



Mid and South Essex
Integrated Care
System



Mid and South Essex

Mid and South Essex ICB

Integrated Neighbourhood Teams

Delivering better joined-up care across local health and care organisations

Briefing for Thurrock Health & Wellbeing Board

December 2023

www.midandsouthessex.ics.nhs.uk

Why develop Integrated Neighbourhood Teams (INTs)?

- Dr Claire Fuller is a GP and was until recently the Chief Executive Officer of Surrey Heartlands ICB.
- She was asked by DHSC, to carry out a review of primary care provision across England following the Covid 19 pandemic, to establish a “state of the nation” report. This was titled the Fuller Stocktake.
- One of the key recommendations in the report was to create INTs
- As part of the work that Dr Fuller undertook, she focussed her attention on residents in her ICB who had complex presentations and who were at risk of admission to hospital or permanent placement in a care home.
- 600 people with complex care needs were identified.
- When the case notes were reviewed, she found that in 1 year, the 600 people had:
 - 1800 presentations at A&E
 - 450 outpatient appointments
 - 400 inpatient stays, and
 - ??? GP contacts



Why develop INTs? (contd)

- Surrey Heartlands ICB has a resident population of 1.1m, like Mid and South Essex at 1.2m
- Additionally, the University of Manchester study (2021) found that 40% of attendances at GP surgeries are with frequent attenders, with many attendances not being for medical reasons.
- Thurrock is one of the most under-doctored areas in England, and although work is being carried out to increase the number of GPs in the borough and to increase access to primary medical services, the findings from Dr Fuller's review are alarming, both in terms of the numbers and of the potential impact on local people.
- Of the 178,000 Thurrock residents, 21,271 (11%) are in the Core20 PLUS 5 categories
- Current working arrangements across the system reflect more traditional approaches, with large numbers of referrals from one service to another, and high numbers of "hand offs" between services.
- The intention is to work smarter, to deliver improved outcomes for local people



INT Development; the story so far...

- The first activity of the ICB was to develop a framework that PCNs could respond to when thinking how they would like to work with partners to develop an INT in their locality.
- The framework was based on some key principles.
- **Design:** Neighbourhood-based boundaries recognised by the community –
- As Thurrock has 4 PCNs it was agreed that there should be 4 INTs, each covering the same area as the PCNs currently do.
- **Design:** Comprehensive care across health, care and societal pillars.
- **Design:** INT design is co-created with the community, fostering shared ownership and strategic alignment (a “ground up” approach).
- **Management:** An incremental journey based on shared learning.
- **Management:** Mutual accountability for service outcomes.
- **Workforce:** Investing in workforce development to enhance skills, competency and capacity within the INT.



WHO ARE OUR STAKEHOLDERS?



Our Colleagues

Our staff are our biggest asset. We can only achieve our strategic vision and objectives with the full support and engagement of our staff. In addition, we hope to identify 'champions' within our teams who will provide peer-to-peer support and be advocates for promoting the INTs and the many benefits they will bring.

Our Service Users

Residents, patients, service users, carers and families are at the heart of the INT developments. We need to continue to involve them as we strive to demonstrate the benefits of the development from their perspective.

Our Partners

We are committed to working closely with our partners across the Mid and South Essex Integrated Care System (ICS) to deliver the INTs in local communities.

Our Places and Communities

Our partnership with the Voluntary, Community and Social Enterprise Sector (VCSE and Healthwatch) will help to provide vital insight and reach into groups with particular needs across our communities so that our implementation through various pathways of care and personalisation (HLS), can contribute to the benefits realisation of the INTs. We will continue to engage positively with local media and social media so that we share our progress.

What does an INT look like?

- As INT developments are organic and relevant to the priorities of local communities, there may be some degree of variation, but overall, there should be a recognisable shape and definition to all INTs
- The Vision - Building our services and aligning our resources around our neighbourhoods *“What matters to me, not what’s the matter with me?”*
- Integrated Neighbourhood Teams:
 - Are fully integrated teams working as one with single leadership support
 - They will manage the needs of their populations, health, social and societal
 - Have direct patient access to the most appropriate professional
 - Is digitally enabled and has a single record for an individual
 - Has a single set of intended outcomes and measures of success
 - Create a single budget/organisation responsible for all of primary and community care (the NHS element of the INTs).
- Building from a core of General Practice; PCN roles (ARRS); Pharmacy; all community services,; Adult Social Care; some children’s services; outpatients social prescribing; local VSCE groups in health and care sector. Then expanding from a coalition of the willing.



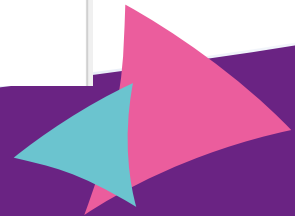
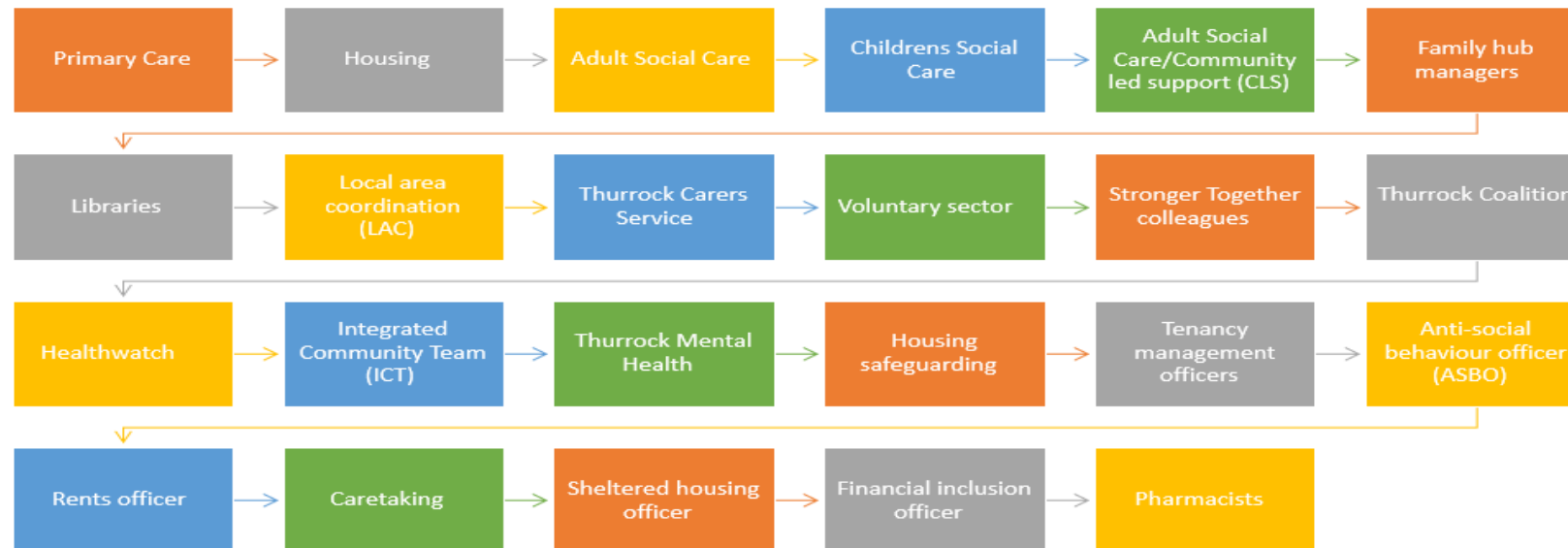
What does an INT look like? (contd).

- **The Teams could consist of (not an exhaustive list)**
 - GPs / Practice and Community Nurses
 - Community Providers / Mental Health Providers / IAPT Services
 - Childrens Services
 - Social Care
 - Local VSCE members
 - ARRS / Social Prescribers
 - MSK Practitioners
 - Domiciliary care / care homes
 - Reception Teams / Help Lines
 - Pharmacy / community pharmacists
 - Housing and welfare benefits services
 - Community Leaders (inc. faith organisations)
 - Emergency services



An example INT in development

Member of SLH (INT4) – so far!



An example INT in development



Summary of progress to date

-
- Set up Thurrock INT Steering Group
 - Set up Thurrock INT Working Group
 - Developed first INT in SLH area
 - Membership agreed
 - Weekly meeting occurring
 - Planning for priorities – High Intensity Users/ Nutrition / Isolation / weight management etc
 - Event to be planned to develop joint priorities and agree full workplan

