NHS
North East and North Cumbria

# North East and North Cumbria ICB Tees Valley update

## July ’25

# Context for 25/26

| | |
|---|---|
| Lord Darzi's report on the state of the National Health Service in England | Time spent in ill health increased<br>Rising demand<br>Increased Waiting times<br>Unwarranted variation |
| The government's health mission: | from hospital to community<br>from treatment to prevention<br>from analogue to digital |
| NHS 10-year plan expected to **launch July 2025** | Engagement nationally and regionally via change.nhs.uk<br>Expanded Neighbourhood health objectives |
| Structural Changes to the NHS: | NHSE to be incorporated into DHSC<br>ICB running cost reductions |

# ICS Integrated Care Strategy

## Better health & wellbeing for all

**A plan to improve health and care in the North East and North Cumbria**

## We want...

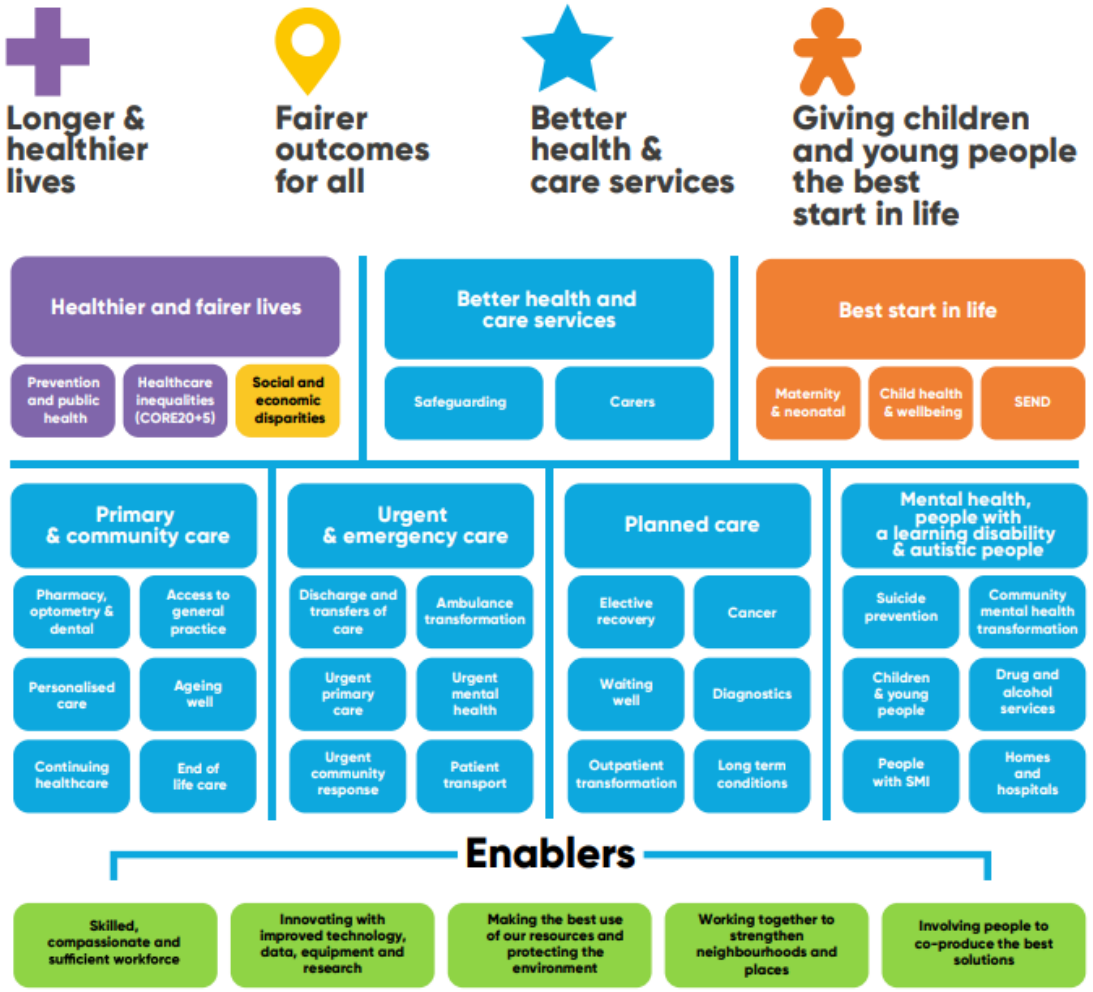
**Longer and healthier lives**
Reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England.

**Fairer outcomes**
As we know not everyone has the same opportunities to be healthy because of where they live, their income, education and employment.

**Better health and care services**
Not just high-quality services but the same quality no-matter where you live and who you are.

**Giving our children the best start in life**
Enabling them to thrive, have great futures and improve lives for generations to come.

# Joint forward Plan 2023-2028




- All Integrated Care Boards and partner NHS Trusts are required to publish a Joint Forward plan **covering 5 years**
- Joint Forward Plans will be **reviewed and updated again each year** in March
- Aligned to system ambitions; building on existing plans; delivery focussed.
- Demonstrate how ICBs and NHS Trusts will:
  - arrange and/or provide NHS services to meet the population's physical & mental health needs
  - deliver the NHS Mandate and NHS Long Term Plan in the area
  - meet the legal requirements for ICBs.

# Tees Valley

# Working locally.....

- Our Joint Forward Plan also includes ‘place plans’
  - Cover what will be happening locally to deliver improvement to health and wellbeing.
  - Underpinned by close working between local authorities, health and social care providers, local communities, and voluntary, community and social enterprise sector organisations.

# Local Place Based Plans

Based on the principles as set out in Planning Guidance, BCF, Neighbourhood Health Guidelines, Clinical Conditions Strategy, Health and Well Being Strategies and other identified local need

## Longer, healthier lives

- CVD **integrated neighbourhood approaches** and proactive case finding
- Cancer community support programme
- Primary Care cancer facilitation support programme
- Perinatal and Maternal Mental Health support programme
- Health and Growth Accelerator Programme

## Best start in life

- SEND preparation
- LD diagnostic process development
- CYP Keyworker development
- LD transition pathways
- Speech and Language service transformation
- ELSEC Pathfinder site – implementation programme
- Buggies and wheelchair access review
- OT and Physio access review
- Getting Help service transformation
- Complex developmental trauma service transformation

## Improving health and care services

- Primary Care Local Enhanced Service Review
- Practice and PCN Transformation Programmes
- Primary Care Education and Training programme
- MSK Transformation
- Respiratory **integrated neighbourhood approaches** and diagnostic case finding
- Adult PEOL service transformation
- Women's Health Hub Transformation

## Supporting people to age well

- UEC Programme local oversight
- **Proactive frailty case finding and support (INT) transformation**
- Intermediate Care transformation
- BCF development and oversight
- Care Homes: digitally enabled, education and training programmes
- Transfers of care hub development
- UCR/VW/iSPA continued transformation

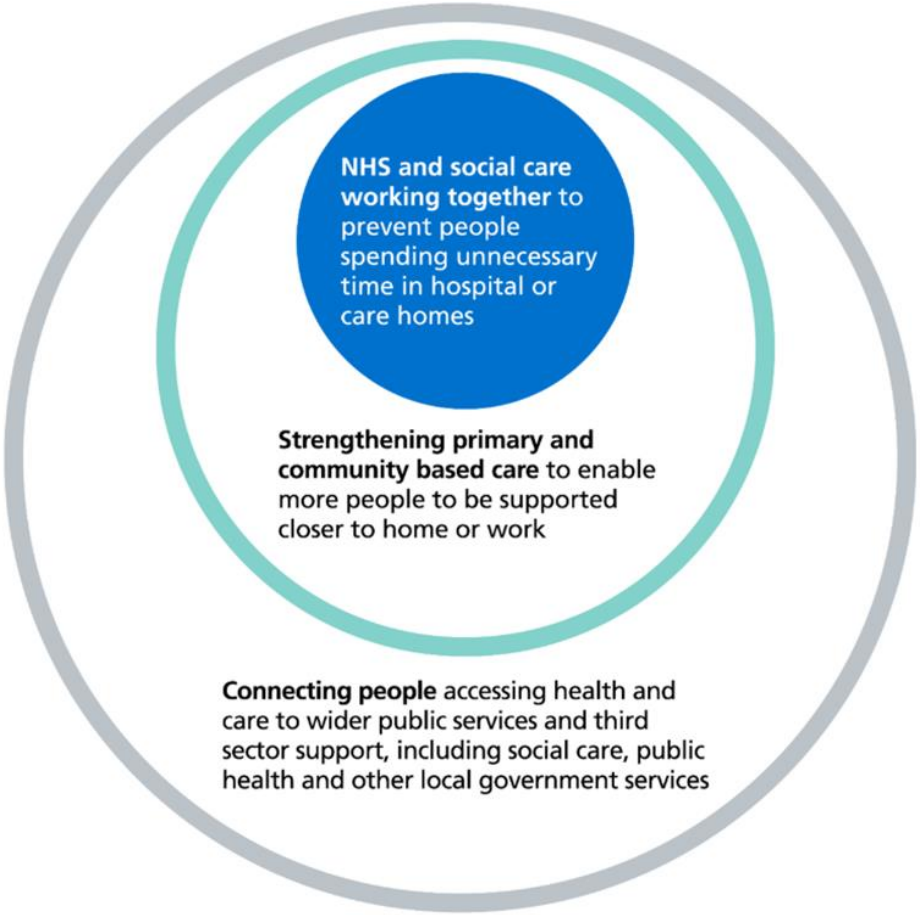
## Mental health, LD and Autism

- Community Mental Health Transformation
- CYP and Adult Neurodiversity access and pathway reviews
- ADHD assessment waiting times focus
- Adult LD service review
- CYP Mental Health Support Teams roll out
- Increased in MH ARRS workforce
- Reducing reliance on inpatient MH pathways
- LD community support pathway transformation

# Neighbourhood Health

# Neighbourhood Health Guidelines

- To set the foundations for scaling and expanding the neighbourhood approach over the coming years, systems are asked to:
  - **Standardise 6 core components** of existing practice, to achieve greater consistency of approach
  - Bring together different components into an **integrated service offer**, to improve **coordination and quality** of care, with a focus on people with the most complex needs
  - Scale up, to enable more widespread adoption
  - Rigorously evaluate the impact of these actions, ways of working and enablers both in terms of outcomes for local people and effective use of public money
- The Specific Focus in 2025/26 should be:
  - Supporting people **with complex health and social care needs** who **require support from multiple services and organisations**.



# Six Core Components

| Population health management | Modern general practice | Standardising community health services | Neighbourhood multidisciplinary teams (MDTs) | Integrated intermediate care | Urgent neighbourhood services |
|---|---|---|---|---|---|
| • Person Level Data<br>• A single system-wide **PHM segmentation and risk stratification method** | • streamline care<br>• improve access and continuity<br>• provision of more proactive care | • Data standards for community services to support commissioning<br>• Connect mental and physical health | • Multidisciplinary coordination of care<br>• A core team assigned for complex case management, with links to an extended specialist team<br>• A care coordinator assigned | • Short-term rehab, reablement and recovery services delivered under a therapy-led approach<br>• Home First approach, underpinned by step -up referrals and step- down planning | • Standardise and scale services such as urgent community response<br>• Involve senior clinical decision maker<br>• enable healthcare staff and care home workers to access clinical advice without needing to call 999 |

# Thank you