

# **Integrated Care Partnership Briefing**

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



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

## **Start Well – Children and Young People, and Maternity**

- Peter Axon, Interim Chief Executive Officer, Chris Bird, Interim Chief Transformation Officer, and Heather Johnstone, Chief Nursing and Therapies Officer, from Staffordshire and Stokeon-Trent Integrated Care Board (ICB) presented the initiative.
- Peter Axon began by introducing the key determinants infant mortality, early development, health inequalities and school readiness – and outlined how the Integrated Care Partnership (ICP) strategy will address these to give children the best start in life.
- Peter drew attention to three points that need to be considered when discussing how the strategy is implemented to support this initiative:
  - decision making must be orientated around data and population health data.
  - offers need to be localised at a neighbourhood level to suit the population's needs.
  - everyone must have an equal opportunity to access the services.
- Heather Johnstone introduced local maternity services and the current work that relates to the 'Start Well' initiative:
  - Listen to and act upon feedback from users of maternity and neonatal services through the Maternity and Neonatal Services Voices Partnership (MNVP).
  - Continue to monitor implementation of the Ockenden reports and learning from other maternity and neonatal service reviews.
  - Implement Maternity and Neonatal three-year delivery plan across all providers of maternity and neonatal care
  - Implement Saving Babies Lives Care Bundle Version 3 across all providers of maternity and neonatal care
  - Exploring the implementation of PERIprem interventions across all providers of maternity and neonatal care
- Chris Bird outlined the work that is taking place in the Children and Young People's Programme Board, and the five priorities of the programme:
  - Improve the survival of babies and young children to reduce infant mortality.
  - Increase the number of children and young people to achieve and sustain a healthy weight.
  - Support children and young people to achieve their potential by enjoying good emotional wellbeing and positive mental health.
  - Support children with complex needs with the help they need so that they can fulfil their potential.
  - Effectively manage long term conditions to reduce avoidable admissions in relation to asthma, epilepsy, and diabetes.
- Chris then shared three examples of some interventions that have been introduced to promote positive practice to families: Hungry Little Minds, Family Hubs and Thrive at Five, and what remains a challenge for this demographic.

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

# **Deep Dive: Children and Young People, and Maternity**

- Following the presentations, the group were asked to consider two questions:
  - 1. How can each of you and your organisations make a significant positive impact on children's development (0-5 years)?
  - 2. How do we achieve this in partnership?

The feedback from the group included:

- The importance of early intervention by multiple partners, if necessary.
- The importance of having awareness of the complexity of the individuals and interventions needed, and the costs associated with this. There was a suggestion to understand the cost of multi-agency intervention to bring about a reduction in the cost.
- The importance of education before pregnancy and continually throughout childhood.
- The importance of community champions.
- The importance of nurseries and childcare settings and the need to work with them.
- The importance of nutrition as a key determinant of good health.
- The importance of not labelling families and being sensitive to individual needs.
- The need to review current initiatives to understand their effectiveness before establishing new ones.
- The need to keep things simple, including producing leaflets, to share health information.
- The need for close community links.
- The need to use local data and local people to motivate the community to make changes.
- The need to eliminate duplication with families.
- The need to collaborate and share local knowledge across partners.
- The need to really understand the population and how to engage with them.
- The need to empower carers in families.
- The need to recognise the difference in family models nowadays and the differences in the level of resiliencies.
- The need to consider the impact of one organisation's actions on another.
- The need to breakdown overall data to local areas e.g. infant mortality by ward rather than overall county data would help targeted work.
- The need for real integration across the system, with the right people involved.
- To consider the use of artificial intelligence (AI) to increase the business intelligence we have.
- To consider establishing a workforce that is designed around the population, rather than following a blueprint model for the workforce.
- To consider increasing the role of safeguarding to reduce the perception of safeguarding teams working in isolation.
- To consider working with Healthwatch to support children and not just older adults.
- To consider working closely with schools as children are there for much of their time.
- To consider creating legislation to support the 'Start Well' initiative.
- To consider extensive engagement with families across the entire partnership, linked to Maternity and Neonatal Services Voices Partnership (MNVP), for maternity and neonatal.

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

Following the discussion, it was suggested that each organisation considers embedding the following five themes in all their work:

- Ensure we make every contact count to educate and empower children and families in all settings.
- Ensure that our wider workforce is designed to support populations and not organisations.
- Ensure that we do all we can to share data, information, and intelligence across partners.
- Ensure we really understand populations, communities and families and not just label them.
- Ensure we understand, improve, and use existing initiatives rather than new, shiny projects.

Date and time of next meeting in public: 4 December 2023, 3.00pm – 5.00 pm, via MS Teams.