Bi-Borough Integrated Care Partnership (ICP) Development Update

27 May 2021

Content:

- Context and evidence
- Developing our priorities
- Addressing inequalities and measuring improvements
- Agreeing next steps

Context: Overview of Integrated Care System in NWL

National Definition (as per Kings Fund)

- **Neighbourhoods** (populations of around 30,000 to 50,000 people*): served by groups of GP practices working with NHS community services, social care and other providers to deliver more co-ordinated and proactive services, including through primary care networks (PCNs).

- **Places or Integrated Care Partnerships (ICPs)** (populations of around 250,000 to 500,000 people*): served by a set of health and care providers in a town or district, connecting PCNs to broader services, including those provided by local councils, community hospitals or voluntary organisations.

- **Systems or Integrated Care Systems (ICSs)** (populations of around 1 million to 3 million people*): in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

- Population sizes are variable – numbers vary from area to area, and may be larger or smaller than those presented here. Systems are adapting this model to suit their local contexts, for example some larger systems are operating an additional intermediate tier between place and system.

NW London Priorities for Integrated Care Partnerships (ICPs)

ICP

- Population Health Management approach underpinning all decisions to reduce inequalities
- Development of PCNs and reducing Primary Care variation
- Organising & integrating care teams around PCNs
- Diabetes – achieve new spec to improve care
- Community Mental Health – deliver model & access as agreed by NWL
- Vaccines, hesitancy and Post Covid care

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# Context: Revisiting our Health and Wellbeing strategy

Westminster

Four priorities
1. Improving outcomes for children and young people
2. Reducing the risk factors for, and improving the management of, long term conditions such as dementia
3. Improving mental health through prevention and self management
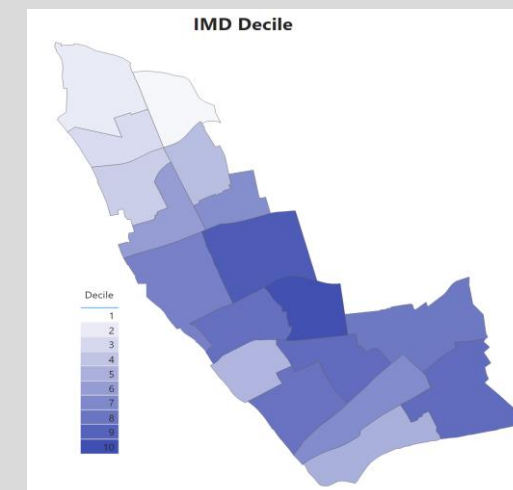4. Creating and leading a sustainable and effective local health and care system.
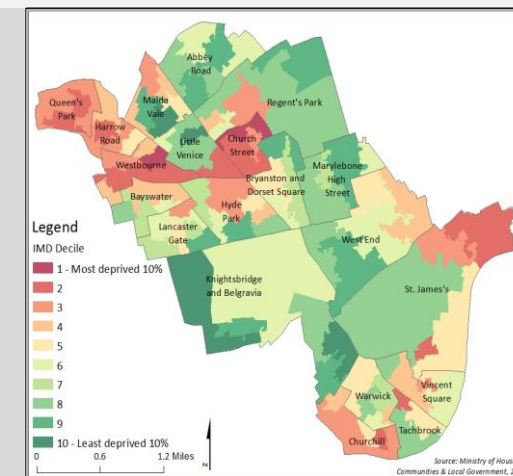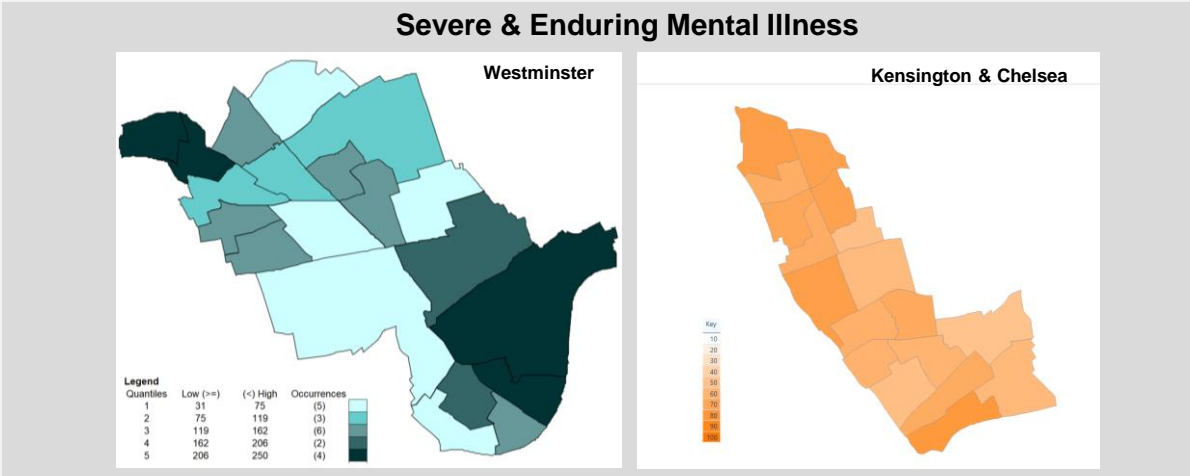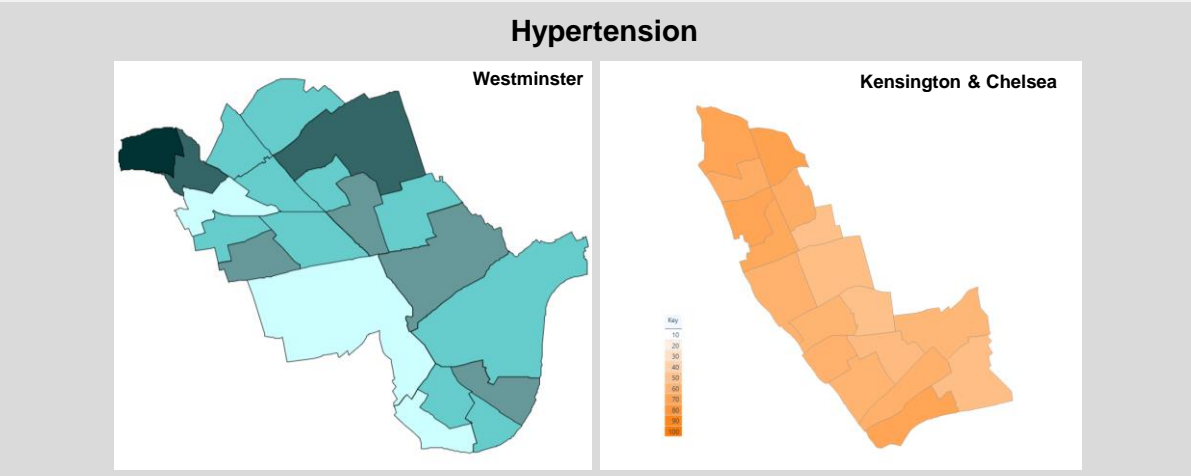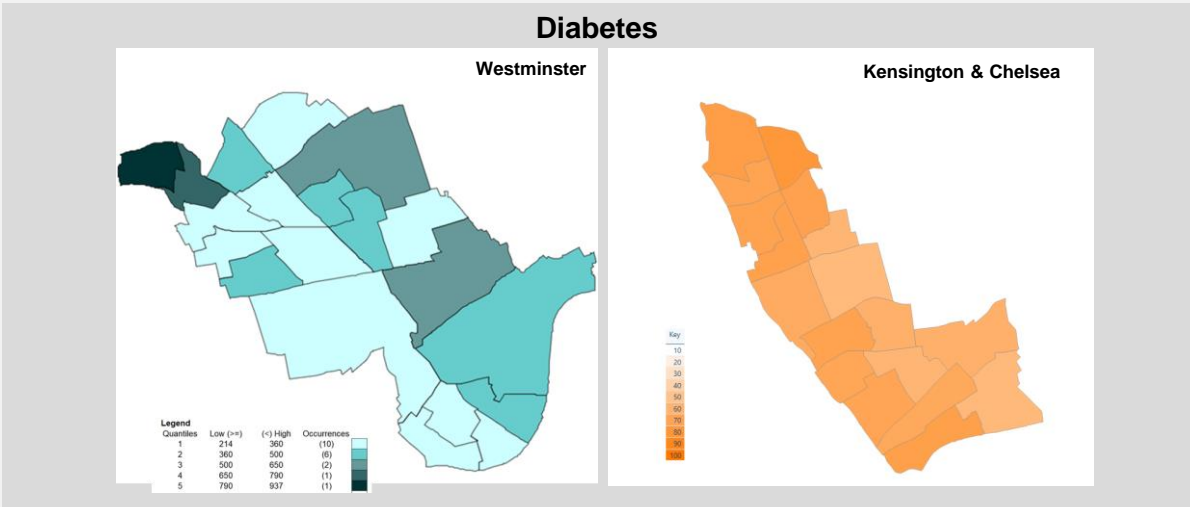

Kensington & Chelsea
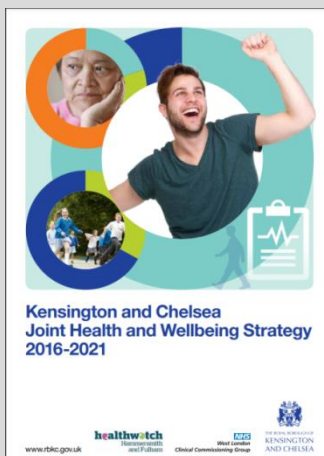
Four priorities
1. Enabling good mental health for all
2. Supporting children, young people and families to have the best possible start in life
3. Addressing the rising tide of long-term conditions
4. Delivering a sustainable health and social care system

Do these priority areas still resonate with our post Covid19 recovery (i.e. 21/22)?

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Public Health Indicators: what are the highlighted areas?
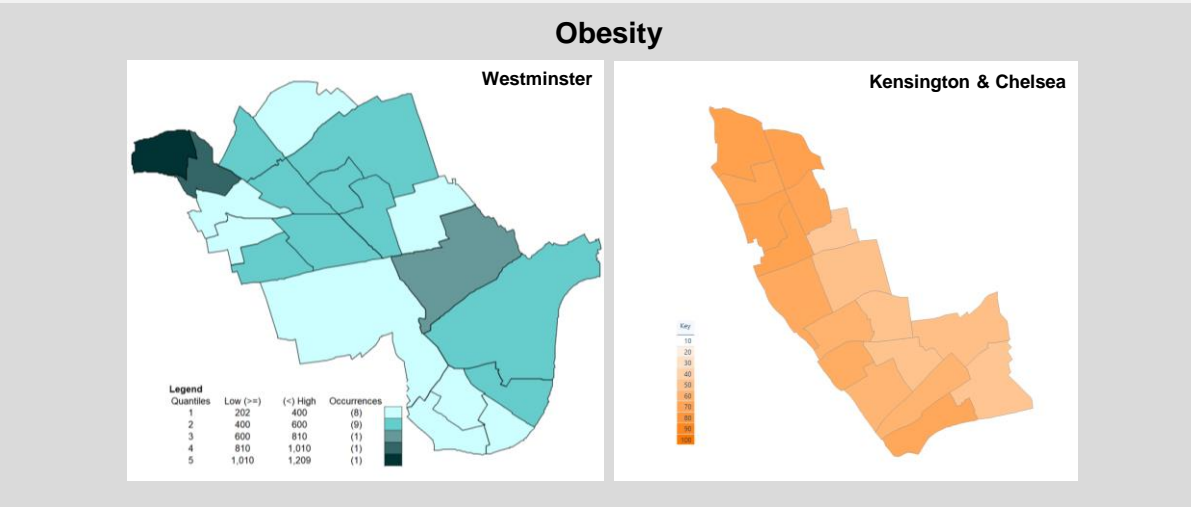
A refresh of prevalence in December 2021 demonstrates the need to prioritise these areas as we move into recovery and geographical areas to target

Developing our ICP priorities:
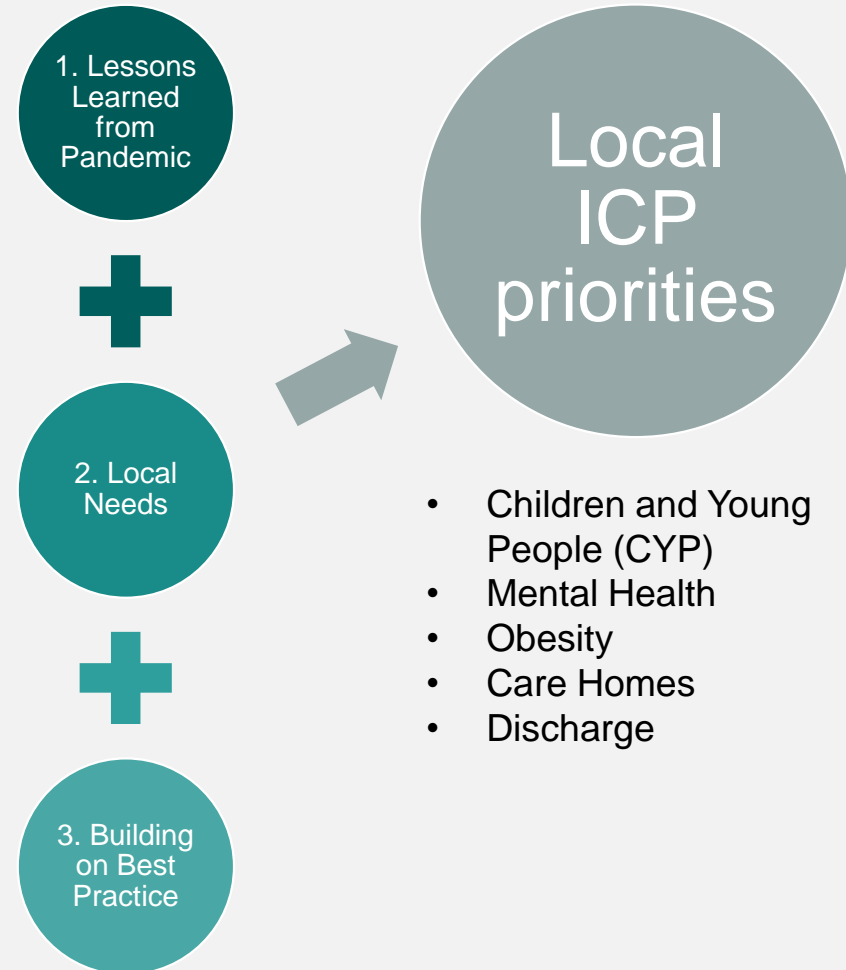
1. Lessons Learned from Pandemic

- Older people and vulnerable groups have been disproportionately affected – need to improve support for people at home and in care homes

- Emotional and mental wellbeing is one of the key priority areas – supporting individuals and families

- Health and social care can respond in agile approach – further embedding integration and further partnership working

2. Local Need and Evidence-Based approaches

- As per public health priorities (e.g. Obesity) – a renewed and targeted population health approach at both place and neighbourhood level can make a difference in the inequality gaps

- Targeting 3-4 outcomes measures will help focus our collective efforts – and test out new ICP approach

3. Building on existing and local good practice

- Refreshing our approach on delivering our Health and Wellbeing strategy (slide 2)

- Aligning our ICP programme of work to key areas of post-covid19 'recovery' and NW London and London priorities (sub-regional and regional)

1. Lessons Learned from Pandemic

+

2. Local Needs

+

3. Building on Best Practice

Local ICP priorities

- Children and Young People (CYP)
- Mental Health
- Obesity
- Care Homes
- Discharge

An **innovative, targeted and agile ICP approach** can make a real difference in the priority areas – if successful can be scaled into other partnership areas

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How will this improve the wellbeing of our residents?

Our ICP priorities will address key areas below:

Impact areas	WCC	RBKC
Children under 16 – living in poverty, obesity, dental health	✓	✓
People living with severe and enduring mental illness	✓	✓
Ageing population and growing health & care needs	✓	✓
Targeted support for vulnerable groups (e.g. Older People, Rough Sleeper, BAME)	✓	✓
Improving Mental Health and Employment	✓	✓

Potential measures for consideration:

- Mental Health (incl. CYP MH, Dementia) – SMI health check in primary care
- Obesity – under 10 school children who are obese
- Care Homes – discharge into care homes, care home staff satisfaction
- Discharge – people still home 91 days after discharge
- Children and Young People (CYP) – to be confirmed

Are the targeted impact areas the correct ones?

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Discussions and next steps…

Prioritisation process

- Is there other evidence that we should be considering?
- How do we collectively ensure that keep focused, enabling us to demonstrate impact?
- What are the key measures if we had to choose 2-3?

Resident and patient engagement

- Does this align with the previous engagement and what our residents and patients have already told us?
- What other resident and patient input would be helpful for the prioritisation? Build into the ICP co-production process?

Other considerations

- How we build the voice of the citizen into our work.
- How we communicate our plans and our deliver.