SCRUTINY COMMITTEE

Thursday, 16 February 2023

Subject	Integrated Care Systems
Report by	Councillor Mary Rudd, Cabinet Member with Responsibility for Community Health
Supporting Officer	Nicole Rickard Head of Communities Nicole.rickard@eastsuffolk.gov.uk 07766 998074

Is the report Open or Exempt?	OPEN
Wards Affected:	All Wards

Purpose and high-level overview

Purpose of Report:

To provide the East Suffolk Scrutiny Committee with an overview of the new health systems covering East Suffolk - the Integrated Care Systems (ICSs) for Norfolk and Waveney and Suffolk and North East Essex. To consider the appropriate level of participation i.e. how East Suffolk Council is / should be actively involved, engaged, consulted or informed on and about the work of the ICSs.

To explore specific areas of interest to the Committee:

1. How do the structures differ between the two Integrated Care Systems and what impact will this have on the Council and the residents of East Suffolk?

2. How is/will East Suffolk Council engage/be engaged in each level of the two structures - 'system' (ICS-wide), 'place' and 'neighbourhood'?

3. Which Council services will be particularly engaged in work at the 'system' (Norfolk and Waveney Integrated Care Body/Partnership) and 'place' (Great Yarmouth and Waveney / Ipswich and East Suffolk Alliances) levels?

4. What structures exist below the 'place' level and how will the Council and its structures, particularly the eight Community Partnerships, be involved in these structures?

5. Where are/will Councillors be engaged in the new ICS structures?

6. How will engagement in the ICS structures help the Council to deliver its own priorities around Health and Wellbeing and vice versa:
    - Isolation and Loneliness
    - Mental Health and Wellbeing
    - Dementia
    - Carers
    - Ageing
    - Obesity?

Options:

This report is intended to inform the Committee about the purpose and structure of the two Integrated Care Systems. It includes national background and context, but focusses on the local position i.e. the two emerging ICS structures in the north and south of East Suffolk district and the implications of working across two systems for East Suffolk Council.

Recommendation/s:

That the Scrutiny Committee considers and comments on the report, which provides an overview of the position as at end January 2023.

Corporate Impact Assessment

Governance:

The report explores how East Suffolk Council is engaged in the various levels of the two Integrated Care Systems that cover the district. This includes Councillor and officer representation at the three nationally defined levels of system, place and neighbourhood.

ESC policies and strategies that directly apply to the proposal:

Health and Wellbeing fits within the 'We are East Suffolk' Strategic Plan – 'Enabling Our Communities' priority. East Suffolk Council has been, and will continue to be, part of the development of ICS strategy, particularly the five year plans for the Integrated Care Partnerships, the Great Yarmouth and Waveney Place Plan and the Ipswich and East Suffolk Alliance Strategy. ESC will lead the development of the Waveney Health and Wellbeing Partnership Plan/Framework.

Environmental:

This report is generally strategic and therefore there is no specific focus on the environment although there is in the work supported/funded at place and neighbourhood level by the ICSs e.g. green social prescribing, forest schools and 'wellbeing in the wild'. Healthy environments are, of course, a key component of the wider determinants of health.
Equalities and Diversity: Given the strategic nature of the report, outlining as it does new and emerging health systems, there are no specific equality and diversity implications although of course those in our communities who experience health inequalities are often those who also other forms of deprivation. Deprivation/socio-economic disadvantage is ESC's tenth protected characteristic.
Financial: The report provides an overview of Integrated Care Systems which control multi-billion pound budgets. There are no specific financial implications for ESC other than Councillor and staff time in attending meetings and workshops within the ICS structures, the specific sources of income to the Council identified in para 2.3 and project funding aligned to the delivery of ICS priorities.
Human Resources: A wide range of Council Teams are involved in activity that promotes mental and physical health and wellbeing, including the wider determinants of health and reducing health inequalities (as outlined in para 2.3). In terms of specific capacity engaged in the ICS structures themselves, this in predominantly the Strategic Directors, Head of Communities, Integration and Partnerships Manager in the Communities Team, eight Communities Officers (who each have Health and Wellbeing within their job description) and the Leisure Manager and Corporate Events and Commercial Projects Officer in Leisure. Two innovative new posts, working across the Communities and Leisure Services .are currently being recruited to – a Senior Health, Wellbeing and Leisure Officer and a Health, Wellbeing and Leisure Project Officer.
ICT: No specific ICT implications.
Legal: There is no specific resource implication for the Legal Team related to our involvement in the Integrated Care Systems, although the expertise of the Legal, Procurement and Data Protection Teams is sought for specific projects e.g. the Connect for Health social prescribing procurement that ESC undertook on behalf of the (then) Ipswich and East Suffolk CCG.
Risk: Risk assessments are undertaken in relation to individual projects as relevant.

External Consultees:	A range of partners are actively involved in the three levels of the two Integrated Care Systems that cover East Suffolk. Representatives from both Integrated Care Bodies have been consulted in the development of this report.

Strategic Plan Priorities

Select the priorities of the Strategic Plan which are supported by this proposal: *(Select only one primary and as many secondary as appropriate)*		Primary priority	Secondary priorities
T01	**Growing our Economy**		
P01	Build the right environment for East Suffolk	☐	☐
P02	Attract and stimulate inward investment	☐	☐
P03	Maximise and grow the unique selling points of East Suffolk	☐	☐
P04	Business partnerships	☐	☐
P05	Support and deliver infrastructure	☐	☐
T02	**Enabling our Communities**		
P06	Community Partnerships	☐	☒
P07	Taking positive action on what matters most	☐	☒
P08	Maximising health, well-being and safety in our District	☒	☐
P09	Community Pride	☐	☒
T03	**Maintaining Financial Sustainability**		
P10	Organisational design and streamlining services	☐	☐
P11	Making best use of and investing in our assets	☐	☐
P12	Being commercially astute	☐	☐
P13	Optimising our financial investments and grant opportunities	☐	☐
P14	Review service delivery with partners	☐	☒
T04	**Delivering Digital Transformation**		
P15	Digital by default	☐	☐
P16	Lean and efficient streamlined services	☐	☐
P17	Effective use of data	☐	☒
P18	Skills and training	☐	☐
P19	District-wide digital infrastructure	☐	☐
T05	**Caring for our Environment**		
P20	Lead by example	☐	☐
P21	Minimise waste, reuse materials, increase recycling	☐	☐
P22	Renewable energy	☐	☐
P23	Protection, education and influence	☐	☐
XXX	**Governance**		
XXX	How ESC governs itself as an authority	☐	☐

How does this proposal support the priorities selected?

The Integrated Care Systems (ICSs) both support delivery of our priority around 'Maximising Health, Wellbeing and Safety in our District' and, in turn, the projects that the Council delivers around mental and physical health and wellbeing contribute to the achievement of ICS outcomes at different levels.

A number of East Suffolk Community Partnerships have Health and Wellbeing outcomes as a priority and the Chairs of the CP's and/or the Communities Officers supporting the CPs are engaged in the ICS structures, particularly the Waveney Health and Wellbeing Partnership and the three Integrated Neighbourhood Teams in the south of the District.

In terms of taking positive action on what matters most, the Integrated Care Systems have set ambitions to move towards a more holistic view of health and wellbeing rather than an exclusively clinical model which fits with the emphasis in our communities on reducing loneliness, increasing mental wellbeing and supporting those who are most vulnerable.

In relation to community pride, a thriving, healthy community, where people look after themselves and each other, is much more likely to be a proud community where people from different communities and backgrounds to live together.

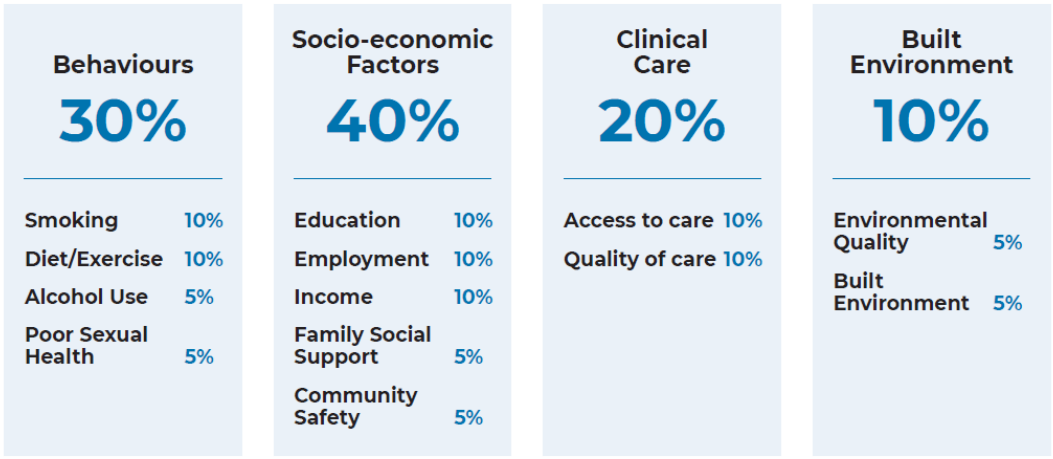
Background and Justification for Recommendation

1	Background facts
1.1	**What are integrated care systems?** Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people who live and work in their area. There are 42 ICSs across England, covering populations of between 500,000 and 3 million people each.
1.2	**The journey to integrated care systems** Developing more joined-up health and care has been a step-by-step journey for the NHS and its partners. ICSs are central to the reforms introduced through the 2022 Health and Care Act and they represent a fundamental shift in the way the English health and care system is organised. Following several decades during which the emphasis was on organisational autonomy, competition and the separation of commissioners and providers, ICSs depend on collaboration, with a focus on places and local populations as the driving forces for improvement. **In 2014**, the NHS set out a widely supported vision for the future, describing the need for "triple integration" between hospitals and GPs, the NHS and social care, physical and mental health. **In 2016**, NHS England asked all parts of England to begin planning together in new partnerships formed of all NHS organisations, local government and others, setting out their early thinking and working with partners to develop them. **In 2018**, it named the most advanced parts of the country as the first integrated care systems, with NHS England working closely with them to pioneer best practice. **In 2019**, the NHS Long-Term Plan set the ambition for all parts of the country to become integrated care systems by April 2021 – "the biggest national move to integrated care of any major western country." **In 2019**, NHS England recommended that government unblock legislative barriers to integrated care following a major engagement exercise to identify consensus across the health and care system.

	In 2020, the COVID-19 pandemic accelerated integrated working as health and care leaders joined forces to support people at risk, offer each other mutual aid, and deliver the vaccine programme. **In November 2020**, the NHS set out next steps for creating strong integrated care systems in every part of the country. **In January 2021**, the NHS confirmed its legislative recommendation to government – making adjustments to reflect feedback from local government in particular – and the government took this forward in its White Paper in February. **In April 2021**, Sir Simon Stevens announced that all 42 parts of England had been declared integrated care systems and in July the government published draft legislation proposing the creation of statutory ICSs. **In April 2022**, the government passed the Health and Care Act 2022, confirming the creation of statutory ICSs. **1st July 2022**, statutory ICSs arrangements are established.
1.3	**The Integrated Care System (ICS) - 'System' level** Integrated Care Systems (covering populations of around 500,000 to 3 million people): are intended to be where health and care partners come together at scale to set overall system strategy, manage resources and performance, plan specialist services, and drive strategic improvements in areas such as workforce planning, digital infrastructure and estates. Integrated Care Boards (ICBs) The role of the ICB is to allocate NHS budget and commission services for residents within the Integrated Care System area (the functions previously held by clinical commissioning groups - CCGs) and some of the direct commissioning functions of NHS England. The ICB is directly accountable to NHS England for NHS spend and performance. ICBs can choose to exercise their functions by delegating to place-based boards/committees (see below) but remains formally accountable. Each ICB has been tasked with preparing a five-year system plan setting out how they will meet the health needs of their population. In developing and delivering this plan, the ICB must have regard to the ICP Integrated Care Strategy and be informed by the Health and Wellbeing Strategies published by the Health and Wellbeing Boards in their area. In addition, the ICB and its partner NHS trusts and foundation trusts must develop a joint plan for capital spending (spending on buildings, infrastructure and equipment) for providers within the geography. Integrated Care Partnerships (ICPs) The ICP is a statutory joint committee of the ICB and local authorities in the area. It brings together a broad set of system partners to support partnership working and develop an 'integrated care strategy', a plan to address the wider health care, public health and social care needs of the population. This strategy must build on local Joint Strategic Needs Assessments (JSNA) and Health and Wellbeing

	Strategies and must be developed with the involvement of local communities and Healthwatch. The ICB is required to have regard to this plan when making decisions. There is significant flexibility for ICPs to determine their own arrangements. Membership must include one member appointed by the ICB and one member appointed by each of the relevant local authorities, but others can be determined locally and can include social care providers, public health, Healthwatch, VCSE organisations and others such as local housing or education providers. This dual structure of ICBs and ICPs was designed to support ICSs to act both as bodies responsible for NHS money and performance and as a wider system partnership.
1.4	**The Integrated Care System (ICS) – 'Place' and 'Neighbourhood' levels** Much of the activity to integrate care, improve population health and tackle inequalities will be happen at smaller geographies within ICSs (often referred to as 'places') and through teams delivering services working together on even smaller footprints (usually referred to as 'neighbourhoods'). This is because ICSs cover large geographical areas (typically a population of more than 1 million people) unsuited to designing or delivering changes in services to meet the distinctive needs and characteristics of local populations. An overview of neighbourhoods, places and systems is provided below: Places (covering populations of around 250,000 to 500,000 people): where partnerships of health and care organisations in a town or district – including local government, NHS providers, VCSE organisations, social care providers and others – come together to join up the planning and delivery of services, redesign care pathways, engage with local communities and address health inequalities and the social and economic determinants of health. In many (but not all) cases, place footprints are based on local authority boundaries. Neighbourhoods (covering populations of around 30,000 to 50,000 people): where groups of GP practices work with NHS community services, social care and other providers to deliver more co-ordinated and proactive care, including through the formation of primary care networks (PCNs) and multi-agency neighbourhood teams or Integrated Neighbourhood Teams. The structures of the ICSs that cover East Suffolk are outlined in Section 2 below.
1.5	**What is the purpose of integrated care systems (ICSs)?** The purpose of ICSs is to bring partner organisations together to do four things: • improve outcomes in population health and healthcare • tackle inequalities in outcomes, experience and access • enhance productivity and value for money • help the NHS support broader social and economic development.

	It is intended that collaboration through ICSs will help health and care organisations to tackle complex challenges, including: • improving the health of children and young people • supporting people to stay well and independent • acting sooner to help those with preventable conditions • supporting those with long-term conditions or mental health issues • caring for those with multiple needs as populations age • getting the best from collective resources so people get care as quickly as possible.
1.6	**Why are ICSs needed - King's Fund analysis?** When the NHS was set up it was primarily focused on treating single conditions or illnesses, but the health and care needs of the population have changed. People are living longer but living with multiple, complex, long-term conditions and increasingly require long-term support from multiple services and professionals. As a consequence, people often receive fragmented care from services that are not co-ordinated around their needs. To deliver joined-up support that better meets the needs of the population, different parts of the NHS (including hospitals, primary care and community and mental health services) and health and social care need to work in a much more joined-up way. The King's Fund assert that an integrated health and care system is one of the four pillars of a population health system, the other three being: • There is now a wealth of evidence that the **wider determinants of health** are the most important driver of health. In addition to income and wealth, these determinants include education, housing, transport and leisure. • **Our health behaviours and lifestyles** are the second most important driver of health. They include smoking, alcohol consumption, diet and exercise. For example, while reductions in smoking have been a key factor in rising life expectancy since the 1950s, obesity rates have increased and now pose a significant threat to health outcomes. • There is now increasing recognition of the key role that **places and communities** play in our health. For example, our local environment is an important influence on our health behaviours, while there is strong evidence of the impact of social relationships and community networks, including on mental health It is proven that the wider conditions of people's lives have the greatest impact on health and wellbeing – and estimated that clinical care represents only about 20% of people's health outcomes.



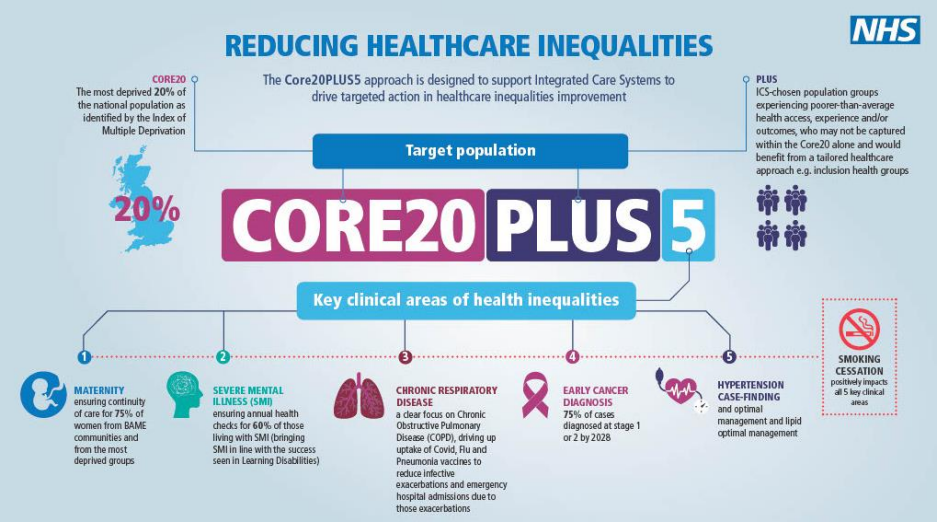
Health inequalities e.g. differences in life expectancy are wide and growing but not inevitable and a concerted approach to address the social and economic causes of poor health, can make a difference.

1.7 ICSs have a critical role to play in driving forward efforts to improve population health and tackle inequalities in their local areas. These goals are clearly set out in the four functions of ICSs (set out in para 1.5 above), and the new Triple Aim for NHS bodies, a legal duty which requires them to consider the effects of their decisions on:

- the health and wellbeing of the people of England (including inequalities in health and wellbeing)
- the quality of services provided or arranged by both themselves and other relevant bodies (including inequalities in benefits from those services)
- the sustainable and efficient use of resources by both themselves and other relevant bodies.

All new ICSs include a focus on 'Core 20 PLUS 5' – the 20% most deprived LSOAs in each area, 5 target areas of focus defined nationally (plus smoking), PLUS locally defined priorities - at the Suffolk level, based on data and evidence, the following are identified as Suffolk's PLUS Populations:

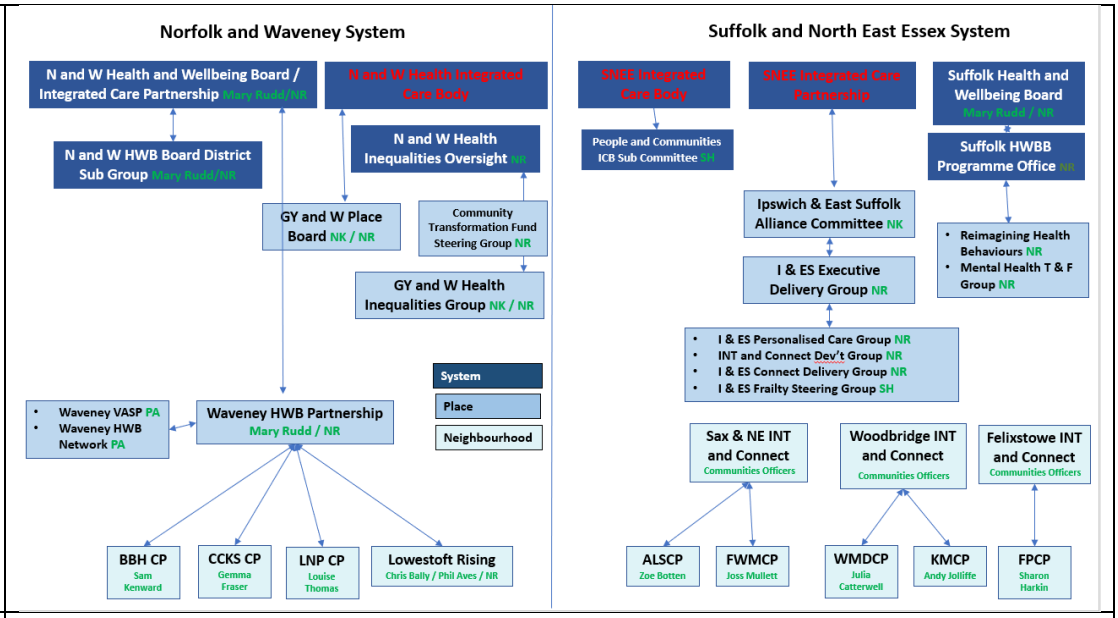
- People from minority ethnic communities
- Coastal communities
- Rural communities
- People and groups facing the sharpest health inequalities in Suffolk (such as groups at risk of disadvantage)



1.8	**What does this mean for local government?** Since ICSs first began developing, the involvement of local government has varied widely. The King's Fund has argued that, for ICSs to succeed, they need to function as equal partnerships "with local government not just involved but jointly driving the agenda alongside the NHS and other key partners". Importantly, partnerships between local government and NHS organisations are also developing at the level of 'place', which is *usually coterminous with local authority boundaries.* The involvement of local government in ICSs and place-based partnerships can bring three key benefits: ○ joining up health and social care at all levels in the system, creating better outcomes and a less fragmented experience for patients and users ○ improving population health and wellbeing and tackling inequalities by acting together to address wider determinants of health such as housing, local planning and education ○ enhancing transparency and accountability through supporting engagement with local communities and providing local democratic oversight. However, now that ICBs have significant NHS budgets and responsibilities, there is a risk that their focus on NHS performance and challenges overrides wider system priorities. This is already causing tensions between the NHS and local government in some areas, for example around the lack of focus and investment in prevention due to the huge pressure on resources from urgent and critical care, particularly this winter.

2 Current position

2.1	**Integrated Care Systems – East Suffolk** East Suffolk is covered by two separate Integrated Care Systems (ICSs) – Norfolk and Waveney ICS and Suffolk and North East Essex ICS. The diagram below (and in Appendix A) provides an overview of ESC involvement in key groups at each of the three levels – system, place and neighbourhood:



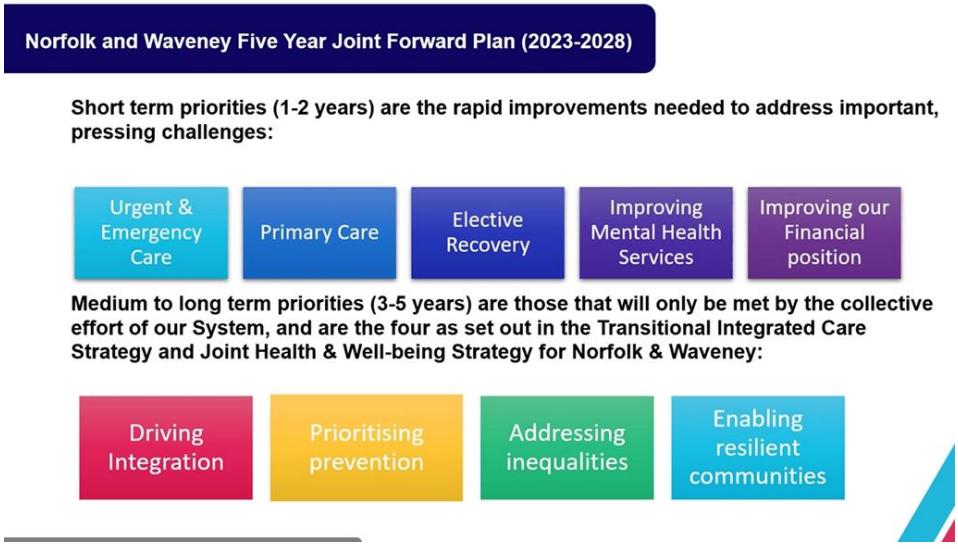
2.2 **How do the structures differ between the two Integrated Care Systems and what impact will this have on the Council and the residents of East Suffolk?**

The diagram above provides an overview of the two Integrated Care Systems that cover East Suffolk. Specific differences are highlighted in the narrative below

<u>System Level</u>

Each ICS covering East Suffolk has an Integrated Care Body and Integrated Care Partnership, although there are some differences in membership – East Suffolk Council is represented on the ICP for Norfolk and Waveney (which is also the Health and Wellbeing Board for Norfolk and Waveney) but not on the ICP for Suffolk and North East Essex, as the Chief Executive of one District Council (West Suffolk) in the footprint represents all others. District Councils are not represented on the Integrated Care Bodies (ICBs). The priorities for each system are set out at headline level below:

Norfolk and Waveney Five Year Joint Forward Plan Priorities:



Suffolk and North East Essex Integrated Care Strategy Ambitions

FOUR COLLECTIVE AMBITIONS

We are united around our **FOUR** collective ambitions:

- the best health and wellbeing a genuine reality for all
- the opportunity of health equality for everyone
- everyone able to 'Live Well' – Start Well, Be Well, Stay Well, Feel Well, Age Well, Die Well
- a genuinely 'Can Do' Health & Care System that people can trust.

The Suffolk Health and Wellbeing Board has an officer Programme Office which plans the Agenda for the Board meetings, whilst the Norfolk and Waveney Health and Wellbeing Board has a joint Councillor and Officer District Council Sub Group.

Place Level

Whilst the guidance implies that the place level of the ICS structures is generally based on local authority boundaries, the 'place' level in both our two systems is larger than a single local authority and, given the geography of our ICS's, bisects the District in two. The two 'places' that include East Suffolk are Great Yarmouth and Waveney and Ipswich and East Suffolk (which includes most of Babergh and Mid Suffolk and only half of East Suffolk, in addition to Ipswich).

There is a Place Board for Great Yarmouth and Waveney (with various emerging sub-groups) and an Alliance Committee and Executive Delivery Group for Ipswich and East Suffolk.

Neighbourhood Level

In the Norfolk and Waveney system there is a new Waveney Health and Wellbeing Partnership (chaired by the Cabinet Member for Community Health) which, along with the seven Norfolk Health and Wellbeing Partnerships, sits below the Norfolk and Waveney Integrated Care Partnership. Each of the three East Suffolk Community Partnerships, Lowestoft Rising, the Waveney VASP (mental health partnership) and new Waveney Health and Wellbeing Network (physical health partnership) is represented on the Waveney Health and Wellbeing Partnership.

In the Suffolk and North East Essex system, within the Ipswich and East Suffolk Alliance (Place) there are three Integrated Neighbourhood Teams (INTs) in East Suffolk (and a further five covering the rest of the Alliance area) – each with a Core Leadership Team that includes the relevant Communities Officer and with co-located teams of health and care staff who work with a wider network of key public and voluntary sector organisations. The three INTs are Woodbridge INT, Saxmundham and North East INT and Felixstowe INT.

The five Community Partnerships in the south of East Suffolk nest below these INTs (Melton, Woodbridge and Deben Peninsular CP and Kesgrave, Rushmere St

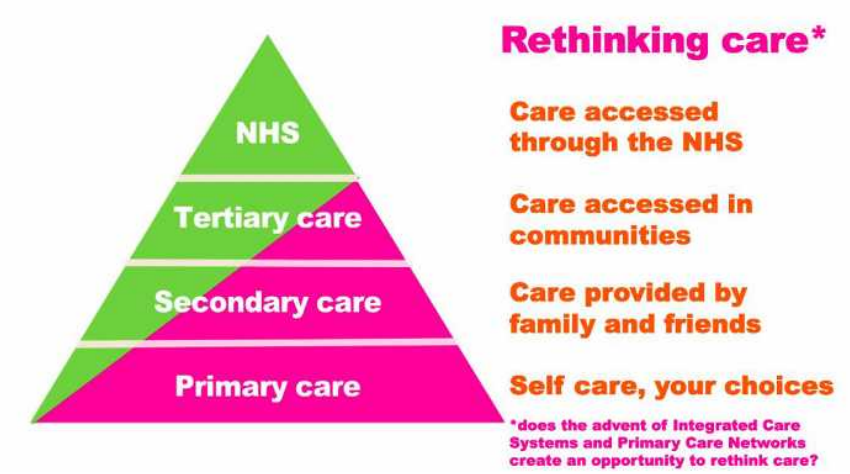
	Andrew, Martlesham, Carlford and Fynn Valley CP in Woodbridge INT, Aldeburgh, Leiston and Saxmundham CP and Framlingham and Wickham Market CP in the Saxmundham and North East INT and Felixstowe Peninsular CP within the Felixstowe INT. Each of the INTs has a wider Connect space with much wider representation including VCSE organisations, which is convened and supported by the Integration and Partnerships Manager in the Communities Team (funded by Ipswich and East Suffolk Alliance). The Head of Communities is the Sponsor for the Saxmundham and North East INT.
2.3	**Scrutiny Committee Question 2: How is/will East Suffolk Council engage/be engaged in each level of the two structures - 'system' (ICS-wide), 'place' and 'neighbourhood'?** **Scrutiny Committee Question 4: What structures exist below the 'place' level and how will the Council and its structures, particularly the eight Community Partnerships, be involved in these structures?** **Scrutiny Committee Question 5: Where are/will Councillors be engaged in the new ICS structures?** The diagram at 2.1 above and Appendix 1 indicates current Councillor involvement in the three levels of each ICS structure. The Cabinet Member is represented on both Health and Wellbeing Boards, the Norfolk and Waveney Integrated Care Partnership and on the Waveney Health and Wellbeing Partnership as Chair. The three Community Partnership Chairs in the north are represented on the Waveney Health and Wellbeing Partnership. At officer level, most meetings at Place level in each structure are covered by a Strategic Director (Nick Khan – NK) and/or the Head of Communities (Nicole Rickard – NR). The relevant Communities Officers are involved in the Integrated Neighbourhood Teams (south) and Waveney Health and Wellbeing Partnership (north) and the Integration and Partnerships Manager (Stuart Halsey – SH) attends the Integrated Neighbourhood Team/Connect meetings and meetings such as the People and Communities ICB Committee and Frailty Steering Group for the south system. There is significant pressure on staffing resources given the range of Boards, Partnerships and Working Groups in each structure – the diagram on the previous page represents only the parts of each system that District Councils are involved in rather than the whole system. However this should be eased slightly by the appointment of two new joint Health, Wellbeing and Leisure Officers (one Band 7 and one Band 5) working across the Leisure and Communities services from March 2023 as the Senior Officer in particular will be able to substitute at meetings if required.
2.4	**Scrutiny Committee Question 3: Which Council services will be particularly engaged in work at the 'system' (Norfolk and Waveney Integrated Care Body/Partnership) and 'place' (Great Yarmouth and Waveney / Ipswich and East Suffolk Alliances) levels?**

	In addition to the Communities Team, engagement in the ICSs is important to a wide range of Council services, particularly Leisure, Housing, Planning, Regeneration, Environmental Protection and Assets and when the two new Health, Wellbeing and Leisure staff are in post, part of their role will be to engage with other Council services to ensure we provide a collective voice in terms of influencing ICS, Place and Neighbourhood priorities and that all parts of the structure understand our invaluable role in relation to the wider determinants of health. It is important to recognise that some funding is provided by the ICSs to District Council services including: • Ipswich and East Suffolk Alliance fund the Integration and Partnerships Manager post (to March 2025) and part of the Head of Communities post (to March 2023) in the Communities Team as well as part-funding the new Health, Wellbeing and Leisure Projects Officer role • Ipswich and East Suffolk Alliance fund the Stepping Home project led by Housing • Norfolk and Waveney ICB fund part of the Head of Communities post and one third of the new Health, Wellbeing and Leisure Projects Officer post • Norfolk and Waveney ICB provided £75k of Suffolk COMF funding towards the ESC Community Intervention Team to support engagement with minority communities ESC led the procurement process for the 'Connect for Health' social prescribing programme on behalf of the Ipswich and East Suffolk system in 2019 and 2022 and hold the enabling pot of Community Chest funding that sits alongside the Connect for Health programme advised by the Community Connectors employed through that programme in the eight Integrated Neighbourhood Teams across the Alliance area. The total value of this funding over two phases is over £4 million.
2.5	**Scrutiny Question 6: How will engagement in the ICS structures help the Council to deliver its own priorities around Health and Wellbeing and vice versa:** • **Isolation and Loneliness** • **Mental Health and Wellbeing** • **Dementia** • **Carers** • **Ageing** • **Obesity?** A key role for the Council is to ensure that focus is retained on the wider determinants of health and make the case for investment in preventative programmes and projects that, in the long term, will help to reduce demand on acute and emergency services. However, this shift of emphasis and resources is a huge challenge given the current pressures on both primary and secondary care and acute health services, as well as social care.

	The Waveney Health and Wellbeing Partnership has identified seven key priorities: 1. Mental Health and Wellbeing (Young People) 2. Health Inequalities (Behaviours) – Smoking 3. Health Inequalities (Behaviours) - Physical Activity 4. Health Inequalities (Health Outcomes) - Diabetes 5. Health Inequalities (Health Outcomes) - Obesity 6. Prioritising Prevention – Cost of Living 7. Social Isolation – Young People As can be seen there is a good fit with the Council's own priorities. Sub Groups are being formed around each of these to develop a delivery plan and lead project implementation and our lead role will ensure alignment with our own Strategic Plan and Community Partnership delivery plans. The Council is actively involved in the INTs in the Ipswich and East Suffolk Alliance area through both the Core Leadership Teams and the Connect spaces. The INT Delivery Plans include priorities aligned to the Council's priorities due to this input, for example ageing population, mental health and wellbeing and isolation and loneliness.
2.6	In addition to the areas of activity outlined above, the Council is working closely with both ICSs on specific programmes of activity and projects – including strength and balance programmes in the Ipswich and East Suffolk Alliance area and Active NoW in the Norfolk and Waveney area.

3	**How to address current situation**
3.1	This section of the report has been used to highlight some specific challenges and opportunities in relation to the current Integrated Care Systems that cover East Suffolk.
3.2	**Challenges** <u>Structures</u> - ESC is part of two quite different, complex and currently quite 'form' focussed health systems. It can be challenging to understand these systems ourselves and, in turn, to help local communities and VCSE organisations to understand the new world of health and wellbeing. However both systems are relatively new, and the focus is starting to shift further towards 'function' i.e. the delivery of projects that positively impact on health outcomes. <u>Resources</u> - there are some clear challenges in relation to both Councillor and staff capacity to represent ESC at three different levels of two separate Integrated Care Systems, particularly as these structures differ and overlap. However the geography of ICSs was agreed at national level based on the local health economy (i.e. hospital catchment areas) and therefore ESC has to focus its energy on identifying where and how it can have most impact and influence across the two systems and three levels within each system and deploy its resources accordingly. The two new posts referenced in 2.2 should help to increase Officer capacity to

	engage in both ICS structures, although senior level capacity to engage is still an issue. Funding – Para 2.4 above outlines the limited funding provided through the ICSs to East Suffolk Council just prior to and since the formation of Integrated Care Systems but it is important to recognise that ICSs face significant financial pressures due to challenges such as increased demand for services, including the ongoing recovery from the Covid-19 pandemic. Things are much more challenging financially now than in previous years – for example in 2019 the then Ipswich and East Suffolk CCG provided £550k of funding to East Suffolk Council for projects to tackle the wider determinants of health and health inequalities and the last of this funding will be spent by September 2023. The Cabinet Member for Community Health contacted the Chairs of both the Integrated Care Partnership and Health and Wellbeing Board for Norfolk and Waveney about the lack of resources (staff and funding) to support the Waveney Health and Wellbeing Partnership. She made the case that each Norfolk HWP has an identified Norfolk Public Health lead and an allocation of funding to support Partnership delivery against the agreed HWP priorities from the Norfolk COMF budget. The request was referred back to Suffolk Public Health who, although aligning a Place 'lead' to the Waveney HWP, have confirmed that they have no additional resources to provide - Suffolk have allocated their COMF resource in a different way (to the Mental Health programme that ESC is also part of). Additional investment has been made by both ICB's into their own staffing roles to support the development, transformation and delivery of the new structures and programmes. However investment in the joint Head of Communities role by the Suffolk and North East Essex ICB ends in 31st March 2023 due to lack of funding and, although we welcome the fact that £35k per annum core funding is in place from Norfolk and Waveney ICB (£15k towards the Head of Communities role and £20k towards the Project Officer role), this has remained at the same level for three years and therefore in real terms is worth less each year as staffing costs rise. Priorities – both ICSs are very clinically focussed, which is unsurprising given the challenges facing both health and care currently in the midst of Winter pressures. There is therefore limited focus on preventative activity and limited opportunity to secure resources for ESC activity around the wider determinants of health. However, our involvement at different levels of the two ICSs, as well as both Health and Wellbeing Boards does provide the forum to identify opportunities as they arise.
3.3	**Opportunities** ICSs offer an opportunity to refocus from a 'national illness service', as some have described it, to a 'national wellness service' - with the emphasis on keeping people well rather than treating them when they become ill.

	The model below, reproduced from a presentation by Bromley by Bow Health, proposes a new model of health care - one where there is more focus (and aligned resources) on care accessed in communities, care provided by family and friends and self-care - rather than the current model, with its emphasis on tertiary (specialist), secondary (hospital) and primary (GP and community health services) and challenges Integrated Care Systems to 'rethink care'.  ESC already has influence over specific levels of the two ICSs, particularly the INTs/Connects in the south of the District and the Health and Wellbeing Partnership in Waveney. In general terms both ICSs have demonstrated that they value the input of District Councils and the opportunity to build on our connections into communities through mechanisms such as the Community Partnerships, Youth Voice and Disability Forums, but also our influence on the things that sit alongside health inequalities to create wider inequalities that in turn have a huge impact on health, including financial instability, access to services, worklessness, poor housing and lack of access to a healthy environment. Our Ease the Squeeze programme to help residents with the rising cost of living is a clear example of how our work can help reduce demand in health and care services for example living in cold, damp homes will lead to more residents ending up in hospital with severe respiratory illnesses and therefore our Warm Rooms, Warm Homes, Winter Warmth packs and a new Warmth on Prescription pilot (in development in the Great Yarmouth and Waveney area) should all help to reduce this and, in turn, reduce demand and cost on the ICSs. Similarly, maximising income and reducing expenditure for residents through our financial inclusion team will enable them to eat well and heat their homes and, therefore, to focus on their health and wellbeing as a priority. Once the ICSs are embedded as the new way of working and structures, strategies and funding are finalised, there will be opportunities to influence their strategies and areas of focus and it is important that all Councillors play their role in this.

4	Reason/s for recommendation
4.1	The report provides an overview of the new Integrated Care Systems in East Suffolk, outlining both the similarities and differences between the two areas –

	Norfolk and Waveney and Suffolk and North East Essex. It considers specific areas of focus including ESC involvement in the different levels of the two structures (both Councillor and officer) and outlines potential challenges and opportunities.

Appendices

Appendices:	
Appendix A	Map of ESC involvement in the two Integrated Care Systems

Background reference papers:		
Date	**Type**	**Available From**
None		