

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

Integrated Care Network System Forum – Ipswich and East Suffolk

Integrated Care Network (ICN) System Resilience Group Meeting 12 April 2016 Update

1. Dr John Hague, Governing Body and Lead Mental Health GP, presented the **Mental Health 5 Year Forward View** briefing covering the national document and Mental Health Taskforce Strategy for information advising there is wider Government support for Parity of Esteem and this is a central drive to give Mental Health issues time and attention.
2. Clare Banyard, Associate Director Ipswich and East Suffolk Clinical Commissioning Group (IESCCG) presented slides to the ICN on the **Reactive and Proactive Models of Care** advising next steps for information and discussion.
3. The **Reactive Care Model** is split into three sub-groups with Task and Finish Groups developed to take the work forward:
 - Sub-group 1: Community Reactive Response led by Andy Willis Operations Manager Ipswich Hospital Trust (IHT);
 - Sub-group 2: Front Door Services led by Carolyn Tester Head of Transformation IHT; and
 - Sub-group 3 - Collaborative Working between Health and Social Care led by Nicola Roper Area Manager Suffolk County Council (SCC).

Proactive Care Model

4. Sandie Robinson, Associate Director West Suffolk Clinical Commissioning Group (WSCCG) is leading the Proactive Care Model on behalf of both IESCCG and WSCCG with active involvement from IESCCG.
5. The model although pan-Suffolk, will focus on working with the Integrated Care System both in Ipswich and East and also West Suffolk intending to implement 8 Integrated Neighbourhood Teams (INTs) from a health and care perspective initially.
6. Clare Banyard confirmed for the ICN there is general support for simplification and that although there are a lot of good services available there are a number of cross overs and duplications which are confusing for professionals, patients and Carers alike.

Next Steps:

Reactive

7. The next steps are:
 - a) Continued discussions and focus on community and acute based reactive care response within the three identified sub-groups and overarching Community Response Task and Finish Group.
 - b) Further development of the pan-Suffolk level Task and Finish Group focused on developing a single point of access and integrated 111, Care Coordination Centre and GP Out of Hours Service.
 - c) Initial draft of model to be developed by end April 2016 for first discussion at Reactive Care Task and Finish Group on 4 May 2016.

Proactive

8. The next steps are:
 - a) Pan-Suffolk Proactive Care Task and Finish Group being formed to support the development of the clinical model, service specification and business case. Stakeholders currently being agreed with WSCCG.
 - b) Pan-Suffolk 'lock-in' on 06/04/16 to review draft specification.
 - c) Initial draft of model to be developed by end April 2016 for first discussion at Proactive Care Task and Finish Group.
9. Jon Reynolds Deputy Chief Contracts Officer presented the **Escalation Review and Forward View** to discuss bottle necks and potential solutions.
10. Three key issues affecting flow are:
 1. Delayed Transfer of Care (DToC);
 2. 111 performance; and
 3. Continuing Health Care (CHC) placement packages of care.
11. Karen Tew ICO Programme Manager presented an update of the **Sustainability and Transformation Plan (STP)** for information and discussion advising:
 - a) Joint Steering Group is being set up;
 - b) Early draft setting out "early thinking" submitted to NHSE 15 April 2016;
 - c) Combined Suffolk and North East Essex plan being pulled together; and
 - d) Final Sustainability and Transformation Plan submission 30 June 2016.