

**Trust Board of Directors Meeting
Report Summary**

Date of Meeting: 4th July 2024	
Title of Document: Board Briefing –SNEE Integrated Care Partnership (ICP) meeting held on 14th June 2024.	
To be presented by: Nick Hulme, Chief Executive	Author: George Chalkias, Director of Governance
1. Status: For Information and Assurance	
2. Purpose: The Board is invited to note that since the last meeting of the ESNEFT Board on 6 th June 2024, the SNEE ICB Board has not held a further meeting and has postponed until 30 th July 2024 their meeting originally due to be held on 28 th May due to the pre-election period. The Board is invited to note the key matters discussed at the SNEE Integrated Care Partnership (ICP) meeting held on 14 th June 2024.	
Relates to:	
Strategic Objective	Keep people in control of their health. Lead the integration of care. Support and develop our staff.
Operational performance	
Quality	
Legal/Regulatory/Audit	
Equality and diversity	
Finance	
Governance	
NHS policy/public consultation	
Accreditation/inspection	
Anchor institutions	
ICS/ICB/Alliance	
Board Assurance Framework (BAF) Risk	
Other	
3. Summary:	

The Board is invited to note and discuss the following summary of key matters considered at the meeting of the SNEE ICP:

- 'Beat the Street Ipswich and Harwich': Dr William Bird MBE presented this on behalf of Intelligent Health. In Spring of 2024 Beat the Street took place in Ipswich and in Harwich and Dovercourt engaging 15,712 residents. The paper presented discussed the impact and learning generated from the programme in the context of tackling health inequalities through prevention. It supported a prevention approach to tackling health inequalities part of which can be Beat the Street, and positioned Beat the Street as a transformational tool for partners to improve public health and place at scale that has been successfully used in this ICB in Ipswich and Harwich. Beat the Street (BTS) disproportionately engages a mass population at risk of health inequality in a programme that sustainably improves their wellbeing, level of physical activity and access to health checks. It also connects participants to formal and informal community networks and capacity that is there to offer preventative support. It provides Commissioners with a population health tool that measurably improves public health outcomes, aligning with their strategic goals. It also generates detailed and spatially granular data helping to inform needs assessment and targeted approaches;
- Jo Lennox, Acting ICS Digital Programme Director, and Julie Irving, SNEE ICS Digital Care Programme Manager jointly presented a paper entitled 'Digitising Social Care – an update on Digital Transformation'. The paper provided an update on the programme but the headlines of how the programme progress partnerships and integration can be summarised as follows:
 1. Improved Information Sharing a. Digital records facilitate the real-time exchange of information between health and social care providers as it enables sharing of data through the shared care record. b. Interoperability: Digital records can be integrated across different systems used by different providers – within and across our ICS footprint. c. Connectivity: Implementation creates a connected and more responsive health and social care system that provides reassurance to all – staff, patients and carers.
 2. Enhanced Coordination of Care a. Healthcare professionals can easily access comprehensive information about a patient's medical history, current treatments, and social care needs, leading to more coordinated and person-centred care. b. Care Planning: Integrated digital records support collaborative care planning, allowing health and social care professionals to work together more effectively to develop and implement care plans tailored to the individual. Suffolk and North East Essex Integrated Care Partnership (ICP) c. Improves staff satisfaction as staff have more time to care.
 3. Increased Efficiency and Reduced Duplication a. Streamlined Processes: Digitisation reduces the need for repetitive data entry and manual paperwork, freeing up time to care for healthcare professionals to focus on direct patient care. b. Reduces the number of avoidable hospital visits, saving the NHS time and money. c. Improved management information.
 4. Enhanced Patient Safety and Quality of Care a. Accurate and up-to-date information that is reliable with reduced errors. b. Supports clinical decision making (e.g. on meds and interactions) c. Improves quality of life for individuals d. Improves safety – e.g. reduced falls. e. Brings health and care together to benefit people.
 5. Improved Outcomes through Data Analytics a. Population Health Management: The data from implementing digital records can feed data sets for analysis to identify trends, assess the effectiveness of interventions, and inform decisions to improve health outcomes across the whole of the system. b. Predictive Analytics: Advanced analytics can help predict patient needs and identify those at risk of adverse outcomes, allowing for timely interventions.

6. Empowerment of Patients and Caregivers a. Access to Information: Patients and caregivers can be more actively involved in care decisions. b. Personal Health Management: Digital tools can support self-management of conditions and promote greater patient engagement in their own health and wellbeing.

7. Support for Integrated Care Models a. Alignment across the ICS: Digitising records supports our ICS objectives and DDaT strategy by enabling better collaboration between NHS services, local authorities, and other care providers. b. Continuity of Care: Ensures that care is continuous and coordinated as patients move between different services and care settings, improving the overall patient experience.

8. Regulatory and Reporting Compliance a. Accurate Reporting: Digital records facilitate accurate and timely reporting for regulatory and compliance purposes, ensuring that providers meet required standards and improve accountability. b. Audit Trails: Electronic records provide detailed audit trails, enhancing transparency and accountability in care delivery with reduced error rates of paper records.

- Susan Conquer, Co-production facilitator presented a paper entitled 'Transforming integrated care through co-production' on behalf of The Integrated Care Academy (ICA). Suffolk and North East Essex ICS sponsored a full-time PhD through the ICA in 2021 exploring co-production within integrated care. Susan Conquer holds the role of Co-production Coordinator at Healthwatch Suffolk and the ICA and is now nearing the end of the PhD study. This paper presented the process, early findings and intended outcomes of the PhD. A research Co-production Advisory Group was recruited in January 2022, comprising of service users, family carers and the workforce with experience of co-production within SNEE. They supported the design and development of the research, and interpreted the findings by drawing from their lived and learned experience. The research comprises three workstreams:

1. A systematic review now published in the International Journal of Integrated Care. This presents a novel cyclic co-delivery framework to support sustainable and focused co-production.

2. A multi-case study using participatory action research, where participants became co-researchers, exploring three SNEE examples of ongoing co-production within service design and transformation; and

3. A deliberative cross-case analysis with stakeholders with lived and learned experience of co-production, translating key themes of the case studies into enablers, barriers, impacts and recommendations for co-production within integrated care.

4. Recommendations / Actions

The Board is asked to receive and note this report.