



East of England

All Party Parliamentary Group

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NOTE OF THE ZOOM MEETING

AGM plus Levelling Up Health: How Integrated Care Systems will help Tackle Health Disparities

10am to 11:30, Wednesday 30th March

AGM

- Daniel Zeichner MP chaired the AGM which was attended by the following MPs and Peers: Peter Aldous MP, Rachel Hopkins MP, Giles Watling MP and Lord Alan Haselhurst.
- The meeting agreed a financial statement regarding the contribution the Group's sponsors provide. This will be posted on the APPG website.
- It was also agreed to amend the register to record that the Secretariat will continue to be provided by Steve Barwick but in his own right rather than on behalf of DevoConnect.
- All existing Parliamentary officers were unanimously re-elected and the following were confirmed as Vice Chairs: Andrew Rosindell MP, Daisy Cooper MP, Matt Hancock MP and Lord Alan Haslehurst
- There being no other business the meeting ended at 10:05.

Levelling Up Health: How Integrated Care Systems will tackle Health Disparities

- Peter Aldous MP welcomed all attendees and introduced the theme of the remainder of the meeting which will focus on the region's six Integrated Care Systems, which subject to the passage of the Health and Care Bill will statutorily begin in July.
- The key question that will be addressed by our excellent panel of speakers is, how will these new ICSs better deliver focus on, and results regarding, reducing health inequalities?
- Delighted that a former Health Minister and, of course, a former MP for the East of England, [the Rt Hon Alistair Burt](#), is able to join us to give us some introductory remarks
- We are aware that he remains passionate about health reform and as a member of the [Health Devolution Commission](#) - which incidentally another former East of England MP and former Health Minister, Norman Lamb, Co-chairs along with Andy Burnham - he has been advocating a more localised and joined up approach to NHS and social care delivery.
- The question is: will these new structures – Integrated Care systems – really deliver a focus on health inequalities and help level up health? Over to you Alistair.

Keynote address – Rt Hon Alistair Burt

- Delighted to be presenting to the East of England APPG. I have a long association and warm affection for the NHS. My father was a founding GP of the NHS, my brother is a doctor and I myself have been a Covid Responder and am currently training as a St John Ambulance volunteer vaccinator.
- I serve on the Health Devolution Commission which has focussed on the issues that the Department wrestled with: greater integration and a sharper focus on health inequalities.
- ICS do in those respects represent a paradigm shift in the way we organise our health services
- With this legislation there is the opportunity for the NHS to move towards a fundamentally new purpose focussed on reducing health inequalities and towards a genuinely new partnership with Local Government, including social care and wider public services.
- ICSs also provides an opportunity for the delivery of a goal we have all long sought: parity between physical and mental health services.
- ICSs will play a key role in levelling up health. The “mission” to narrow the gap in healthy life expectancy (HLE) between areas is just as important in the east of England as it is in Bury, where I grew up.
- That it is nine year for men and 7 years for women as the excellent report compiled by the Centre for Public and Policy engagement set out is proof of that.
- But, and sadly there is a big but – good intentions and even good structures do not make this long looked for shift an inevitability.
- In fact, it will be extremely difficult for Integrated Care Systems to meet the ambitions that the Commission, the wider health sector and indeed ICS’s themselves have for them.
- There remain huge pressures on both NHS and social care services from Covid, an exhausted workforce pressures in social care.
- Three issues to watch out for as ICSs roll out: the tendency at the heart of Government to not let really go. It’s not surprising as Ministers are accountable but this should be resisted. Second, over defensiveness which can be a barrier to learning and could even lead to bad outcomes eg Shrewsbury. Third, ensure ICSs work towards easing tensions between those from different sectors: they must be sites for collaboration not a battleground.
- Fundamentally ICSs are the right way forward. The delivery of integrated, better care is what the public want to see
- It really it is now up to the six ICSs to establish the good relationships between partners and make progress.
- There’s been plenty of guidance already published for ICSs and I have to say it is for now welcome as it is permissive.
- I am sure in time Integrated Care Systems can put health inequalities and public health first, they can finally join up NHS and social care and they can make our health services become more democratic and locally accountable.
- The Health Devolution Commission has just announced its programme of meetings for 2022 and these will help ICSs achieve these outcomes by promoting best practice.
- We’d be very interested to see how the six ICSs in the East of England develop and I know Steve who plays a supportive role in both this APPG and the Commission will ensure lessons learned are shared.

Ed Garratt, Chief Executive, Suffolk and North East Essex ICS and the Region’s Lead on Reducing Health Inequalities

- Really exciting time as collaboration has replaced competition as the dominant culture in the health service as well as a strong focus on local communities
- ICSs are about building one team across NHS and local government along with VCSE and other partners such as universities

- The higher purpose of ICSs is around tackling health inequalities and improving outcomes for everyone. Within SNEE we have 11 year variation in life expectancy between different neighbourhoods and life expectancy for some deprived groups is falling for first time since Victorian era.
- Moreover, a quarter of those living in most deprived areas have a life limiting disability. 60% of those earning less than £10,000 have depression
- Chris Whitty has said there should be a focus on coastal communities and in the SNEE area we have many. Some are well off whilst others are “left behind”.
- Poorer communities often have poor access to health services but there are also wider determinants of health - education, employment, warm housing, clean air, better environment.
- The health service cannot solve these but as anchor institutions the health service can contribute eg through procurement. It can also work with other partners such as councils
- Giles Watling MP and Bernard Jenkin MP have worked with their local neighbourhood teams in Clacton and Harwich to help to improve services in partnership with voluntary sector.
- This provides a model for future co-operation so I am optimistic about the direction of travel

Susannah Howard, ICS Programme Director, Suffolk & North East Essex ICS

- Covid has been a wake up call regarding health inequalities. Our vaccination roll-out focussed on, and succeeded in, increasing take up amongst certain groups. See slide.
- We have taken forward this co-operative and partnership approach on other issues – for example, suicide prevention and the high rates of maternal deaths amongst BAME women
- One of the most important aspects of an ICS is to be a learning system. Relationships with VCSE are very important and has become key part of our approach.
- We are keeping up dialogue with a 100 Day Health Equity Challenge which so far has involved 200 people from 32 organisations adopting a culture based on allyship, awareness, assessment and accountability
- All our NHS organisations are signed up to the Anchor Institutions Charter which means committed to maximising impact as employers and purchasers, on the supply chain and the environment
- SNEE ICS is also committed to working towards a ‘Healthy Suffolk Businesses’ Charter Mark working with both Essex and Suffolk working with the local Chambers of Commerce and Health and Wellbeing Boards.

Cllr Bill Borrett, Chair designate, Norfolk & Waveney Integrated Care Partnership

- There is an ageing population with many having multiple morbidities and ICS have an opportunity to take a multi-agency approach to dealing with these challenges
- ICSs are central to the Levelling Up agenda.
- There is an opportunity to be ambitious regarding the role of the Integrated Care Partnerships in driving forward the health inequality agenda which Covid has highlighted
- There was much innovation during Covid including data sharing but also co-operative working at the local level; this should be continued and built upon by ICSs
- Three conditions for the success of ICSs: recognition of what can be achieved when all sectors collaborate with shared outcomes; taking right decisions at right scale; and data and evidence-based approaches so public health for example informs decision making.
- ICPs will be critical to success of ICSs – they bring together diverse stakeholders on an equal basis. Need to coalesce around health outcomes not compete over processes.
- ICPs can help focus on factors that determine ill-health: early years support, quality and security of housing, transport, skills, education, employment support and the environment.
- ICSs should commit to a long cycle of change and focus on prevention. This is a big vision and will require consent and commitment from a range of partners and is something in which local councils have quite rightly important role and should lead the ICP.

- Wider national policy should re-inforce an approach that respects the leading role of the ICP strategy which in time will seek shift focus from acute care to preventative action and public health, from one that responds to need to one that meets need.
- The critical role of social care to the future success of ICSs needs to be recognised. This needs to be adequately funded and without that ICSs will be sabotaged
- ICPs will drive collaboration but will require public health teams to guide their approach.

Q&A plus contributions

- Q: Many NEDs on ICSs are from NHS in my experience
- A: Board should reflect the wider goals so should not all be from NHS
- Q: Concerned Health and Care Levy will be swallowed up by NHS: how ensure social care gets fair share?
- A: Will depend in part on getting the governance right.
- Q: Would the panel comment on the importance of data
- A: Absolutely vital – both so that NHS and social care “talk” to each other and so that public health and other interventions are guided by the facts
- Q: To what extent is SNEE activity on health inequalities is being undertaken in other areas?
- A: Excellent practice across all six ICSs and there are good links between them too. There is also joint network between EELGA and NHS East of England focussed on anchor institutions.
- Q: the health service is extremely stressed: how much can it do on inequalities or will ICSs be preoccupied with firefighting?
- A: We have seven years to recover but can’t put off until then but use opportunity for transformation through innovation that ICSs afford for example integrated management
- Q: Serious air quality issues in urban centres of East of England for example Lowestoft
- A: SNEE plans to launch concerted action as its fourth largest killer including moving to a green fleet

Concluding comments – Co-chairs

- Clear that place-based approach is fundamental to identifying and meeting health challenges and ICS’s will be very much a team game including county and district councils, VCSE, universities, etc
- We do have significant challenges in East of England – deprivation amongst coastal community for one: widening disparity in life expectancy is another
- The role of social care sector is critical – not just a case of 2=2=5. More funding for this sector so on sustainable funding is essential but an issue for MPs to take up another time
- Important that co-ordination and collaboration between ICSs continues in co-operation with EELGA. Noted, for example, that there will be an EELGA-led region wide response to Integration White Paper
- Peter Aldous MP thanked all the speakers and attendees as well as sponsors of the Group and the Secretariat plus Beverley Wilkinson of the Centre for Public and Policy engagement who prepared the detailed background briefing for all attendees.
- The next meeting will be on 25th May and focus on the East of England’s potential as an International Gateway. Further details will be circulated by the Secretariat in due course.

The East of England APPG is kindly supported by British Sugar, London Stansted Airport, the East of England LGA, AstraZeneca and Haven Gateway Partnership.

