





Integrated care systems

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Conflict of Interest

In relation to this presentation I declare that I have no conflict of interest

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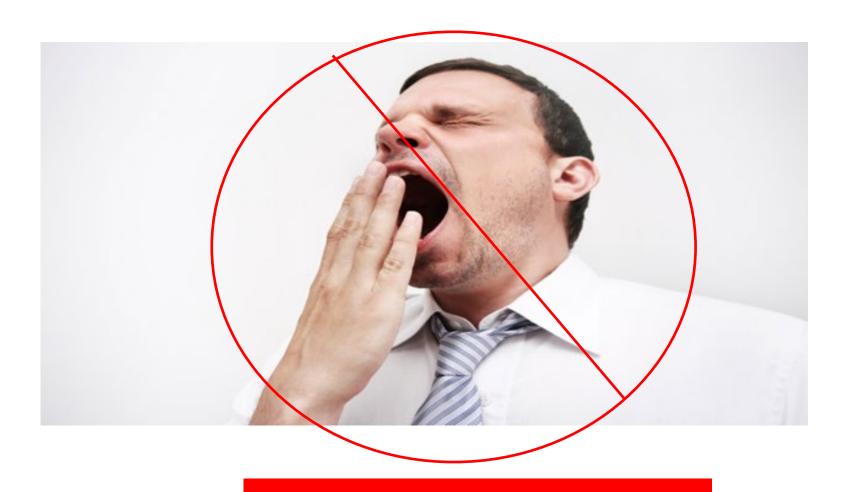


What are Integrated Care Systems?

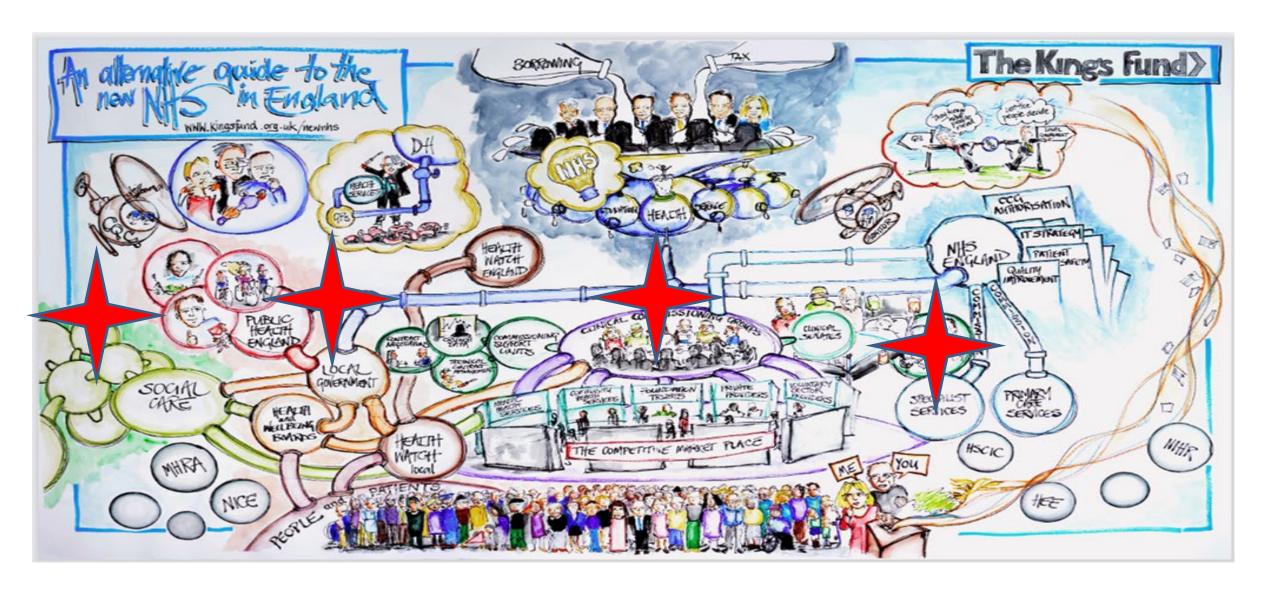
Why do we need to know about this?

New health systems that integrate care across hospital, community, mental health and social care settings

Commissioning of HIV services will change
Likely to change the way we work in the future



NO



Health and Social care Act 2012: Competition, fragmented commissioning, Private Providers in the marketplace





Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS

Statutory ICS

Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities, general practice; an individual with expertise and knowledge of mental illness

Role: allocates NHS budget and commissions services; produces five-year system plan for health services

Influence



Cross-body membership, influence and alignment

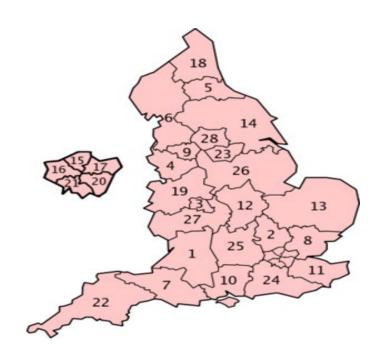
Integrated care partnership (ICP)

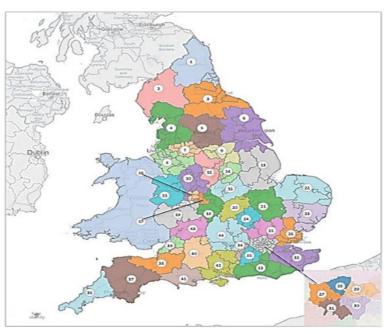
Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services



	Partnership and delivery structures	
Geographical footprint	Name	Participating organisations
System Usually covers a population of 1-2 million	Provider collaboratives	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250-500,000	Health and wellbeing boards	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30-50,000	Primary care networks	General practice, community pharmacy, dentistry, opticians







28 Strategic Health Authorities in 2002

44 Sustainability and Transformation Partnerships in 2016

42 Integrated Care Systems

Home > Priorities



Priorities



Developing our health and care system in Sussex

Support while you wait

Cancer

Children and young people's MH and wellbeing

COVID-19 treatments for patients at highest risk in Sussex

Developing acute hospital services

Green plan

Our work: mental health

Developing a health and care strategy

During the rest of 2022-23, we will be developing a strategy that sets out the priorities and the actions that we will be taking to improve the health and care of people living across Sussex.

The strategy will be overseen by the new Sussex Health and Care Assembly and its delivery will be supported by the new NHS Sussex and our place-based health and care partnerships.

We will be involving and engaging with our system partners, public and stakeholders in the development of the strategy to ensure it is codesigned in the best possible way that meets the health and care needs of our communities.

Over the coming months, for the rest of 2022, we will be undertaking formal and informal discussions across the system that will inform, shape and influence the future of health and care.

All partners will have an opportunity to input into this work and we will be carrying out public engagement to ensure the views and insight of our communities is heard.

· Read more about developing our new system

Our journey together

Cur journey together summerises our progress, where we want to get to and the next steps for 2021-22.

ICS annual report

overview of the progress we have made across our system-wide programmes and collaboratives over the last year.

Sussex 2025: Our vision for a healthier future

Susser 2025: Our vision for a healthier Auture sets out where we want to be as

Sussex 2025: Vision to Reality - key deliverables

Our work: maternity



REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support integrated Care Systems to drive targeted action in health inequalities improvement



O COREZO

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



OPLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities



MATERNITY ensuring continuity of care for 75% of women from BAME communities and

from the most

deprived groups

6

CHRONIC RESPIRATORY DISEASE

a clear focus on Chronic Obstructive Pulmonary Desase (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.



HYPERTENSION CASE-FINDING

to allow for interventions to optimise blood pressure and minimise the risk of myocardial infanction and stroke



SEVERE MENTAL ILLNESS (SMI)

ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



EARLY CANCER DIAGNOSIS

75% of cases diagnosed at stage 1 or 2 by 2028

Wales – Integrated Care Fund

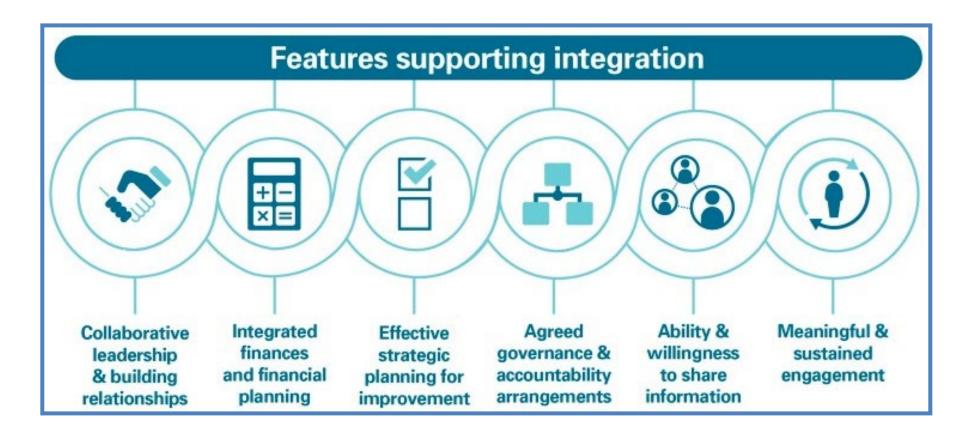




In place since 2014 focussing on priorities. Evaluation in 2021 shows:

- Improve partnership working
- Enhanced the role of the third sector
- Reduction in institutionalised care and use of hospital beds
- Contributed to many positive changes across health and social care delivery

Scotland



Integrated health and social care since 2016, reviewed 2019

Strengths	Weaknesses
 Joining up care with e.g. mental health and social care Inclusion of voluntary and community sector (VCSE) HIV remains a prescribed specialist service – clear national steer on standards Clinical networks 	
Opportunities	Threats

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	? Increase PrivatisationFinancial savingsPotential for service reviewsHIV may not be seen a priority

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Opportunities	Threats
Commissioning across patient pathways Link in with Fast Track City goals	? Increase Privatisation Financial savings
Join in local initiatives relevant to HIV	Potential for service reviews HIV may not be seen a priority

CVD Central Project: A Southeast Case Study at scale

Open to:

- Primary Care Teams
- Community Pharmacy
- Public Health / Healthy Lifestyle Teams
- Secondary Care Teams
- Voluntary, Community and Social Enterprise (VCSE) sector

Health Checks Targeted or opportunistic checks in Clinics or Community Settings

Are you offering BP and/or Pulse Checks?

BP@Home

Community Pharmacy Kent Surrey Sussex Academic Health Science Network





What Next?

HIV Clinical Ref Group

Review HIV service Specification

Advisory documents

Engage with NHS
England re integrating
HIV services in the ICS

NHIVNA

Developing a model of HIV nursing care in response to the change in commissioning

YOU

Be aware of local initiatives you can participate in

Check what representation your service has with ICS

Articulate what HIV nurses do

"BE MORE HIV SERVICES"

With thanks to.....

- Jen Bayley, Principal Consultant CVD Prevention. Kent Surrey Sussex Academic Health Science Network.
- Garry Brough, Fast Track City London / Positively UK
- Rachel Harrington, Director of Long Term Conditions Programme. Sussex Health and Care Partnership
- Martin Jones, Clinical Nurse Specialist, Eastbourne
- Anna Kafkalias, National Programme of Care Manager Blood and Infection. NHS England
- Heather Leake-Date, Consultant Pharmacist, CRG representative

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