



**Staffordshire and
Stoke-on-Trent**
Integrated Care Partnership

ICP Strategy

A summary for the public



When Integrated Care Systems were created, their aim was to join up working and remove barriers to accessing health and care services.

As part of this, an **Integrated Care Partnership (ICP)** was formed. This partnership brings together the senior leaders across the NHS, Local Authorities, Police, Healthwatch and the voluntary sector who regularly meet together. The partnership provides a united voice for Staffordshire and Stoke-on-Trent.

One of our first tasks was to develop an **Integrated Care Strategy**. This strategy will address the broad health and social care needs of our local population. It will focus on long-term ways to improve the overall health of our area.

This goes beyond treating sickness, to tackling the **causes of ill health** such as employment, environment, and housing issues. The strategy will be the guide for us when making decisions, commissioning and delivering services.



“A single strategy and infrastructure will help us to reduce variation and inequalities and provide direction, but the real delivery will happen at a community (Place) level. To achieve this, we will all need to work in new ways, and use local data and insight. We will want to involve our staff, partners and local people at every step of this journey towards integrated and better care.”

As an ICP, we make sure that the right partnerships, policies, incentives and processes are in place to support practitioners and local organisations to work together to help people live healthier and more independent lives for longer.

By working together, the partnership can deliver bigger and better things for the people of Staffordshire and Stoke-on-Trent and to achieve our vision:

Vision



Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

We have four aims to help us achieve this vision:

Aims



Improve outcomes in population health and care.



Tackle inequalities in outcomes, experience, and access.



Enhance productivity and value for money.



Help the NHS to support broader social and economic development.

There are already strong relationships with Staffordshire County Council and Stoke-on-Trent City Council, which have strengthened during our collective response to COVID-19. We want to embed and further develop effective system working arrangements, and empower decision making at a local level.



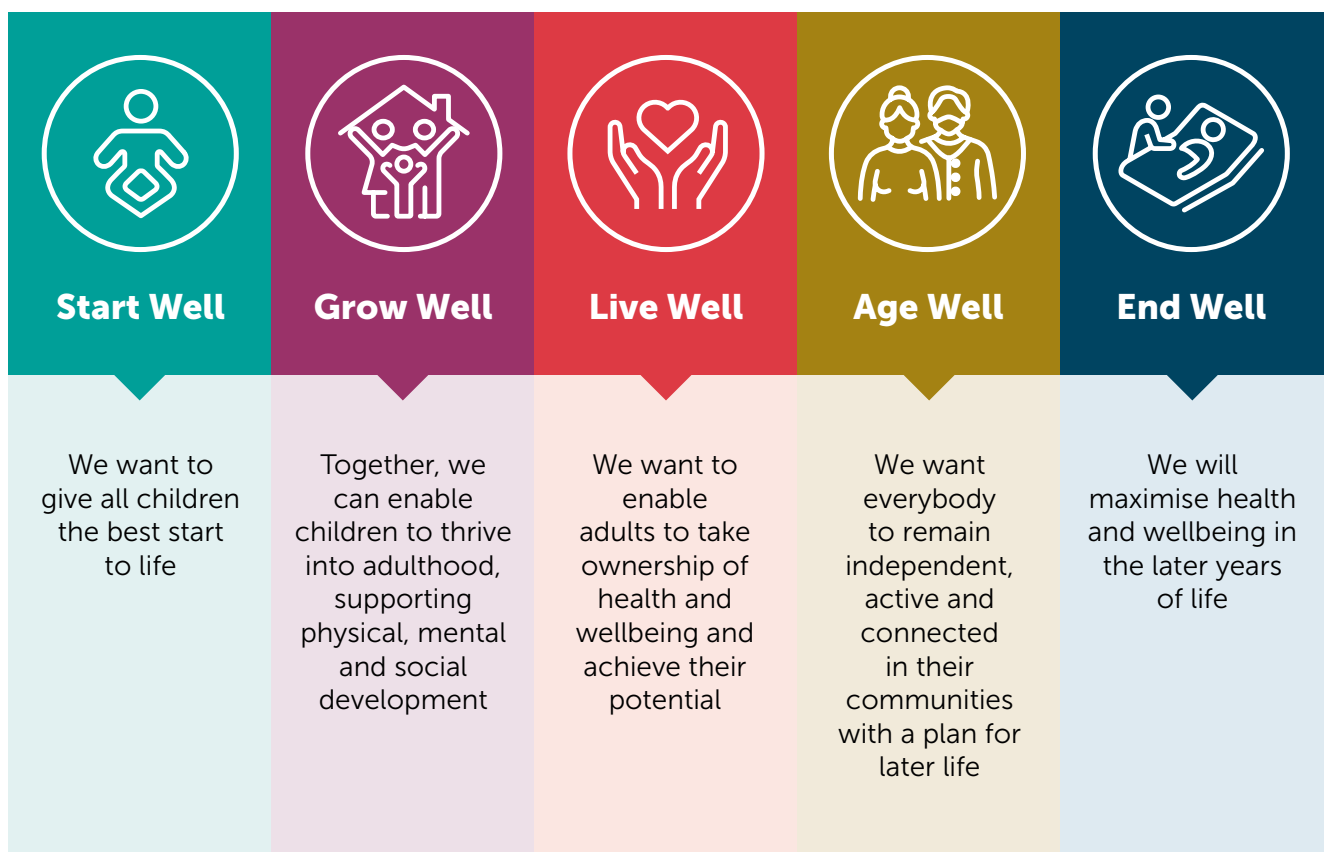
The challenges in Staffordshire and Stoke-on-Trent

Our services are generally safe and well-led – thanks to our incredible staff. But many challenges and opportunities will affect our ability to deliver quality, safe services in the future.

We have an increasingly older population, but some people are not always living longer in good health and others are spending longer at the end of life living with one or more long term conditions and complex health and care needs.

One of the results of this is that we are seeing a demand on services in our area which will be a challenge to meet when we look at the available workforce.

Many of our challenges will take years, if not decades, to fully address. So we need an ambitious strategy to show how we will turn our aims and priorities into a reality.



We want every person to Start Well

We still see too many babies with low birth weights, and babies dying before their first birthday. Risk is increased by social, environmental and behavioural factors.

Women from minority ethnic groups and our most deprived communities do not have the same access to and experiences of care during pregnancy. This increases the risk of poor birth outcomes.

We have a high rate of emergency hospital admissions in under-5s. The number of under-5s being taken into care is also high.



There should be no barrier to Grow Well

In 2020/21, an estimated 44,200 children in the region were living in low-income families risk of poverty. The current cost of living crisis will likely affect even more.

Over the past five years, the number of children with special educational needs (SEND), including learning disabilities and autism, has increased, and a large local population is living with learning disability. They have particular developmental needs, and can find it hard to access appropriate accommodation and healthcare in order to achieve their potential as they progress into adulthood.

Physical, mental and social development is closely aligned with educational attainment, so targeted support is needed to improve the number of children achieving a good level of development at key milestones.



We have a growing over-65 population, we want them to age well in Later Life

By 2035 we expect the over-65 population to have grown by 25%.

In 2019, an estimated 35,720 of over-60s lived in income-deprived households, and many will also be at risk of fuel poverty in the winter. The current cost of living crisis will likely affect even more.

This growth is likely to mean more people living with a learning disability and/or autism, frailty and one or more long-term conditions such as dementia, diabetes and depression.

It is estimated that at least half of this age group could be living in social isolation, especially informal carers.



Adults will take ownership of their health and wellbeing to enable them to Live Well

Health inequalities increase across the life course. Many people can expect to be living with a long-term condition or degree of disability before the age of 65.

People in our most deprived communities have an increased risk of poor health and disability whilst still of working age. People are spending more of their lives living with poor health.

Suicide rates are higher than average, and hospital admissions due to self-harm are rising. Three in every four suicides are in men, and more common in our more deprived communities.

Excess alcohol, being overweight and being inactive are risks to the health and productivity of our working-age population – increasing the risk of long-term conditions, musculoskeletal conditions and frailty in later life. Rates of alcohol harm and healthy life expectancy in women are worse than the national average.



In the last year of life, we will support people during End of Life

Everyone needs end of life care which may not just be health related.

Based on national data about people in their last year of life, we can expect 71% to experience an emergency hospital admission and 34% to spend more than four weeks in hospital.

What are the key themes?

These are the five things we need to change if we are going to make a difference. This may need us to undertake transformation in our services, to make that happen.

We firmly believe that communities are the best medicine. Our themes have been developed to take account of that. Looking at prevention, for example, we can promote healthy decision making for our local population. And when it comes to our neighbourhoods we will work with local people and our communities so they become healthy, supportive and thriving.



People and communities

..... working with people and communities to empower them to build healthy, supportive and thriving neighbourhoods



Personalised care

..... holistic, integrated care designed around personal needs and preferences



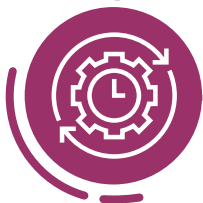
Personal responsibility

..... working with individuals to empower them to make healthy choices and manage their health and wellbeing as an active partner



Prevention and Inequalities

..... promoting healthy decision making, optimising health and wellbeing and ensure fair and equal access for all



Productivity

..... making best use of resources and targeting those in greatest need, or with greatest ability to benefit



Underpinned by Population Health Management

improve population health outcomes through intelligent change making.

