

The Integrated Care Academy – change culture, change outcomes

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Wendy Smith
Dr Karen Windle

Eastern **AHSN** 

Leading
for care
integration



- the big collaboration

NHS

Leadership Academy

East of England



The Integrated Care Academy Professor Chantal Ski: Director of the ICA



**University of
Suffolk**



**Integrated
Care System**



**Suffolk County
Council**



**Healthwatch Suffolk
and VCSE**



ICA Vision

To enable best possible integrated care accessible to all

Impact

- Local, regional, national, International

Aspiration

- To be the lead academic partner for all involved in planning and provision of integrated care

ICA development to date



Stage 1: Sep-Oct 2020

Engaged > 100 key stakeholders:
Community and voluntary sector.
Health and care commissioners.
Local government and other statutory partners.
Academic and educational institutions.
Hospices.
NHS trusts.
GPs.

Stage 2: Nov-Dec 2020

Completed two stakeholder engagement virtual events with the wider leadership community across Suffolk, north east Essex and beyond.²

These events were designed to deliver:

- Agreed proposal for UoS ICA
- Agreed set of deliverables
- Agreed governance

Stage 3 Jan-April 2021#

- Agreement to establish an Integrated Care Academy from the University and its key partners
- Sign-off of ICA Delivery Plan

Stage 4: May 2021 -

- Launch of the ICA
- Delivery of agreed priorities and plans

ICA Priority Areas and Core Programmes



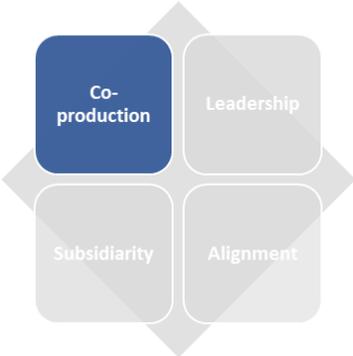
Operating principles



Programmes to support integrated care



Priorities



ICA Foundation Week



- ❖ 'ICA launch' 24-28 May
- ❖ > 1000 registrations across the week
- ❖ > 30 presentations/seminars/workshops
- ❖ 'Official launch' live streamed across 3 CCGs in Suffolk and North East Essex
- ❖ A platform for the lesser known organisations
- ❖ The ICA will continue these conversations

"The ICA is here to stay"

CCG's Chief Corporate Services Officer



Co-production

Wendy Smith: Communications and Co-Production lead

What is co-production?

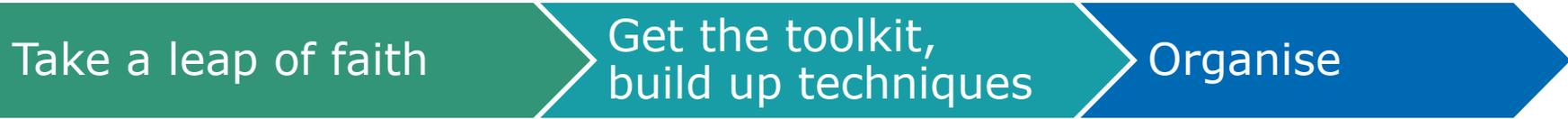


“A meeting of minds coming together to find a shared solution. The approach is built on the principle that those who use a service are best placed to help design it. It means aspiring to being equal partners and co-creators”

Adapted with people in Suffolk in 2019
from Think Local Act Personal National Co-
production Advisory Group

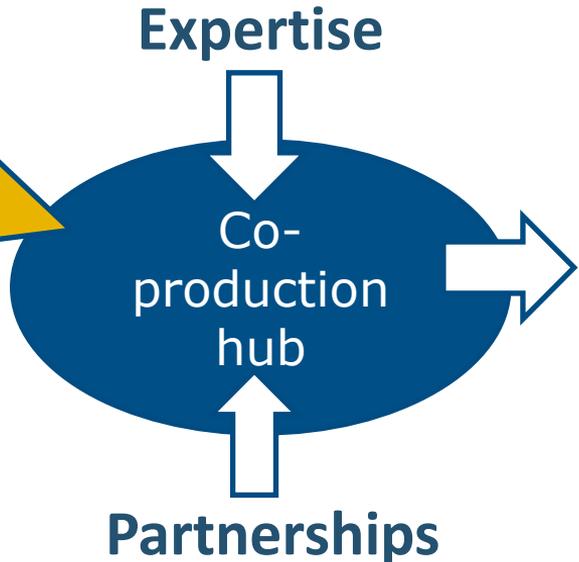


A model foundation – creation and use of assets



Mutual benefits of a network

- Access to resources
- Access to partnerships
- Knowledge sharing
- Ideas generation and testing
- Support and promotion



Example actions

- Creative workshops
- Focus groups
- Survey/interviews
- Tasks and delivery
 - service design
 - strategies/protocols
 - support services
 - training
 - expertise
 - comms and awareness

What the ICA Co-production Hub brings to the system



Co-production is part of the process of designing, improving and delivering integrated care.

Our Co-production Hub will improve our co-production expertise, not just within the ICA, but across the system and our communities.

What we can do – our “unique offer”

- Join up and maximise our system’s assets - people, skills, knowledge and diversity
- Provide access to learning and developing co-production, through training, advice, skills transfer
- Provide access to national and international expertise and funding.



**Translational Research:
Co-producing the evidence base to improve system, practice and
patient/ user/ unpaid carer outcomes**

Dr Karen Windle

The Suffolk and North East Essex ICS (SNEE ICS) and Suffolk County Council (SCC) health, care and research environment



- SNEE ICS and SCC serve around 1 million people.
- Delivering equitable access across rural areas is challenging.
- Over a fifth (22.8%) of the population are aged 65 and over.
- Over the next 20 years, proportion of older people forecast to increase by almost half (43%) with consequent multimorbidity.
- 13,000 are living with dementia (~5,000 undiagnosed) and numbers likely to double over the next decade.
- High prevalence of preventable health conditions. Disease prevalence across cardiovascular disease, cancers, COPD are all higher than the national (and regional) average.
- Evidence of increasing mental ill-health, particularly among children and young people.
- Rise in relative deprivation levels.
- Limited research and evaluation available to support the development of the evidence base.
- **The ICA task, to build the evidence-base, measure outcomes and, deliver research capacity and capability through co-production.**

Areas of research



Reducing and mitigating health inequalities

Optimal mental health and well-being

- **PhD studentship:** Integrating community services at first presentation for those with mental health conditions in an integrated car system. **Funded by SNEE ICS.**
- **Long Covid Optimal Health Programme:** personalised psychosocial-focused six sessions to mitigate symptoms, improve self-efficacy, and support recovery. **Funded by: Mental Health Alliance, SNEE ICS**

Best quality of life as we grow older

- **European Union Horizon Funding:** Applying an AI Avatar, DoctorMe, to support those aged ≥ 75 along with their unpaid carers living in rural areas to: live well with Heart Failure, deliver early intervention, increase integration and, reduce system costs.
- **Evaluation of the ACT assessment:** Impact of the introduction of the ACT assessment on systems, practice patients and carer. **Funded by SNEE ICS**

Care and support towards end-of-life

- **PhD studentship:** Impact of a population health approach to end-of-life care. Funded by **St Helena Hospice** (North East Essex)
- **National Institute of Health Research:** Palliative and End of Life Care Consortium
- **UKRI AHRC:** Bereavement rituals during the Covid-19 pandemic, Implications for public health messaging.

Palliative and End of Life Care (PEoLC: Suffolk Consortium)

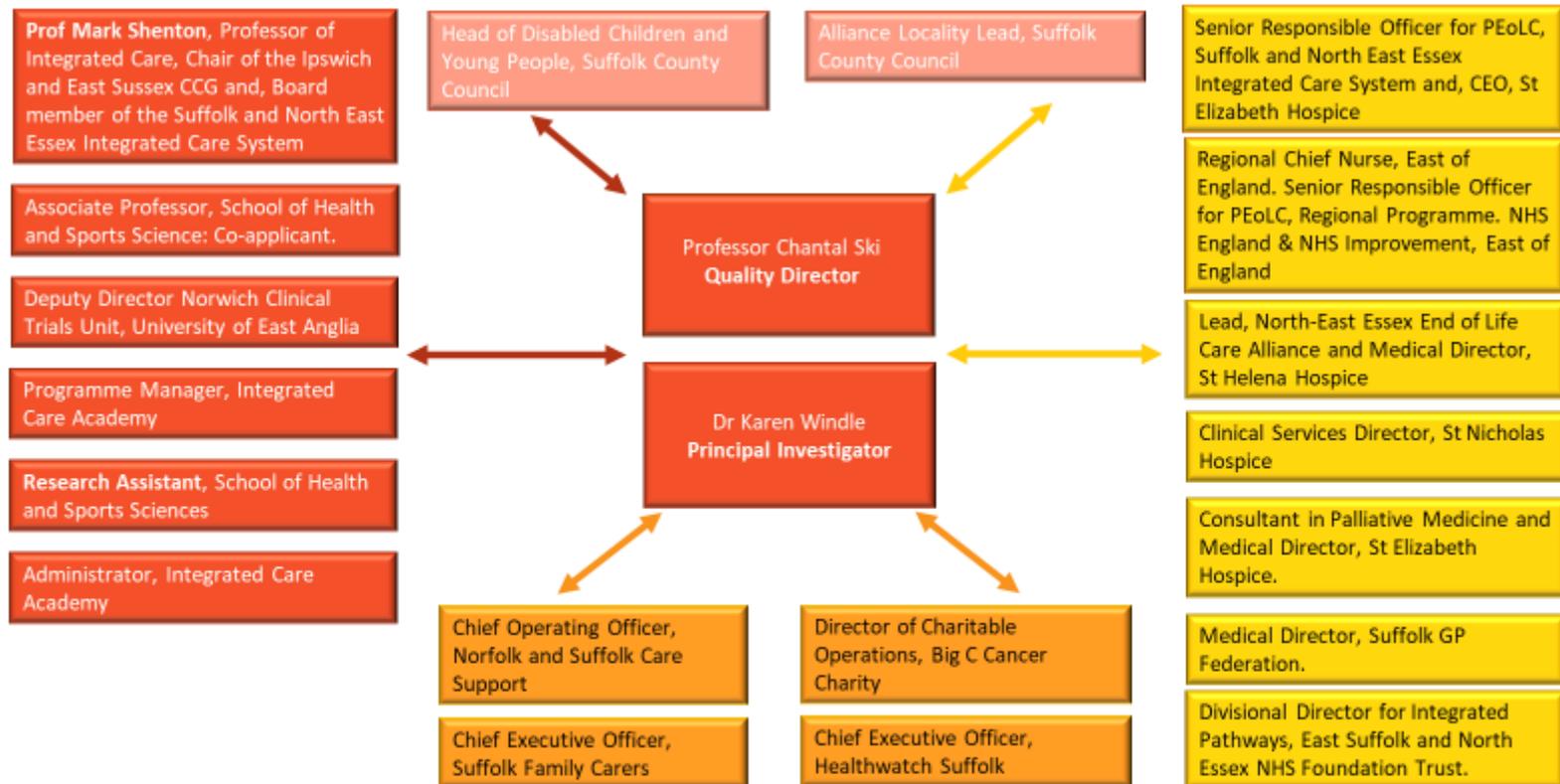


- Overall aim: To establish, implement and sustain partnerships that will build research capacity and capability in PEoLC, resulting in an increase of research activity’.
- Five deliberative workshops to develop research questions, identify appropriate methods and funding streams and submit up to six research programmes.
- Consensus and Writing Team Workshop
- Task and finish working groups.



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The Suffolk PEOC Consortium



 Integrated Care Academy, University of Suffolk and University of East Anglia Research Team

 Third Sector Support

 Children's and Adults Social Care

 Health and PEOC organisations



**Leadership Training:
Supporting multi-professional/ multi-agency team development for
integration**

Dr Karen Windle

Leadership across Integrated Care



- “Leadership is one of the neglected topics in integrated care” (Amelung et al., 2017).
- Suggested that leadership is one of the most influential factors in shaping (and changing) organisational culture (Barnett and Weidenfeller, 2016).
- Effective leadership is associated with: health service improvement, greater staff well-being, decreased turn-over rates and, an overall increase in quality of care (Forsyth and Mason, 2016; Gunzel-Jensen et al., 2016; Han et al., 2017).
- Integrated care systems face manifold tensions (Sydow et al., 2016; Schad et al., 2016):
 - Networks torn between market and state-orientated public governance structures;
 - Perceived trust and capacity imbalances among network members (Li et al., 2018)
 - Competing Priorities among network members (Carter et al., 2014)
 - Sub-optimal governance solutions to network or digital data sharing (Cristofoli and Markovic, 2016).
- Recognition that Integrated Care Systems need leaders who can motivate staff and managers to work differently across services and organisation boundaries.

Co-producing leadership



ICA at the University of Suffolk

- **UoS School of Health and Sports Sciences** are reviewing all health and care programmes to introduce the concept of integrated care as a common indicative content.
- **MA in Integrated Care**, which will emphasis practice learning.
- **MBA Module: Health and Care Integration, Policy, Systems, Practice and Leadership.**

ICA Clinical/ Practitioner leadership programmes

- **CLEAR Programme** (Clinically-led workforce and activity redesign).
- **One Team Leadership Development Programme (OneTeam)**
- **HEE Integrated Care Fellowship Programme.** To support GP fellows from across the EoE Region in the development of the skills needed to work effectively in and, lead teams.

MBA Module: Health and Care Integration



Four Evening Sessions (17.00 – 20.30)

Session One: Comparative global, national and local models of integration

Session Two: The evidence underpinning efficiency, effectiveness and cost-effectiveness of integration

Session Three: The role of integration in population health management and the mitigation of health and care inequalities

Session Four: Barriers and facilitators to workforce and data and digital integration

One Saturday Session (10.00 -16.00)

Session Five: Organisational cultures and behaviours and the impact of policy, funding streams and professional codes of practice.

Session Six: Transformational management and leadership (including leadership in workforce systems, data and digital integration)

Session Seven: Delivering appropriate management and leadership in complex systems

Session Eight: The Future of integration, developing systems and the generic workforce

All sessions include 'Lecture' and follow-up Seminar (with pre-itemised reading). Each activity is supported by Brightspace information (e.g., relevant peer reviewed papers, policies, Vlogs, Blogs) and, one-to-one contact time.



OneTeam Leadership Programme

- Brings together up to 24 health and care practitioners (community services, social care, mental health, primary, secondary and tertiary health care, hospice, primary care network clinical directors and district council staff).
- Delivered in four modules across sixteen days which includes:
 - The political context of leadership.
 - Strategic thinking.
 - Management of change and transition.
 - Partnership working.
 - Managing Conflict.
- Interleaved with Action Learning Sets and provided with a coach
- Participants take forward a priority project.



New Frontiers
Data and Innovation, supporting creativity and opportunity

Professor Chantal Ski

DigiTech Centre

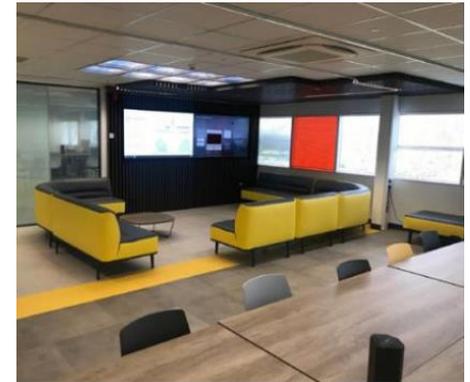


- Joint initiative – UoS & BT
- Location: Adastral Park - world class centre for innovation in technology
- > 120 high-tech digital and technology companies
- World class specialist laboratories

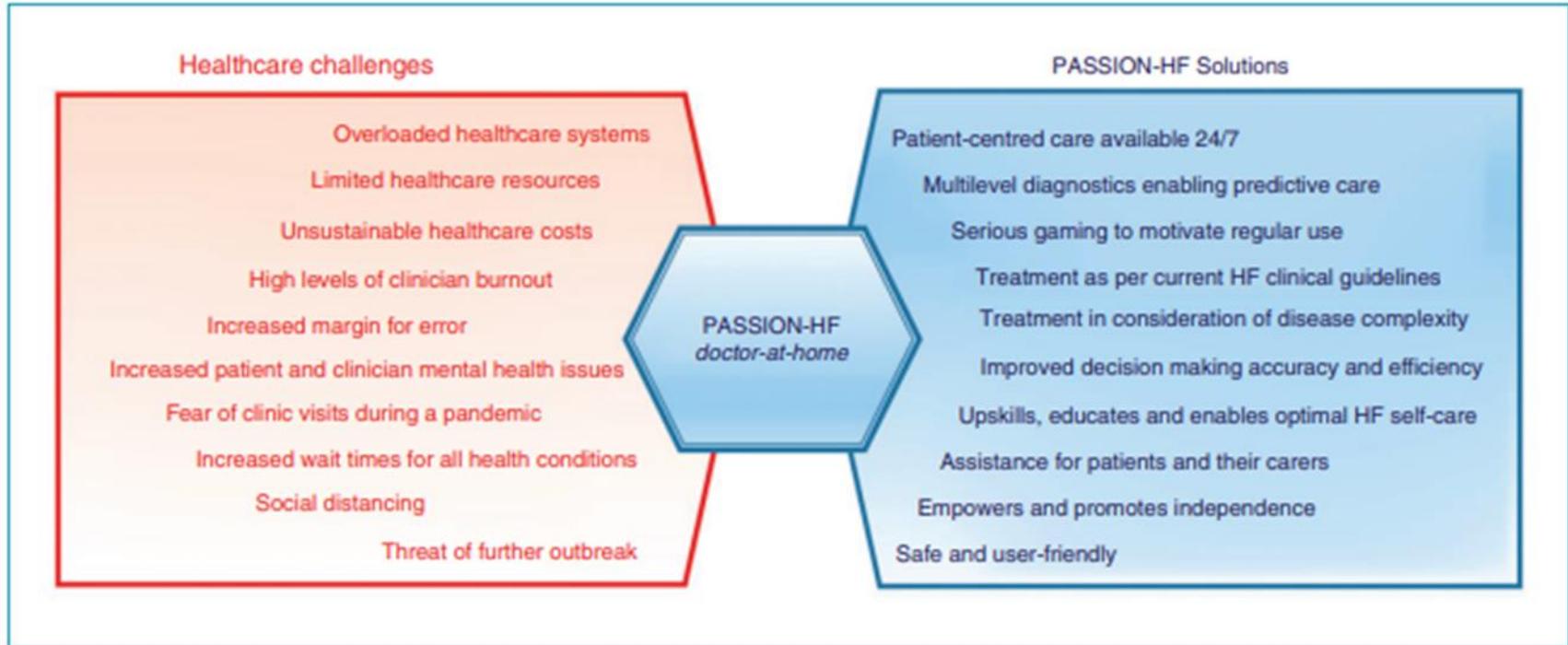
DigiTech Centre



- Cyber Lab - cyberwarfare training and cyber technology research and development
- Sustainability & Smart Living - energy and sustainability and smart living technologies
- Data Science & AI – development of machine learning and data science skills within a cloud environment
- Professional Development (CPD) – professional and certified training for local business.



Digital, data and technology innovation: *DoctorME*



ICA – *the new way forward*



- Smarter ways of thinking - *driver for transformational joined-up care*
- Catalyst for cultural change – *adapting to a new landscape*
- Capitalise on commitments - *collaborative capacity across the region*
- Build networks and partnerships – *digital networking platform*
- Co-production is key!

ICA = Reduce inequalities

INTEGRATED CARE ACADEMY



twitter.com/IntegratedCare6



linkedin.com/company/integrated-care-academy



University of Suffolk



CAN DO



Suffolk County Council



healthwatch

uos.ac.uk/ica



youtube.com/channel/UCK7oRYQ9qpoqTAeF5mm8BbA



Thank you

Delivered in partnership:

