

# Integrated Care Partnership Briefing

Staffordshire and Stoke-on-Trent Integrated Care Partnership  
(ICP) Meeting

June 2024



## Staffordshire and Stoke-on-Trent Integrated Care System

This briefing aims to keep partners and members of the public informed of the discussions at the NHS Integrated Care Partnership (ICP) meeting.

### Staffordshire and Stoke-on-Trent Integrated Care System: What we do

Integrated Care Systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. They exist to achieve four aims:

- 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

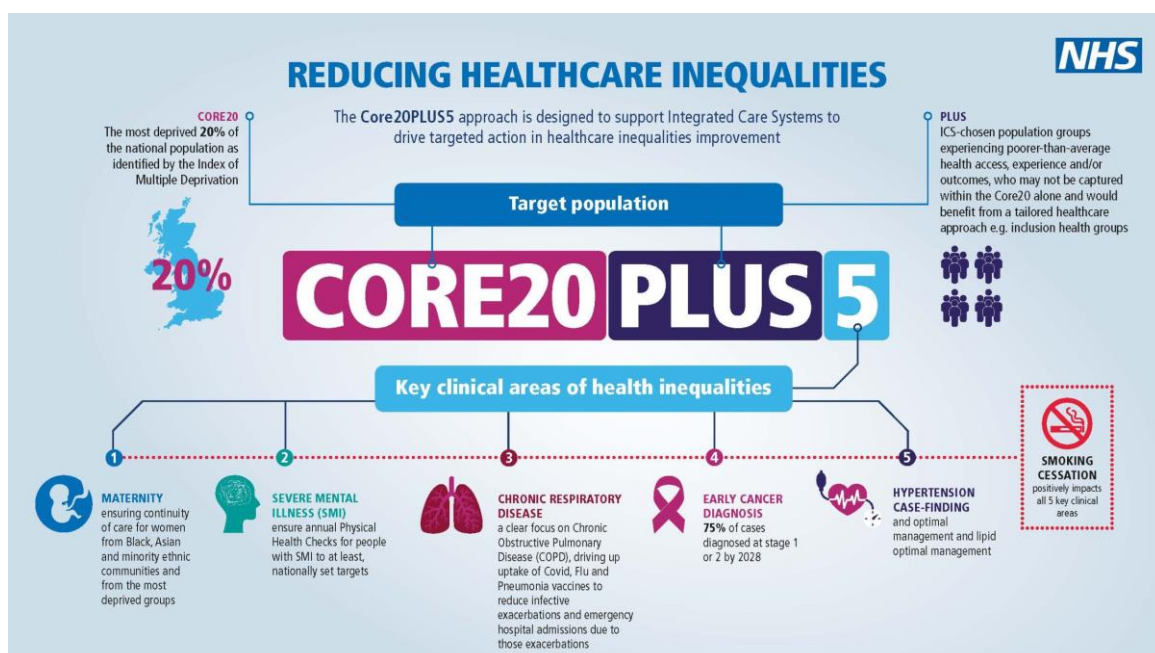
The NHS Plan identifies five areas of focus for local health systems to deliver to ensure equitable access, outcomes and experience for all. Staffordshire and Stoke-on-Trent ICB is committed to:

- Restoring local services inclusively
- Mitigating against digital inclusion
- Ensure datasets are completed and timely
- Accelerate preventative programmes
- Strengthen accountability and leadership

### The Core20PLUS5 approach

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

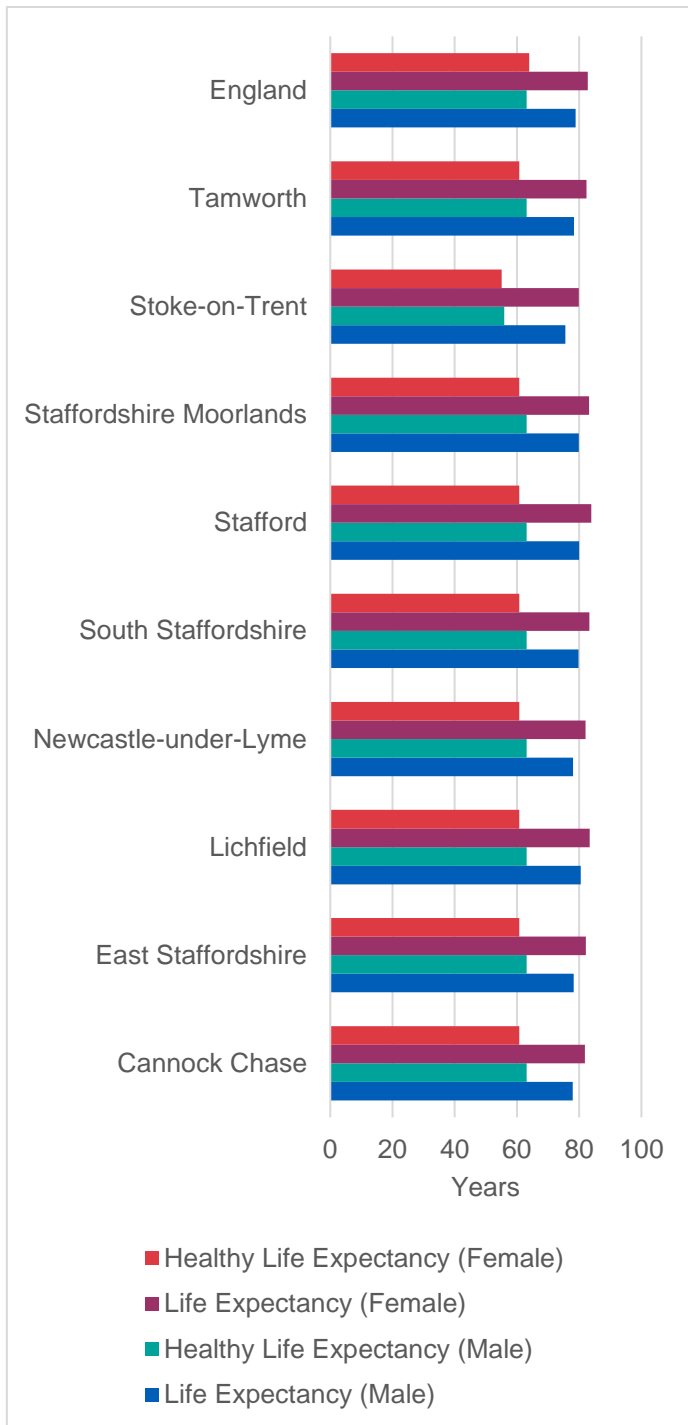
The approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to [children and young people](#). [Click here](#) to read more information about Core20PLUS5 for adults.



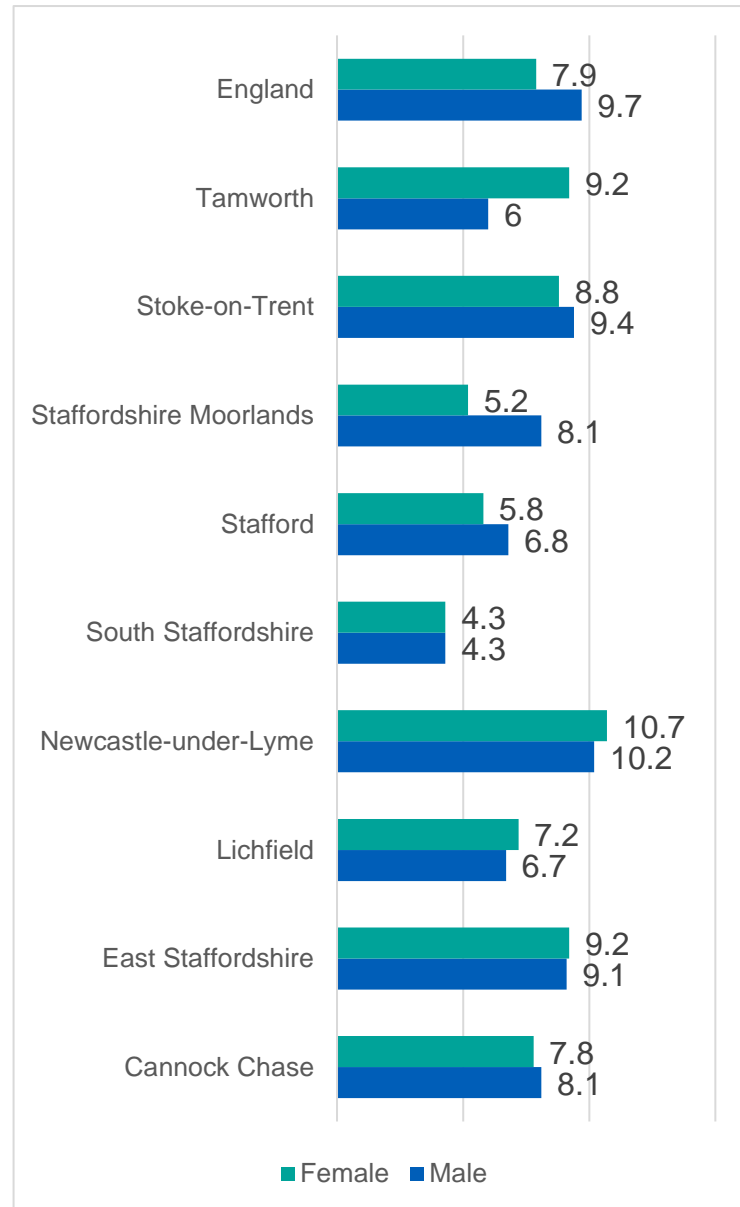
# Staffordshire and Stoke-on-Trent Integrated Care System

## Life Expectancy and Healthy Life Expectancy

The table below set out the difference between life expectancy and healthy life expectancy in Staffordshire and Stoke-on-Trent compared to England. The table shows there is a significant gap between healthy life expectancy and life expectancy.

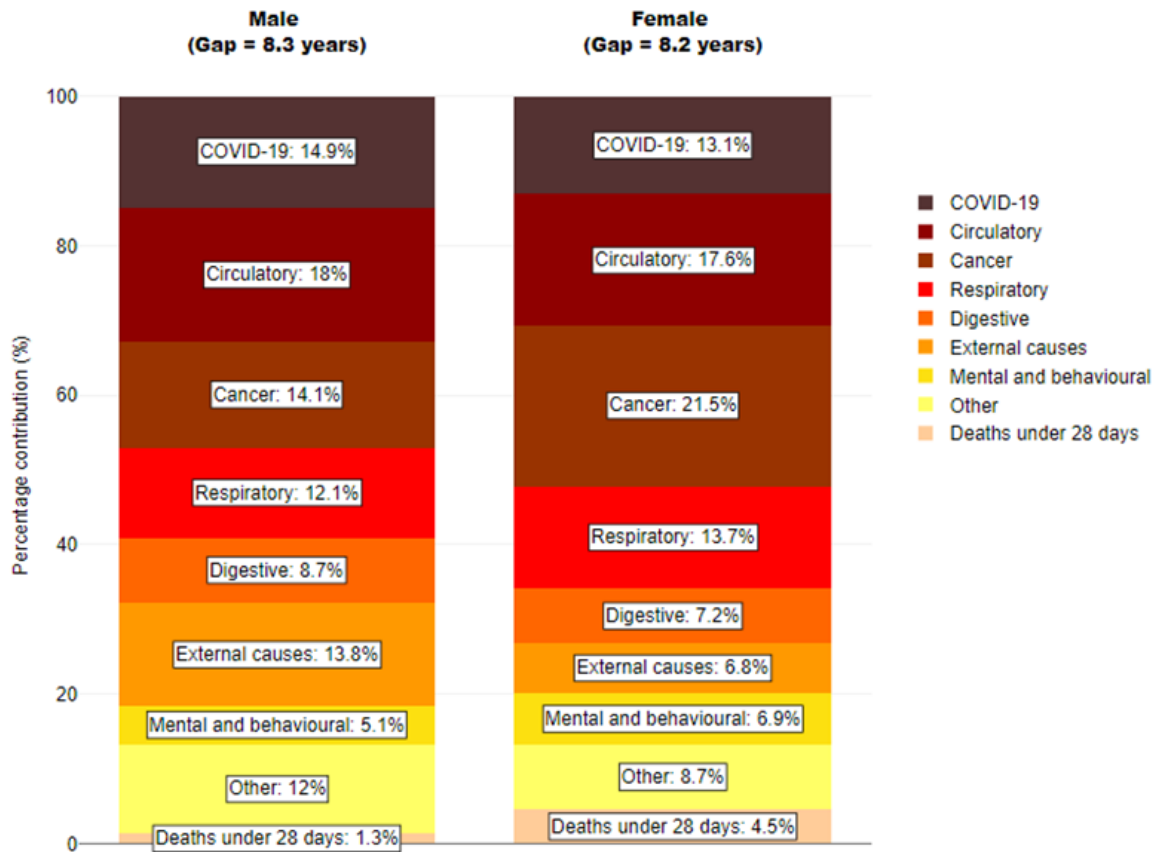


The chart below shows the difference between life expectancy in the most and least deprived areas in years.



## Staffordshire and Stoke-on-Trent Integrated Care System

The chart below shows a breakdown of the life expectancy gap between the most and least deprived quintiles of NHS Staffordshire and Stoke-on-Trent by cause of death, 2020 to 2021. This scarf plot chart demonstrates what is driving the life expectancy gap between the most and least deprived quintiles of Staffordshire and Stoke-on-Trent ICB in 20/21. We can see circulatory disease and cancer contribute most with circulatory disease more equally distributed across both sexes.



## Our vision, ambition, values, principles

In January we delivered a workshop represented by over 70 sectors and stakeholders to pull together the health and inequalities strategy. This enabled us to identify our vision, ambition, values and principles.

- **Our vision** is to make Staffordshire and Stoke on Trent the healthiest place to live and work
- **Our ambition** is to work together putting people and communities at the heart of everything we do to ensure everyone has the opportunity to have healthy, happy, safe and prosperous lives with fair access, improved experience in better outcomes for all
- **We are** Supportive, Inclusive, Collaborative



Build on what works and don't reinvent the wheel



Reducing health inequality is central to everything we do as an ICS



Listen, engage and empower our communities



Work with the VCSE as our trusted delivery partners



Underpinned by Population Health and the Five P's

# Staffordshire and Stoke-on-Trent Integrated Care System

## The building blocks for good health

- In the workshop we identified 72 priorities and then grouped them into four strategic objectives:



To work across our locality footprint to support healthy communities



To build on the wider determinants of health to create the environments for good health



To support healthy lifestyle choices and preventative measures to promote health happy lives



To create joined up teams to provide better access, experience and outcomes

The four building blocks will only work if they work in tandem:

1. Healthy Communities
2. The wider determinants of health
3. Our lifestyles and behaviours
4. Integrated Health and Care

Improving population health requires action on all four of the building blocks and, crucially, the interfaces and overlaps between them. We will adopt this approach and work collaboratively to ensure we are greater than the sum of our parts.

## Our places

### Place – our strategic partnership footprint

- Staffordshire
- Stoke-on-Trent

### Localities – our delivery footprint

- 4 Localities in Stoke-on-Trent
- 8 Districts and Boroughs in Staffordshire

### People and Communities – our change footprint

- Villages, wards, parishes
- The areas people most associate with

## Recommendations

The Integrated Care Partnership is asked to:

- Approve the ambitions, principles and values of the Health inequalities Strategy

## Staffordshire and Stoke-on-Trent Integrated Care System

- Embed health inequality in everything we do
- Adopt the four pillars of the Kings Fund Model of Population Health
- Adopt the principle of Place, Locality and Community as the delivery infrastructure
- Support the development of the outcomes and financial framework
- Note the important role of the VCSE
- Commence public engagement in conjunction with existing communications and engagement
- Jointly develop the delivery plan

## Feedback

The partnership split into three groups to discuss and capture feedback on the priorities. The following points were fed back to the group:

- The group that have coexisting mental health, drug and alcohol misuse are the ones experiencing homelessness.
- We should be taking a controller informed approach and looking at how we can intervene with individuals that experience trauma to prevent them adopting lifestyle behaviours that put them at risk of becoming homeless.
- We need to look at where we can integrate care. There has been a lot of work on integrating mental health, drug and alcohol misuse but there are other opportunities to explore an integrated approach around housing and employment and holistically look at how we address individual needs.
- There are common modifiable risk factors around smoking, diet, physical activity so what are we going to do differently to reduce the population risk going forward.
- There were discussions on children's development being really important and supporting our 0-19 as well as our 19-64 . We must ensure that children have received education and empowerment to make healthy choices.
- A discussion took place on improving the environment around a child and how improving the fundamentals of employment and housing will impact this.
- A different approach may need to be taken to change the behaviours of people as some will not have the same level as aspiration as those who are more fortunate.
- We need to work with communities to understand what are their challenges and how can we partner with them to change things. How do we give people the tools to own this and to work with us.
- Obesity is a big driver of lots of our poor health choices.
- We must make sure that every contact counts with patients. When people come through the system, we must take every opportunity to support them in healthy choices and play our role as anchor institutions.
- Improving the health of pregnant women and encouraging them to make health decisions.
- There was a discussion around the importance of eating well and how this should be an area of focus.
- Lifestyle choices can be affected by the cost of living and peer pressure.
- We must focus on health and not the illness.

Date and time of next meeting: Monday 2<sup>nd</sup> September 2024, 3.00pm – 5.00 pm, via MS Teams.