 2019/2021) by 2030.

The majority thought each of these commitments were right, with highest agreement for 'reducing the inequality in life expectancy' (77%) and lowest for 'reducing the suicide rate' (70%).

Table: Do you think we got these commitments right? (N=386)

	Yes	No	Not sure	No response
	% (N)	% (N)	% (N)	% (N)
Reduce the gap in healthy life expectancy	72% (278)	6% (24)	18% (71)	3% (13)
Reduce smoking prevalence	72% (277)	9% (34)	17% (64)	3% (11)
Reduce the inequality in life expectancy	77% (297)	6% (23)	13% (52)	4% (14)
Reduce the suicide rate	70% (272)	8% (31)	18% (71)	3% (12)

Respondents were asked to provide any comments they had about these commitments. Responses were grouped into the following categories and are shown in the table below:

- General comments
- Missing focus area / wider areas to consider
- Commitments
- Funding / resource
- Other.

In terms of missing focus area / wider areas to consider, numerous individuals cited areas that they would like the ICP to show commitment to, with many comments being made to mental health / access to mental health services, CYP, substance misuse and obesity. A summary of these can be seen in Section 2.7.

Furthermore, many questioned how these will be achieved and evidenced, with others feeling that given the timeframe, these are not realistic / too ambitious.

In terms of the different commitments, a summary of the key themes relating to each is provided here:

- **Healthy life expectancy / inequality in life expectancy** – the general feeling about these commitments was that the average healthy life expectancy should be higher than 60 (i.e., 65), whilst a smaller number questioned whether life expectancy should be a key commitment, and others that the emphasis should be on 'healthier life' not 'longer life'.

- **Smoking** – there was a feeling amongst some that this should not be seen as a priority over other health areas, whilst some queried whether this included vaping recongising the rising prevalence of this, particularly among young people. Furthermore, whilst some felt this target was too unrealistic, others felt it was not ambitious enough.

- **Suicide** – whilst several individuals felt the commitment could be more ambitious, others questioned how this will be achieved, particularly with the difficulties faced in terms of access to mental health services. Acknowledging the complexity of suicide / mental health, some further stressed that this is not something the ICP can tackle alone.

Specific comments included:

"Does the smoking prevalence relate only to cigarettes, or does it include vaping, which has seen significant increases, particularly in the younger population who never smoked?

"Reducing suicide is questionable task when one of the MH service providers is in dire straits. lack of face-to-face counselling services and extra pressure on economy"

"Where is the outcome for CYP?"

"Work to provide better access/services for mental health support which will then contribute to your goals"

Table: Please share any thoughts on these key commitments (N=191)

General comments	No. of responses
Not achievable / realistic within timeframe	34
Good / commendable commitments	30
How are you going to achieve / implement / evidence them?	25
Not ambitious enough	8

Just words/meaningless / needs more information	6
Suggestion to change from 'we will' to 'we aim to'	3
Other, including: - Query over evidence to support these figures - Commitments shouldn't be made - Query over alignment of commitments with national levels - Development plan will be key to achieving these - Needs to be communicated widely	14
Missing focus area / wider areas to consider	
Missing focus area / wider areas to consider (see Section 2.7)	31
*Commitment to reducing mental health / improve mental health services	20
*Commitment for CYP	13
*Commitment to tackle substance misuse	11
*Commitment to tackle obesity	9
Commitment(s): Healthy life expectancy / inequality of life expectancy	
Age should be higher / 60 too low	14
Life expectancy is important but should not be a key commitment	3
Emphasis should be on 'healthier life' not 'longer life'	2
Reduce inequality in life expectancy for those who suffer with long term illness/disability	1
Commitment: Smoking	
Smoking should not be a priority / not as important	9
Query of inclusion of vaping / vaping prevalence	7
Target too unrealistic / difficult to stop people	6
Target should be strengthened	4
Education / support needed to reduce smoking	3
How will this be measured / evidenced?	2
Commitment: Suicide	
Suicide target should be less / zero / more ambitious	10
How will suicide be reduced, especially with no mental health services?	7
Suicide is complex / specific / not just health related (cannot be reduced by ICP alone)	6
Other, including: - Suicide rate is important - Treatment of disabled has increased suicide rates	4
Funding / resource	
Doubt there will be funding / will need funding to achieve	8
More resources needed to reach the goals, including staffing	7
Not right to take investment from best performing for the most deprived	2
Other	
Other comment	29

**Identified as a discrete theme, due to the number of respondents who referenced this specifically*

3.5.1 Feedback from ICP members

The following summarises the feedback received specifically by ICP members about the commitments.

Table: Do you think we got these commitments right? (N=14)

	Yes	No	Not sure	No response
	No.	No.	No.	No.
Reduce the gap in healthy life expectancy	11		3	
Reduce smoking prevalence	13		1	
Reduce the inequality in life expectancy	13		1	
Reduce the suicide rate	11	1	2	

Table: Please share any thoughts on these key commitments (N=4)

Key points
• Fully support • Are these targets all achievable and practical? Is the plan to increase life expectancy in every Local Authority area or increase the ICS average? • How will this be achieved? • What about prevention and rehabilitation services? • Investment needed – both from a time and effort perspective, and financial • Importance of having the right leaders in place, with similar views and visions for the future.

3.6 The ICP draft strategy

Respondents were given the opportunity to add any further comments about the strategy.

There was a feeling amongst some that the strategy is challenging, ambitious and on the right track.

"Sounds ambitious hope it works"

"Difficult journey ahead, but definitely on the right track to improve all aspects of your vision"

Furthermore, some identified specific benefits that the strategy will bring / aspects that they were satisfied to see included within the report:

- Good emphasis on specific elements e.g., mental health, learning disabilities and parity of esteem.
- Organisations coming together / opportunity to strengthen how statutory services work in partnership with VCSE organisations in the delivery of community-based approaches.
- Opportunity to work with people / communities to promote and empower them to be active participants in their care.
- Alignment of primary and secondary care.
- Opportunity to share best practice and lessons learnt.

In contrast, more negative comments and/or suggestions as to what they would like to see incorporated into / changed within the document, included:

- Missing focus area / wider area to consider - see Section 2.7 for more detail.

- Improved accessibility of the document i.e., a shorter, easy-to-read document with less jargon and acronyms.

- More tangible information about how the vision / goals will be measured and achieved.

- Greater co-production / integration of the patient and public voice. *(This is presented as a discrete category from 'missing focus area / wider areas to consider', due to the number of respondents who referred to this specifically)*.

- Under representation of CYP / too greater focus on adults with the section on Children's Services feeling too brief with vague commitments. Additionally, the omission of Looked After Children was noted. *(This is presented as a discrete category from 'missing focus area / wider areas to consider', due to the number of respondents who referred to this specifically)*.

- Lack of reference of how to plan / involve / resource the VCSE sector.

- Frustration that these issues have continually failed to be addressed with fear that their will be no change and/or the strategy duplicates that of Health and Wellbeing Board plans.

Specific comments included:

"I am concerned that due to the language used within the strategy and reading age around the accessibility and whether there is a true emphasis on the underserved"

"Again, the omission of PPI is a huge worry as it needs to be a key element of policy, strategy and development".

"Ambitious and challenging but with the right motivations. Patient and public voices need to be loud and listened to promote and support aims of integrated care".

"This mentions nothing at all about how you plan to involve and resource the voluntary and community sector. You have an obligation to involve the VCS but there is a history - in Northumberland at least - that any involvement and resource to the VCS is token at best. Your commitment to this needs to be spelt out".

Table: Please share any other thoughts you have on the ICP draft strategy document (N=167)

Positive comments	No. of responses
Strategy on the right track / challenging and ambitious	15
Specific benefit of the strategy identified	5
Negative / neutral / other comments	
Missing focus area / wider areas to consider 2.7	42
Accessibility of the document must be considered	27
Limited tangible information about how this will be achieved, measured and/or evidenced	19
Lack of co-production / patient and public involvement; including engagement at the strategy development level	18
Under representation of CYP / too greater focus on adults	14
No mention of how to plan / involve / resource the VCSE sector	11
Issues have continually failed to be addressed / fear no change	9
Challenges of providing equitable access to care across the ICP, for example: - Access to specialist / emergency care - Access for rural areas (particularly Allerdale & Copeland) - Levelling between diseases	7
Query / concern regarding structure, size and leadership of the ICB, including: - Confusion as to why ICS / ICB / ICP all need separate strategies - Concern the ICP is too large / unmanageable - Query about representation of the ICP / ICB - Lack of acknowledgement of ICP leadership - Purpose of sub-regional ICPs (not felt to be an enabler for place-based solutions)	5
Consider technology / access for older people / living in rural areas	3
To be achieved funding is a must / consider a move over time to the new national fair shared funding formula	3
Strategy too ambitious	3

NHS must be recongised as the default provider of health / less private medicine	2
Strategy not ambitious enough (more integration required to deliver change / think about the future 40 years from now)	2
Data sharing needs to improve across the system	2
Other, including: - Consider differing needs / priorities of different communities - Consider approach to working in deprived communities - Strategy slightly skewed to secondary care - No mention of inclusion health groups - Some services require significant overhaul to even approach the 18-week constitutional commitment - Greater honesty needed about the current issues being faced (e.g., workforce shortage, cost of living crisis) - No mention of Health and Wellbeing Boards - Communication is paramount (sharing visions across NENC).	27

Those who responded on behalf of an ICP member or on behalf of an organisation, were asked whether they felt the strategy fits well with the priorities of their organisation, of their geographical place and the work streams across the ICP.

There was greatest agreement the strategy fits well with the priorities of their organisation (62%), compared to priorities of work streams across the ICP (52%).

Table: Do you think the draft strategy fits well with…?* (N=92)

	Yes	No	Not sure	No response
	% (N)	% (N)	% (N)	% (N)
The priorities of your organisation	62% (57)	11% (10)	20% (18)	8% (7)
The priorities of your geographical place	59% (54)	8% (7)	24% (22)	10% (9)
The priorities of work streams across the ICP	52% (48)	4% (4)	36% (33)	8% (7)

**Completed by those responding as an ICP member or on behalf of an organisation only.*

3.6.1 Feedback from ICP members

The following summarises the feedback received specifically by ICP members in relation to the overall draft strategy.

Table: Please share any other thoughts you have on the ICP draft strategy document (N=8)

Key points

General comments
 	
• Very health focussed.
• Which documents have these statistics been taken from and where is the corresponding evidence?
• Concern about the development of the strategy and ICP domination.
• Strategy lacks detail, too general and uses too much jargon / system language.
• Strategy seems focussed on extending life-expectancy as opposed to creating a more joined-up approach between health, education, and voluntary services, to support an improved quality of life and overall patient experience.
 	
Achieving the vision
 	
• What is going to be done differently this time to achieve this?
• Concern about the implementation of the strategy in terms of whether the outcomes are achievable, or as to whether a March 2023 deadline for putting together joint financial and estates plans is practical, particularly if local authorities are to be part of this process.
 	
Workforce
 	
• The significance of how important the workforce is, is not strong enough. Key to everything the ICP delivers is having the right workforce in place. There are gaps in workforce that potentially cannot be solved in the short term which is a risk to patient care and to the health and wellbeing of staff.
• Need to work across the systems to improve the recruitment workforce crisis and ensure the longevity of the NHS i.e., looking at alternative career pathways (post-16).
• No connection about anchor institutions to the workforce and the opportunities this brings.
 	
Children and Young People (CYP)
 	
• Section on CYP is too brief with vague commitments.
• No mention of one of the most disadvantaged cohorts - Looked After Children (LAC).
• Lack of reference to:
  ○ Special Educational Needs and Disabilities (SEND).
  ○ Impact of the pandemic on childhood obesity.
  ○ The long-term impact investment in Early Years can have.

- Children's Social Care.
- Auditing the sub-contracting of services and lack of joined-up approach between 0-5 services, Local Authorities and the NHS.
- The Department for Education's initiatives around Early Years.

ICP leadership and representation

- No mention of leadership – details needed to provide assurance that it is being led by competent people with the correct values.
- Board must have adequate representation of CYP (at least 25%).

Other comments

- Lack of reference to:
  - Prevention and rehabilitation services.
  - Outcomes referenced in the long-term plan.
  - Maintaining NENC's major trauma centres, cancer and organ transplantation centres.
  - Estates maintenance / suggestions to maintain and improve NHS facilities.
  - The importance of social prescribers.
  - The importance of high-quality speech and language output.
  - Action research or working with local authorities to improve therapies.

- Engagement initiatives and better communication paramount to ensuring consistency in the vision across the whole of the ICP region.

Table: Do you think the draft strategy fits well with…? (N=14)

	Yes	No	Not sure	No response
	No.	No.	No.	No.
The priorities of your organisation	7	3	4	
The priorities of your geographical place	9	2	3	
The priorities of work streams across the ICP	7	2	5	

3.7 Missing focus areas / wider areas to consider

This section summarises the areas that were thought to be absent from the strategy and/or require more focus.

- Public education and prevention
    - Health literacy
    - Educating and informing patients (i.e., self-care)
    - Encouraging healthy living in the 50+ age range
    - Prevention for long-term health improvement.

- Access to services
    - Improved access to services (including GPs and dentists) / more services
    - Supporting, maintaining, and encouraging growth of primary care
    - Reduced waiting times
    - Better emergency care provision/access to same day emergency care (SDEC)
    - Support for those with learning disability to access services.

- Public and Patient Involvement (PPI)
    - Voice integral to promote and support the aims of integrated care, particularly around personalised care
    - Connect to the self-care agenda
    - Required at all levels, not just after decisions have been made
    - Need to work with VCSE sector / work with local organisations.

- Children & young people (CYP)
    - Maternity care - improving care for families within infants under 1 year of age, in the antenatal and postnatal period, including sudden unexpected death in
    - Early intervention – giving children a better start / intervention from birth (i.e., Best Start in Life / 1001 days)
    - Mental health (including suicide and self-harm) and access to mental health services
    - Smoking / vaping
    - Consideration of Looked After Children (LAC) and those with care experience, and young carers
    - Supporting CYP with SEND in a preventative way (in and through schools)
    - Support for CYP transitioning from children's to adult's services
    - Central role of health services in:
        - Delivering Best Start in Life / first 1001 days
        - Safeguarding children
        - Preventing escalation of mental health issues.

- Health inequalities
    - Providing equal access to help close gaps
    - Reaching those who need it most / underserved population
    - Reducing poverty levels.

- Mental health;
    - Addressing the burgeoning mental health issues within society
    - Better access to mental health services for all e.g., those with disabilities, autism, neurodivergence and veterans, including crisis support
    - Reducing waiting times for counselling
    - Dementia.

- Healthy living / lifestyles – food / diet / nutrition / physical activity
    - Targets for obesity
    - Changing attitudes / lifestyles
    - Importance of access to good, nutritious, and sustainable food
    - Food system change.

- Palliative and End-of-Life (EoL) care
    - Dying is a condition the entire population face
    - Strategy for a good death
    - Including patients with life limiting illness.

- Loneliness and social isolation
    - Consider impact on wellbeing and quality of life
    - Particularly for older people.

- Support for carers
    - Support / better outcomes for unpaid caregivers
    - Particularly those supporting people with dementia – a growing, challenging group.

- Elderly care / health of older people
    - Elderly care in the community
    - Enhanced Health in Care Homes programme.

- Other, including:
    - Wider determinants i.e., education, housing, employment
    - Drug and alcohol misuse / related deaths
    - Social care provision / improving access to social care
    - Cost of living crisis
    - Emergency planning
    - Violence Against Women and Girls (VAWG)
    - Multi-morbidities
    - Anticipatory care
    - Advanced care planning
    - Cancer diagnosis / outcomes
    - Care for disabled
    - Chronic pain.

4 Additional responses

Forty-five additional responses were received from representatives from the NHS, council, VCSOs, partner organisations, members of the public, and other stakeholders.

The submissions varied greatly in terms of content, with some being very specific about certain aspects / sections of the report, and others making more general comments. To reflect this, views have been presented as follows:

- General comments
- Comments made in relation to specific sections of the strategy.

As with the survey feedback, comments made specifically about the wording / language of the strategy were taken out and presented separately to the ICP Board.

4.1 General comments

Some responses contained positive comments about the strategy, with it perceived to provide challenge and aim high, as well as being much welcomed and 'feeling different'. Furthermore, specific aspects included within the strategy were welcomed i.e., the inclusion of unpaid carers, the recognition of the VCSE sector as assets, and the focus on parity of esteem and health inequalities.

"The goals, vision, plans and commitments are strong and ambitious"

Support was further expressed by several organisations / Boards who felt the strategy aligned with their aims and objectives.

In contrast, various comments / suggestions were made about the draft, and ways it could be strengthened.

Improving accessibility of the strategy

There was a feeling that the strategy reads too much like an NHS document, aimed towards people in the healthcare sector. It is suggested that the document is made much more accessible / applicable by addressing the language / terminology used and distilling parts of the strategy into enabling strategies (e.g., detail on CORE20PLUS5).

"Is there a plan to have an easy-read / multi language / braille / audio version of the final strategy"

Furthermore, it was recommended that including more references to NENC's unique strengths, as well as its legitimate shortcomings, would help to make it feel more like a strategy for NENC, as opposed to one that could represent any deprived region in England.

Role of the ICP / breadth of the strategy

Query was raised by some as to the authority / remit / mandate of the ICP, and further the breadth and scope of the strategy.

For example, one response felt the document reads like a strategy for the ICB setting out its operational targets, including statements which could be interpreted that the ICP will deliver some of the proposals.

"For example, in Section 2.1 it states …we will develop fuller plans under each of these areas to demonstrate how we will deliver our commitments… The ICP is not a delivery body"

Furthermore, it was questioned as to whether the focus of the strategy should be broader than health, so it is more like a Health and Wellbeing Board strategy for the whole of the ICS, just without the mandated authority of Health and Wellbeing Boards at place level.

Detail within the strategy

There was a strong feeling that the strategy lacks specific detail as to how the vision will be achieved, including partnership working and decision making, as well as concerns that the 'high level' nature of the report makes it difficult for partners to apply it at a local level. There was query as to what is the local flexibility for implementing the strategy as well as the join-up between the regional strategy, sub-regional working, and place-based working and how this will lead to change on the ground.

"The strategy refers to equal partnership between local authority and health but there is no detail on how this will be achieved"

Additional information / further detail was requested including an accountability framework, a roadmap with milestones and concrete deliverables, a monitoring structure, and identification of what policies / interventions are required at scale.

"Clearer about responsibilities delegated to place, including budget responsibilities, and how places can best interface with the ICB as a key delivery vehicle"

Providing this detail was felt to be particularly important, particularly as the timescales to achieve these ambitions were perceived by some to be very ambitious, and further to support stakeholders to see where they might take some ownership in it. It was additionally suggested that including examples of where breakthroughs have been achieved, would help to provide a more optimistic outlook.

"The document is very clear on what the areas of concern are and has the data to back it all up but doesn't clearly explain how they are going to be tackled"

"The audience and communications strategy needs to be carefully considered so that everyone within the ICB understands how they can contribute and why, from individuals to organisations"

Evidencing data used to develop the commitments / targets was felt integral by some, who questioned the credibleness of such and whether these can be achieved.

"Some commitments don't feel credible – can we be clearer about the data, assumptions and construct of such in order to demonstrate how they are credible and achievable?"

"An ask to reconsider targets to ensure they are realistic and deliverable i.e., on health life expectancy"

Furthermore, there were concerns that the strategy fails to adequately address the problems that now confront today's society, including the health and social care system. It was therefore suggested that within the strategy, that there is stronger acknowledgement of the challenges that the NENC population are facing, including the harmful effects and predicted longevity of the current cost of living crisis.

"Do we need to say early on that we recognise our population is experiencing some of the most significant challenges of anywhere in country – poverty, unemployment etc."

Development of the strategy and enthusiasm of organisations / Boards / Federations

There was great enthusiasm among responding organisations / Boards / Federations in supporting the ICP in the next stages of the development of the strategy, as well as its delivery.

"We are ready to participate in both designing and delivering new ways of working and we are absolutely committed to addressing the inequalities of health rightly emphasised in the draft strategy"

Responses highlighted the value their input would have for the ICP in terms of better understanding needs / priorities / research and engagement undertaken / work being undertaken, as well as improving alignment with existing strategies.

Many of these organisations noted how their involvement (as well as that of the VCSE sector / organisations, communities, patients and members of the public) at an earlier stage of the development of this strategy, would have been more beneficial. The 'tight' deadlines for the development of the strategy were perceived to have prevented sufficient engagement and co-production opportunities.

"Incorporating the VCSE voice at an earlier stage would have really helped to have strengthened the sector's feel that they are 'an equal partner within the system instead of an afterthought', which has historically been the case"

"It is crucial that the Board are sighted on and involved in its development to reflect place-based issues, need and assets and understand how it interacts with the Joint Health and Wellbeing Strategy and partners organisational strategies"

Embedding communication, engagement, and involvement

In line with the above, there was a strong feeling that the strategy lacks commitment / focus on communication, engagement, and involvement - specifically listening to, and embedding, the voice of patients, members of the public, communities, businesses and VCSE partners / organisations.

It was therefore suggested that a more person-centric view should sit at the heart of the vision, with patient / public engagement being considered as an additional enabling programme.

"Involving patients and communities in the design and delivery of care, is essential if healthcare is to become more responsive, personalised, valued and efficient"

It is anticipated that embedding engagement / involvement would help the vision to be achieved, whilst providing assurance that the ten principles of engagement have not been forgotten.

Further details on specific sections where it is felt engagement / involvement should be incorporated is provided in Section 4.2.

"A significant contributor to making such comprehensive and lasting progress rests with applying meaningful communication and engagement across the whole public spectrum"

"Limited reference to actual patient / service user involvement except for 8.3.1 – developing inclusive frameworks and approaches for involving service users and staff in identifying and articulating system wide unmet needs".

"We would strongly advocate that where possible; development of the Integrated Care Partnership Strategy involves residents, communities and businesses in actions and decisions that will affect them so they can be part of the support and feel that we are doing with, and not doing to, them and that we are listening to them about what success looks like".

Recognition and value of the VCSE sector

Whilst references to working with the VCSE sector were welcomed, there was a feeling amongst some that there could be greater emphasis on the role of VCSE organisations as key partners within the ICS, at both system and place level. More specifically, the opportunities that this would bring were highlighted:

- To share intelligence and experience to inform priorities and commissioning.
- To work with statutory partners and local people to co-design innovative service delivery models unlocking the huge potential that exists in local communities.

It was noted how having greater focus on the involvement and value of the VCSE sector would provide benefit in terms of meeting some of the targets.

More detail as how this partnership working can be achieved, was requested.

Wider determinants / prevention

Acknowledging the lack of progress in tackling health inequalities over the years, it was felt strongly that a greater emphasis is needed on prevention and the wider determinants of health and wellbeing. Changes to healthcare alone, were stressed to not be enough to achieve the ambitions set out within the strategy.

Where reference is made to health inequalities, it was felt that tangible commitments need to be incorporated, as well as consideration of an additional enabling programme - 'importance of prevention and early intervention in increasing life expectancy or to free up capacity for health and care services to become excellent' (i.e., "stop avoidable illness and intervene early").

"The public health and equality message is absolutely to the fore of your strategy but none of it is new and none of it reflects the relative lack of progress in recent years – if anything the system failures are making inequalities worse whilst also making access to care depressingly difficult for everyone"

To see the wider determinants of health considered early and up front would feel like this was more than a traditional NHS strategy"

In terms of health inequalities, it was acknowledged how some areas have much more work to do than others, and how this requires disproportionate effort and resources in those areas (this was felt to be needed to be recongised in terms of financing, governance, and performance).

Under-representation of Children and Young People (CYP)

There was very strong feeling that there is too little focus on CYP, with it felt that the strategy primarily focuses on adults. It was repeatedly emphasised that a commitment needs to made to CYP, and this included upfront within the document in the guiding strategic commitments.

Areas felt to be particularly important included 'best start in life' in terms of securing better health and wellbeing outcomes throughout the life course, and mental health and emotional wellbeing.

"A broader focus on children in terms of prevention would be advantageous in the development of the strategy and its subsequent action plans. There doesn't appear to be a focus for tackling children's health and in particular the advantages that can be accrues through focusing on giving children the best start in life".

Furthermore, it was thought that the section on children's services needs to better reflect the needs of all CYP living within the region. Further detail on this is provided in Section 4.2.

Missing focus area / wider areas to consider

- Palliative and End-of-Life (EoL) care, including for children and young adults.
- Disease prevention, including some targeted strategies to reduce some of the high disease prevalence in the region.
- Substance misuse; acknowledging the region's highest rate of drug misuse deaths in 2021 and for the last 9 years.
- Health literacy; with a suggested focus on accessibility agendas.
- Neurology; specifically defining a care pathway.
- Paediatric acute inpatient services; with NENC noted to have the lowest number of paediatric acute inpatient beds nationally
- Addressing waste within the system
- Transport and transport links; highlighted to have a significant impact on local people and their ability to access services and community support.
- Commitment to equality, diversity, and inclusion
- Commitment that the ICS will maintain a comprehensive health service, free at the point of need, accessible to anyone residing in the area, including homeless people and migrants.

4.2 Comments made in relation to specific sections of the strategy

Section 1.2 – Our Integrated Partnership

- Suggested commitment that NHS providers are the default providers of health services, care and treatment; and that as contracts with private sector companies come up for renewal the default position is that they be awarded to NHS providers.
- Suggested commitment that if any contracts do continue to be awarded to the private sector, there must be vigorous scrutiny to ensure that this is conducted in a transparent and accountable manner.
- Suggested inclusion of the meaning 'co-production'.

Section 2.1 – Summary Vision, Goals and Enabling Programmes

- Concern that the diagram does not make it clear which boxes are vision, goals or enabling programmes.
- Suggested inclusion of CYP to make the vision / commitments more balanced up front.

Section 2.2 – Guiding Strategic Commitments

Our Vision

- Feeling that it is not compelling enough.
- Feeling that 'fairer and better' are not fully reflected in the bullet points.
- Suggestion to articulate what the added value is of the ICP.
- Suggested inclusion of reference to reducing health inequalities.
- Suggested commitment to 'ensure that no one in our population is overlooked or left behind' / 'we take accountability to adapt the way that we work and deliver services to meet the needs of local people and communities'.

Goals (general)

- How will these be differentiated from place-based strategies?

Goal (Longer, healthier life expectancy)

- Feeling that the 25% target for healthy life expectancy is not ambitious enough.
- Suggested that the commitment to 'reducing the mortality gap for people with a Learning Disability, Autism or on the SMI register' should be included here.
- Goal means nothing to North Cumbria, where the average is already higher than the target proposed – a more granular approach is suggested.

Goal (Fairer health outcomes)

- Feeling that the commitment to reducing the suicide rate is too ambitious – important for ICS to seek assurance that its partners are fully committed to radical action on this, and that those partners understand that the majority of people who take their lives are not in contact with mental health services.
- Query as to whether the focus on suicide prevention is appropriate in this context, and whether focus needs to be on other health conditions that affect many more people and are significant contributors to ill health.
- If suicide target essential – consider drug related deaths and deaths related to alcohol within the measure.

Goal (Excellent health and care services)

- Acknowledgement needed that current structures may contribute to widening the inequality gap.
- Suggested greater emphasis on the need for health and care services to integrate and collaborate to deliver these services.
- Scope to strengthen this by referencing healthcare inequalities around access to services, health literacy etc and how this forms part of overall work to reduce the health inequalities gap.
- Suggestion to make it explicit that this includes social care.

Enablers:

- Suggested wording change:
    - '…diverse health and care workforce'
    - '…decisions made as close to communities as possible'

Section 3 – Our Strengths and Assets to Build on

- No mention of Academic Health Science Network, or references to mental health / autism / learning disability.
- Suggested inclusion of a description of regional infrastructure and assets.
- Suggested reference to the comprehensive range of important, and supportive, community partners whose pro-active partnership work would undoubtedly contribute towards health and care improvements.

Section 4.2 – Life Expectancy and Healthy Life Expectancy

- No mention of mental health, alcohol or obesity – key drivers of poor health and inequalities.
- Suggested revision of the associated targets to reflect the increasingly difficult financial context.
- Need to consider the differences in the prevalence of mental illness, learning disabilities and autism between NENC and England as a whole, and any research into what is driving higher levels of prevalence.

Section 5.2 – Our Key Commitments

- Feeling that the commitments are a mix of themes, principles, and actions.
- No mention of vaping, which is massively rising within the younger population.
- Absence of emphasis on substance misuse, mental health and wellbeing, alcohol and those with multiple and complex needs.

Section 5.3.2 – Anchor Institutions

- Consideration of schools / colleges as such, given their 'rooting in communities'.
- Detail required in terms of the ICP's expectations of organisations as anchor institutions to support direction setting.

Section 5.3.3 - Community Centred and Asset Based Approaches

- Uncertainty as to the effectiveness of asset-based approaches.
- Suggested inclusion of the meaning 'asset based approaches'

Section 5.3.4 – Prevention and Health Promotion and **Section 5.3.5 – Embedding Prevention Across Health and Care Services**

- Suggested inclusion of Making Every Contact Count (MECC) and Better Health at Work Award (BHAWA) - as a driver / facilitator framework for the wider Public Health workforce.

Section 6 - Fairer Health Outcomes

- Concern that the map (page 12) only highlights rural areas in the worst quintile.
- With regards to the commitment relating to suicide rate – noted that this does not specifically address the underlying issues which contribute to suicide rates, including alcohol and substance misuse, suicides linked to multiple and complex needs etc.
- Suggestion that the important role of local government in suicide prevention could be made more explicit.
- Suggested inclusion of a commitment to meaningful communication and engagement with the identified groups.

Section 6.3 – Core20PLUS5

- Concern about the inherent drawbacks of the Core20PLUS5 model in terms of addressing health inequalities.
- No mention of smoking, despite smoking now being included as a sixth consideration.
- Absence of care leavers in the 'PLUS' population.
- Suggested inclusion of 'maternity care' (including perinatal mental health services) as part of Core20PLUS5.
- Suggested reference to the CYP's National Framework for Core20PLUS5.

Section 7 – Excellent Health and Care Services

- Perception that this section has been written in isolation from previous chapters and not fully driven by the priorities in earlier chapters.

Section 7.1 – Introduction to Health and Care Services in the NENC

- Concern raised about the 'range of independent sector organisations', many of which are private businesses.
- Good to recognise the range of organisations working in Adult Social Care as well as the roles of the at-scale GP Federations / Alliances.
- Suggested greater clarity around the VCSE organisations working directly with the NHS to provide services that support medical, social and wellbeing outcomes to further demonstrate the historic partnership working between sectors.

Section 7.3 – Quality and Assurance and Improvement

- Questioned whether this should be a function of the ICP, or instead sit with the ICB where there are already quality structures.
- Lack of reference to patient outcomes or experience (patient safety mentioned only briefly) - suggested inclusion of an eighth principle focusing on engagement.
- Suggested amend from BAME (which is no longer considered appropriate) to Black and Minoritised Communities (with no acronyms).

Section 7.4 – Sustainability

- Questioned whether this should be a function of the ICP.

Section 7.5 – Parity of Esteem and Integration of Mental and Physical Health Services

- Highlights the absence of mental health in the earlier parts of the document.
- Concern about public understanding of the term 'parity of esteem'.

Section 7.6 – Personalising Health and Care

- Section highlights the absence of service user and carer engagement, involvement, and co-production earlier in the document.

Section 7.7 – Supporting Carers

- Concern that there is an implication of greater reliance on unpaid carers.
- Feeling that the section lacks detail as to how, and what will be achieved - the reasons why previous strategies have continually failed to improve support for unpaid carers were felt to be 'shining out' of the draft strategy.

Section 7.8 – Better Integration and Co-ordination of Care

- Concern there is too much focus on the Fuller Report – danger of disengaging partners.
- Query as to whether VCSE sector will be involved in the planning of the neighbourhood teams, as well as being included as part of them, due to their integral role in cohesive neighbourhood working.
- Felt surprising that local voluntary groups and Patient Participation Groups (PPGs) aren't included in the list of teams responsible for 'improving the health and wellbeing of a local community'.
- Suggested inclusion of community mental health transformation in the context of integrated neighbourhood teams.
- Suggested inclusion around the importance of the 'subsidiarity' principle – with NENC being geographically the largest and 2nd most populous ICS in England.

Section 7.9 – Provider Collaboration

- Uncertainty as to whether the Foundation Trust Provider Collaborative will include Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust given its proposed focus.

Section 7.11 – Key Issues for Health and Social Care Service Sectors

- The omission of North East Ambulance Service (NEAS) was questioned - given its significant staffing concerns and the below target ambulance response times.

Section 7.11.1 – Primary Care and Community Services

- Suggested reference to the Deep End Network of GP surgeries.
- Opportunity to include (as a minimum) – pathways of care, workforce, premises, diagnostics, transport, care home, digital connectivity, and digital use.
- Evident gaps – virtual wards and prescribed medicines.

Section 7.11.2 – Children's Services

- Suggested inclusion of a commitment focusing on CYP, within the strategic guiding commitments.
- Suggested inclusion of a commitment to the Best Start in Life Agenda – identifying and meeting need at the earliest point.
- Feeling that the section does not:
    - represent the majority of CYP living within the region (i.e., focusing on those with complex needs only)
    - reflect the significance of the challenges faced by almost all agencies when dealing with CYP with complex presentations.
    - recognise the role of families in supporting the wellbeing of CYP.
- Feeling that the aims / priorities need to demonstrate alignment with feedback from CYP about what is important to them.
- CYP would like more detailed information as well as financial commitment.
- Noted omission of;
    - Maternity and neo-natal services
    - Children's social care
    - Safeguarding
    - Mental health, and access to mental health services
    - Looked After Children (LAC) and those with care experience
    - Transition from children to adult services.
    - Education and learning (key determinant of health and wellbeing).

Section 7.11.3 – Adult Social Care (ASC)

- Feeling that this should not be addressed by the ICP.
- Need to fully encompass the specific challenges relating to securing sustainable social care.
- Feeling the section provides a limited overview of ASC – ASC has a much broader scope and range of responsibilities.
- No mention of parity of esteem between NHS services and social care – despite this being a joint strategy.

Section 7.11.4 – Urgent and Emergency Care

- Concern was raised about Cramlington Emergency Care Hospital not being physically accessible to many people across the North East.
- Consideration felt to be needed in terms of the 'redesign of the provision of urgent and emergency care' with alignment to the North West Regional footprint.
- Suggested commitment to ensuring that anyone who needs emergency or urgent services while present in the ICSs geographical footprint will receive the necessary treatment, whether or not they are registered with, or permanently reside within, the ICS area (considering the needs of homeless people, refugees, and asylum-seekers).
- Suggested commitment to ensure that before a patient is discharged from hospital, that it is safe to do so and that any unpaid carers expected to look after the patient are both willing and capable to do so, and that the operation of the discharge policy will be audited.

Section 7.11.7 – Mental Health

- Access to care in relation to mental health services was felt to be as bad as other acute care needs.
- Reassurance was felt to be needed that mental health services will be provided locally.
- Feeling that the commitments are too specific and do not adequately reflect the narrative provided in the preceding paragraphs.
- Suggested commitment to CYP (an issue routinely cited by CYP as important to them) - specifically, in relation to early intervention and prevention alongside strategies to address how young people with complex mental health needs can be best supported within local communities, including the design and development of new approaches for those young people with the most complex needs.
- Lack of suggestion that the specialist Mental Health Collaborative could expand to include the full range of mental health services.
- Section refers to a different target for health checks, than Section 6.
- Suggested inclusion of I-Thrive model.

Section 7.11.9 – Learning Disability and/or Autism

- Suggested rephrasing of the sentence on annual health checks to reflect the research that is ongoing in the region about the autism check (there is no annual health check for autistic people with no learning disability).
- Suggested inclusion of a commitment to improving outcomes, experiences, and safety of inpatient provision for people who require admission to assessment and treatment wards.
- Consideration to be given the detail / delivery of the commitment to increasing the number of children with learning disabilities living at home, in terms of cost and impact of such strategies.

Section 8 – Enabling Strategies

- Lack of reference to engagement with the wider community, despite this being referred to in the third visionary statement / suggestion to add community engagement as an enabler.
- Feeling that the targets are unachievable (i.e., Collective Estates plan, Five Year ICP Financial Plan).
- Suggested consideration of the different financial, legislative and regulatory regimes that partners operate under.

Section 8.1 - A Skilled, Compassionate and Sufficient Workforce

- Felt the section lacks a level of ambition around system workforce challenges.
- Suggested inclusion of a reference to the benefits that the ICP brings in terms of being able to do things at scale.
- Clarity needed as to whether this includes the local authority social care workforce as well as the NHS.
- Suggested commitment / focus to tackle the workforce issues currently experienced in health and social care, specifically:
    - Creating and promoting opportunities for local people by offering good employment and reducing barriers to get into health and social care careers.
    - Exploring the role of willing universities within the ICP.
    - To follow nationally agreed pay, terms and conditions (including pensions) as negotiated with the NHS staff unions (applicable to all staff employed by any NHS provider within the ICS area).
    - To work alongside NHS staff unions, particularly following safe staffing levels and understanding what is needed to ensure they can be implemented.
    - To ensuring social workers, especially care workers, are put onto the correct pay scale.

Section 8.2 – Working Together to Strengthen our Neighbourhoods and Places

- Suggested commitment to ensure that all meeting of ICBs, ICP bodies, place-based bodies, committees, and sub-committees will be held in public - papers must be available in advance and observers – from the public, trade unions, patients' groups – must be allowed to ask questions and be entitled to written answers to those questions.
- Query as to how the new arrangements being developed through community mental health transformation will link to non-mental health community services.

Section 8.3.1 – Research and Innovation

- The Research and Innovation Steering Group, which will operate across the ICP level will develop a shared research and innovation plan by March 2023. The group will be inclusive,, diverse and representative of the ICP community. This steering group will provide strategic leadership to key priorities including:
    - knowledge management systems to support decision makers, researchers and innovators, and the services which could benefit from adopting research and innovation.
    - incentives to support idea development and the testing of small-scale innovation.
    - communication systems to support learning from the adoption of research and innovation.
    - leadership and accountability to foster implementation science.
    - increasing accessibility and opportunity to participate in research and innovation opportunities across the region as a way to help tackle inequality.
    - closer working relationship with health determinant research infrastructures.

Section 8.3.2 – Digital

- Consideration needed of the potential exclusion of thousands of patients and the consequent risk of increasing health inequalities.
- Concern that the increase in digital services may lead to a reduction in the quality of assessments and treatment.
- Suggestion to incorporate a fifth theme for the illustrative graphic ‘support / advise / help those people in society who are digitally disadvantaged’.
- The Good Things Foundation and Positive Transformation Group were put forth as organisations that can support the levelling up of digital awareness and capability.
- Suggestion to develop a new ICS Digital Strategy during 2023, which would go live in 2024 – to ensure it better reflects the merging priorities of the ICS/ICP.

Section 8.4.1 – Finance and Resources

- Importance of guarding against cuts and lobbying for funding.
- Suggestion that the ICS should challenge the current funding formula and show there is a clear justification of why per head funding should be higher here than in the Southeast.

Section 8.4.2 – Protecting Our Environment

- Suggestion of greater emphasis on the geographical challenges for an ICS with many sparsely populated rural areas, and a commitment to try to influence regulators to give more weight to these issues and to support service reconfigurations that have zero carbon benefits.
- Contradiction in intention to commit the ICS to being net zero by 2030 (declaring a climate emergency) and the stated key commitment to be net zero by 2040.

Section 8.5.3 – Our Estates

- Lack of reference to the need to increase physical accessibility and have a presence in local communities.
- Suggestion that a higher-quality estates plan might emerge if more time was taken to consider the implications of the NENC Strategy and to ascertain what the settled post-covid service delivery and working patterns are likely to be.

Section 9 – Communication and Involvement

- Felt important that the ICS communications team implement a modern communication approach going froward.

Section 9.1 – Collaborative Design

- Feeling that a more comprehensive approach could have been used to develop the draft strategy (i.e., co-production with CYP, community / partner organisations, and members of the public).
- Lack of reference to those organisations which represent the views of patients or community groups - suggestion to map out / recognise personal community assets as both local and regional contributors i.e., people represented by voluntary activity; pre-existing and potential networks; trusted institutions such as schools and community centres.

Section 10 – Delivering the Strategy

- Concern about how the results of the survey will be interpreted.
- Query as to whether the feedback received during this engagement process will be made available to members of the public, as well as whether individual submissions will be responded to directly and taken into account.
- Query / challenge as the degree to which communities / VCSE networks will be involved – suggestion to utilise a dashboard to measure and report progress on the whole communication and engagement agenda.
- The intended interaction between ‘place and the ICB must be considered and articulated.

Section 10.1 – Data and Intelligence

- Feeling that more emphasis should be on the collection of assurance data from NSHE neighbourhoods / places / systems rather than from individual providers.
- Importance of developing infrastructure and capacity supporting data flows, and information systems that can talk to each other, between partner organisations – to ensure a strong foundation for population health management work.

Section 10.2 – North East and North Cumbria Learning and Improvement Collaborative

- Agreement that this could be useful, as long as it is focussed holistically on population health and is genuinely cross sector and cross ICS.
- Concern about the duplication with the mutual learning element of the proposed Provider Collaboratives for Foundation Trusts and Primary Care.

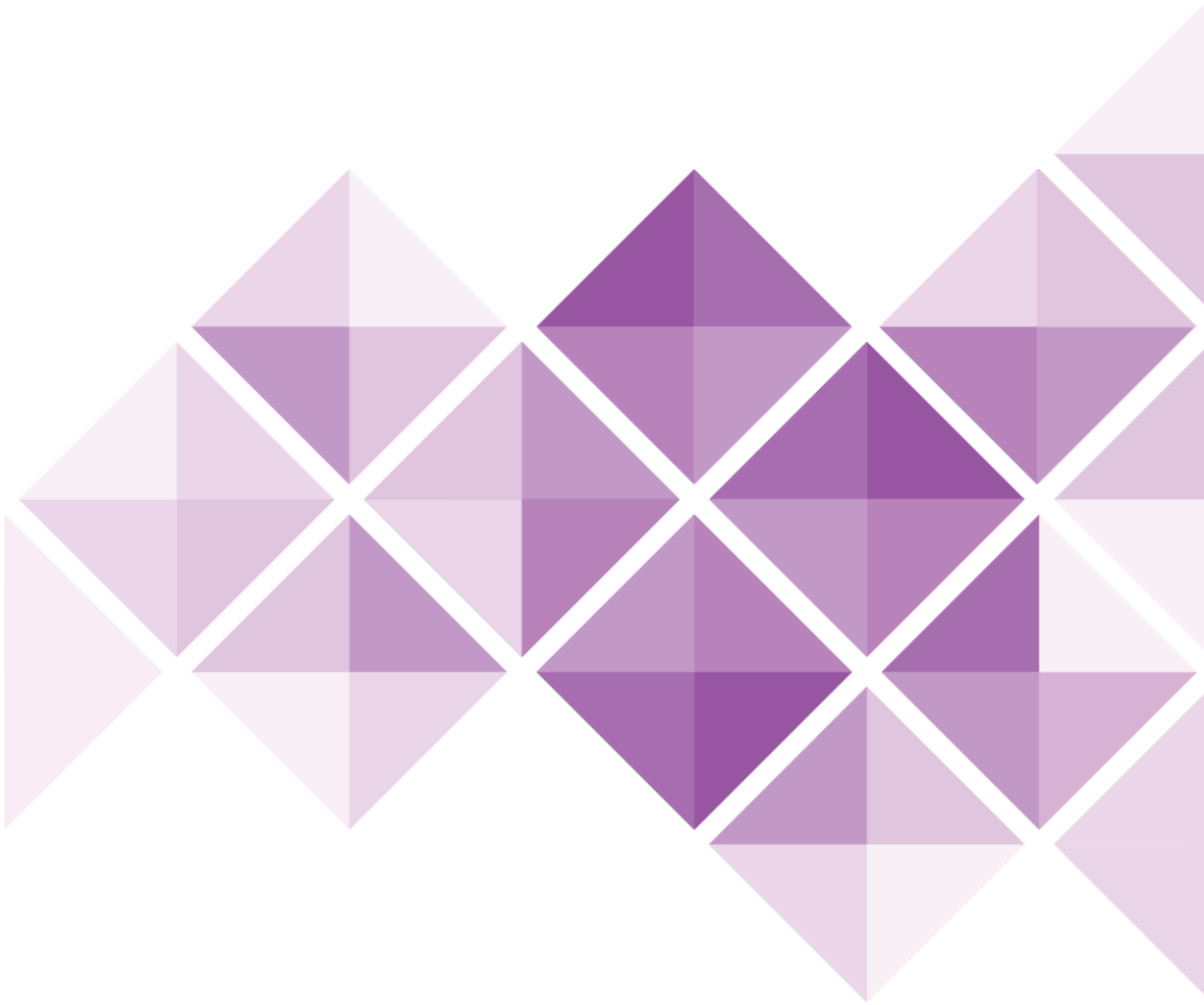
Section 10.3 – Partnership Structures

- Suggested clarity with regards to who is the 'Provide Collaborative'.
- Suggested inclusion of NENC VCSE Partnership Programme as a partnership structure.
- Strong feeling that the ICS should not include private sector representatives on any ICS boards or committees or any bodies with delegated powers from the ICB.
- Suggested inclusion of two commitments:
  - The ICP must include representatives from Mental Health, Community Health, Maternity, Primacy Care and Public Health, as well as from Acute services.
  - ICBs, ICP body, place-based bodies, committees and sub-committees will include representatives of patients' groups and of NHS staff trade unions.

- Suggested governance approach whereby the system is governed through proportionate rather than traditional means of performance management, quality, and risk assurance etc.) in a way that reflects the priorities we commit to (i.e., including data on health inequalities).

Section 10.4 – Implementation and Delivery Plans and Measuring Progress

- Suggestion that the relevant 'tier' of the ICB present their annual commissioning intentions and annual report, in the same way that CCGs were required to do the same to Health and Wellbeing Boards.
- Concern about the risk of the ICB developing a myriad of over-detailed plans which could unintentionally demotivate people at Place / in providers and curtail innovation.
- Noted that the dashboard must include mental health measures, and that there must be understanding of which measures will lead / lag due to the likely delay between intervention and changes in outcome common to many public health related measures.



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