



Report sponsor: Robyn Dewis, Director of Public Health, Derby City Council

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Derby and Derbyshire Integrated Care Strategy

Purpose

- 1.1 To provide the Health and Wellbeing Board (HWB) with an update on progress on the Integrated Care Strategy.

Recommendations

- 2.1 To note the publication of the Integrated Care Strategy and update on progress.
- 2.2 To consider the role of the HWB in implementing the Integrated Care Strategy.

Reason

- 3.1 To ensure that the Health and Wellbeing Board (HWB) is informed of the Integrated Care Strategy to be able to contribute to its effective implementation ensuring alignment and joint effort as necessary on shared priorities.

Supporting information

- 4.1 Integrated Care Partnerships (ICPs) have a statutory responsibility to prepare an Integrated Care Strategy. The purpose of the Integrated Care Strategy is to set out how Local Authority, NHS, Healthwatch, and voluntary, community and social enterprise (VCSE) sector organisations will work together to improve the health of Derby and Derbyshire citizens, and further the transformative change needed to tackle system-level health and care challenges.

- 4.2 An Integrated Care Strategy for Derby and Derbyshire has been prepared and the ICP considered this draft at its meeting on 19 April 2023 and recommended the approval of the Strategy to its constituent Council Cabinets. The Integrated Care Strategy was approved for publication by Derby City and Derbyshire County Councils in June 2023. The Strategy can be found here:
<https://joinedupcarederbyshire.co.uk/about-us/derbyshire-integrated-care-partnership/our-strategy/>
- 4.3 The main thrust of the Strategy is the need to focus on enabling actions that are critical to the development of high quality and sustainable integrated care and our response to the stated population health and care needs.
- 4.4 Three Key Areas of Focus have been identified within the Strategy. These are deliberately not being framed as priorities but instead chosen to test our strategic aims and ambitions for integrated care in response to population health and care needs. If we can systematically improve the way in which we collaboratively address these challenges, the benefits will be widespread and impact beyond the three specific area.
- 4.5 The Key Areas of Focus of the Strategy are.
- **Start Well** - to improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness.
 - **Stay Well** - to improve prevention and early intervention of the three main clinical causes of ill health and early death in the JUCD population - circulatory disease, respiratory disease and cancer.
 - **Age Well & Die Well** - to enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength-based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations.
- 4.6 On 26th June the VCSE sector organised and led a partnership event launching the Memorandum of Understanding (see separate agenda item) and providing the opportunity for the 200+ attendees to feed in questions and suggestions in 'share and contribute' sessions focussed around Start Well, Stay Well and Age/Die Well. The outputs are being collated and themed to provide a rich source of information for each of the partnership groups that are leading on the development of plans.
- 4.7 A principle of the Strategy is to build on what we do well now and not duplicate, and so existing partnership groups are leading on each of the three areas. All have prepared a summary 'route map' which the Integrated Place Executive received at its last meeting. It was acknowledged that currently there are not developed plans and they represent more of a position statement against a consistent set of headings so that it is possible to identify themes and issues, despite the diverse scope.
- 4.7 The lack of fully aligned capacity with the knowledge and skills to deliver against the ambitions is a key potential barrier to the implementation. The leaders for the three areas are working through these challenges but some of the issues (and opportunities) are included here.

4.9 Requirements are across the following areas:

- Across the ICP constituent organisations, there is a good deal of **service improvement and change management resource**. The challenge is leveraging this across the System where required and enabling staff with these skills to work across organisations.
- **Public Health/prevention workforce** - teams within Derbyshire County and Derby City Councils include both advisory expertise and service delivery. With prevention being 'everyone's business,' our PH teams can develop system partners' population health and prevention capacity and capability, where required. Discussions are underway to consider how resource can support delivery particularly of the Stay Well agenda alongside ensuring continuation of core statutory functions and existing priorities. There is alignment of this key area of focus with effective public health approaches to preventing ill health.
- **Strong local community and voluntary sector**, supporting driving an asset-based rather than deficit-driven approach. This promotes 'listening' to our communities and hearing lived experiences and co-production of services and solutions. The sector also increases scale and breadth of potential delivery.
- Opportunity to capitalise on the fact that we have **established providers of prevention interventions**, to maximise the benefit they can offer to communities.
- A small **psychological insights resource** is in place which has evidenced its value in delivering on this approach. However, to deliver at scale additional capacity will be essential
- **Quality Conversations** resource- Joined Up Care Derbyshire has invested in a system wide health coaching programme which has e-learning, face to face, generic and targeted components to increase the skills, knowledge and confidence of staff to undertake health coaching, strengths-based approaches to improving health.
- We have comparatively good **Population Health Management (PHM) data and analytical capability** in the system which also holds a breadth of historic system knowledge. There is a current challenge, however, to release this capability to provide effective capacity to support PHM activity and as a robust PHM approach is not yet embedded in all areas of the system. The time commitment of partners to engage and support this work is a challenge.
- Delivering this work is a cross system effort, including partners from acute providers, adult social care, Derbyshire Community Health Services (DCHS), East Midlands Ambulance Service (EMAS), the Integrated Care Board (ICB), primary care, public health and third sector. Identified capacity gaps relate not just to programme resource, but enabling resource and effective working across teams
 - Enabling resource needs support to shift from focussing on organisational priorities to **focussing on geographies and integration**
 - There is an expectation of **co-production** with citizens and the third sector, but very limited training or support to enable operational teams to do this
 - Complex **cross-system governance processes** risk delaying progress

- Need support **navigating clinical accountability and information flows.**
 - No agreed **decision-making process** for the disinvestment / reinvestment (re-prioritisation) of existing resource.
- 4.10 In order to deliver the Start and Stay Well key areas of focus, the following are the initial identified requirements of partner organisations:
- Commit to and ensure prioritisation of prevention approaches across all service pathways, enabling adults plus children and their families who exhibit/possess risk factors/behaviours to access appropriate support services and/or make suitable lifestyle changes.
 - Actively seeking and embracing the insight available within local communities to shape how services are designed.
 - Utilising knowledge, skills and connections that partners hold. For example, to facilitate co-design of specific services.
- 4.11 Prevention, reducing health inequalities and increasing life, expectancy and healthy life expectancy are all key aims of Integrated Care Partnerships and these aspirations are mirrored with the key organisational strategy documents of all system partners. By committing to this approach at system level, the key areas of focus will support all organisations and the Integrated Care Partnership to deliver against specified strategic objectives.
- 4.12 For the Age Well / Die Well key area of focus the existing community transformation work is already highlighting a number of challenges that will continue to require system support to work through:
- Use of resources for system benefit rather than for host organisations
 - The potential tension between organisational sovereignty as demonstrated through individual policies, procedures, cultures etc. alongside the need for teams of people to work together with shared processes
 - The form and pace at which new financial models and mechanisms for collaborative commissioning can be developed to support delivery
 - Balancing the principles of doing once those activities that need only to be done once or where consistency across the system is important, alongside subsidiarity of decision making to, for example the Place Partnership or integrated neighbourhood team level
 - Identifying impact (especially financial) and the pace at which complex change processes deliver.

Public/stakeholder engagement

- 5.1 As noted above there has been some engagement around the key areas of focus and a commitment to embed engagement and the use of insights into plan development

Other options

- 6.1 None considered.

Financial and value for money issues

- 7.1 None directly arising from this report.

Legal implications

- 8.1 None directly arising from this report.

Socio-Economic implications

- 9.1 None directly arising from this report.

Climate implications

- 10.1 None directly arising from this report.

Other significant implications

- 11.1 None directly arising from this report.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal Finance Service Director(s) Report sponsor	Robyn Dewis, Director of Public Health, Derby City Council	12/07/2023
Other(s)		

Background papers:	Derby and Derbyshire Integrated Care Strategy - https://joinedupcarederbyshire.co.uk/about-us/derbyshire-integrated-care-partnership/our-strategy/
List of appendices:	