Joined Up Care Derbyshire

INTEGRATED CARE PARTNERSHIP

Date 13 December 2023

ITEM 05

Report sponsor:	Jayne Needham, Director of Strategy, Partnerships and Population Health, Derbyshire Community Health Services NHS Foundation Trust (DCHS)
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Implementing the Integrated Care Strategy: Stay Well

Purpose

1.1 Stay Well is a one of three Key Areas of Focus of the Derby and Derbyshire Integrated Care Strategy, with the other two being Start well and Age/Die well. The purpose of this report is to provide the Integrated Care Partnership (ICP) with an overview of Stay Well and progress made to-date.

1.2 A further purpose of this report is to make the ICP aware of any challenges and barriers that are limiting the scale and pace of implementation.

Recommendations

2.1 To acknowledge the importance of positively impacting on the clinical areas within the Stay Well KAOF, both for the patients themselves, as well as the System.

2.2 To acknowledge that other competing priorities exist in the system and that pace of delivery is impacted by resource available in light of these competing priorities.

2.3 To consider the items for escalation identified in section 11 of this report.

Reason

3.1 To ensure the delivery of the Integrated Care Strategy.

Supporting information

4.1 The Integrated Care Partnership (ICP) published the Derby and Derbyshire Integrated Care Strategy 2023 in June. It sets 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 The Strategy has three Key Areas of Focus (KAOF) chosen to test in detail our strategic aims and ambitions for integrated care in response to population health and care needs. The KAOF follow a population health life-course approach and their scope incorporates improvement in prevention, early intervention and service delivery outcomes.

4.3 The three Key Areas of Focus 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 3 main clinical causes of ill health and early death in the JUCD population - circulatory disease, respiratory disease and cancer.
- **Age/ 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.

4.4 This report provides an overview of Stay Well KAOF and the progress made to-date.

4.5 The aim of the Stay Well KAOF is 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.

4.6 These three clinical conditions were chosen as evidence shows that they are the leading cause of early death and time spent in ill health for the population of Derby and Derbyshire. They are also the main causes of the gap in life expectancy between our most and least deprived communities. Reducing morbidity from the three clinical conditions through a prevention approach will reduce and manage the demand on resources required for treatment of later stage disease, thus improving the sustainability of the Joined Up Care Derbyshire (JUCD) System.

4.7 To support the implementation of the Stay Well KAOF, the Population Health Management (PHM) Steering Group has taken on its leadership. The membership of the PHM Steering Group was amended to ensure all stakeholders relevant to implementing the Stay Well KAOF were included. The PHM Steering Group now has a breadth of membership including representation including disease-area leads, Integrated Care Board (ICB), acute and community health providers, primary care, and local authority public health and social care colleagues.

4.8 Initial work was undertaken by the group to understand the main causes of the three diseases and the 'causes of the causes' (see Appendix 1). Alongside this, a gap analysis was completed to understand the existing and planned activity in the system in relation to each of the three disease and any gaps.

4.9 The PHM Steering Group membership acknowledged that the scale of the Stay Well KAOF is vast and there is no additional resource with which to deliver on the ICS Strategy. As such, work to deliver this KAOF is being undertaken within existing roles/capacity by colleagues across the local health and care system.

4.10 Due to the limited capacity, the PHM Steering Group has reviewed the drivers identified in the driver diagram (Appendix 1) and selected one driver to focus on initially. The PHM Steering Group has decided to initially focus on "smoking". This is because:

- Smoking remains the single biggest cause of preventable ill health
- Actions to address this driver cross into the work of all partners
- There was (is) good work taking place in this area – so it is an opportunity to consider what the potential is for integrated approaches to take us further and faster (a key test for the ICS Strategy)
- Smoking is a causal factor in all 3 of the Stay Well disease areas
- There is a refocus at a national level on this agenda with the opportunity of additional funding to LA's being made available for cessation interventions
- Smoking is a underpinning driver of the national CORE 20 plus 5 Health Inequalities programme
- There is a national strategy for England to be smoke-free
- Reducing smoking prevalence is a Turning the Curve population health outcome indicator.

4.11 In addition to selecting an initial driver, again in recognition of the limited capacity to make progress as a system, the PHM Steering Group have agreed to trial a new way of working. This is to adopt a time-limited "sprint" approach, whereby for a defined and relatively short period of time partners agree to focus on one driver and consider what action(s) they can each take to positively impact the identified driver (smoking). The decision to take a sprint approach was informed by the experience

of COVID, where partners felt collaborative working was effective in-part due to having a single, defined, shared goal or focus area.

4.12 The PHM Steering Group have agreed that evaluation is critical to the Stay Well KAOF, and as such a lessons learnt exercise is planned for the end of each sprint, as well as a standing item on all PHM Steering Group agenda's during the sprint to ensure timely reflection throughout. We have adjusted the duration of the sprint, in response to stakeholder feedback, and to ensure the end point dovetails with the planned establishment of a JUCD Tobacco Control Group prior to March 2024. This extension will ensure the sustainability into the JUCD Tobacco Control Group of any actions that have taken place / are in progress, beyond the confines of the time-limited sprint.

4.13 Working in collaboration and learning from our experiences during COVID has enabled us to embrace this learning and focusing on a single driver. Using a sprint approach is allowing us to target our shared resource and effort on a shared priority within limited resources. Evaluating this approach will allow us to understand whether this delivers the progress we expect and whether it is a sustainable method for future integration work.

4.14 A number of challenges have arisen that the PHM Steering Group are finding difficulty in resolving and are likely challenges experienced in other KAOF:

- IT connectivity and accessibility between partners is proving challenging, especially for the voluntary sector representatives in the group who are unable to access shared project documentation on MS Teams.
- The PHM Steering Group have identified that, beyond the scope of the initial sprint, a key enabler to be able to undertake population health interventions or personalised prevention activities, is to establish a shared data set for the purpose of population health (i.e. beyond immediate individual patient care).

Public/stakeholder engagement

5.1 During the development of the Stay Well KAOF, public briefing sessions took place on the scope of the KAOF.

Public engagement hasn't taken place to inform the sprint approach specifically, or the focus on smoking. However, stakeholder engagement via representatives at the PHM Steering Group has been present right from the outset when defining the KAOF itself.

Since deciding upon the Smoking focus for the first sprint a half-day "Time Out" session took place, with reps invited from across the system. The purpose of this time out session was:

- To bring everyone up to speed in terms of the ICS Strategy Stay Well KAOF
- Clarify why smoking was selected
- Provide insight in terms of what the data we have available indicates and

what the evidence suggests are effective interventions to reduce smoking.

- Allow time for collaborative idea generation activity for what partners can do to positively impact this driver in their organisation.

The output of the session was a number of action ideas generated by stakeholders across the system, in each of the following 4 areas:

1. Strategic Direction
2. Service Delivery
3. Wider Determinants
4. Communications.

Following the Time Out session, at the subsequent PHM Steering Group, stakeholders prioritised the output action ideas. As such the stay well first sprint now consists of action(s) that have been generated and prioritised by system partners felt to have a positive impact on smoking. These have now been organised into three sub-groups, to be transacted during the sprint:

1. Strategy sub-group
2. Delivery sub-group (consisting of both the service delivery and wider determinants actions from the time out session)
3. Communications sub-group.

The membership of each subgroup, the governance structure for the sprint itself, and the prioritised actions aligned to each subgroup can be found in Appendix 2.

Other options

6.1 N/a

Financial and value for money issues

7.1 Resource to support the programme is a challenge, no value for money issues identified at present.

Legal implications

8.1 None directly arising from this report.

Climate implications

9.1 None identified to date but may be identified as the programme plans develop.

Socio-Economic implications

10.1 In the long-term this change will deliver significant impacts if we can utilise primary, secondary, and tertiary prevention approaches to positively support and enable

people to modify their risk-taking behaviours and reduce the population risk of experiencing a disease aligned to the three clinical areas of the Stay Well KAOF.

Other significant implications

11.1 The below areas for escalation have been identified by system partners at the November 2023 PHM Steering Group:

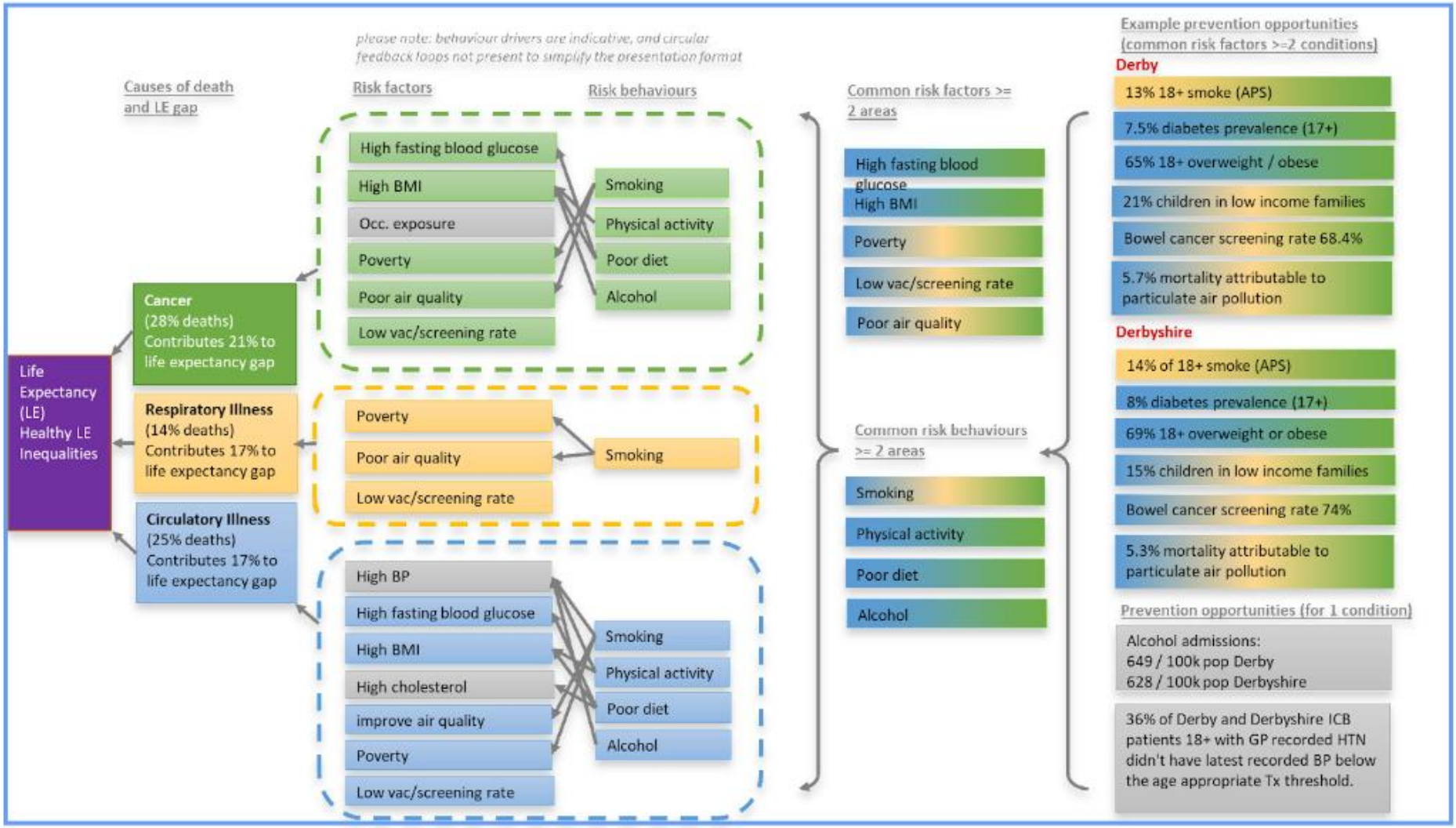
1. Escalate the need to enable the use of data across the ICS for the purpose of PHM, utilising a Section 251 application for PHM purposes to the Clinical Advisory Group of the Health Research Authority.
2. Escalate the need for a clear approach to the data model for Derby/Derbyshire ICS which would then inform the IG Framework and infrastructure requirements across the system partners.
3. Escalate the inability for the current organisational IT infrastructure (MS Teams) to effectively enable joined up integrated working. To clarify, while *very* effective for work taking place *within a single organisation*, it does not meet the needs of *all* partner agencies when working in an integrated way / on work spanning organisation boundaries. This is a particular issue for partners from the VCSE sector. We are currently exploring a workaround by using the NHS Futures platform for sharing documentation (in progress). If successful, this will be a *part-mitigation only*, and will not resolve the project management functionality MS Teams provides.
4. System commitment for capacity to focus on delivery of the Stay Well KAOF. This is because the prevention of the 3 clinical conditions has the potential to significantly impact on the burden of disease within the Derby / Derbyshire population. Currently all partners are providing capacity on a goodwill basis and as part of people's existing organisational roles.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal		
Finance		
Service Director(s)		
Report sponsor	Jayne Needham, Director of Strategy, Partnerships and Population Health, Derbyshire Community Health Services NHS Foundation Trust	05/12/2023
Other(s)		

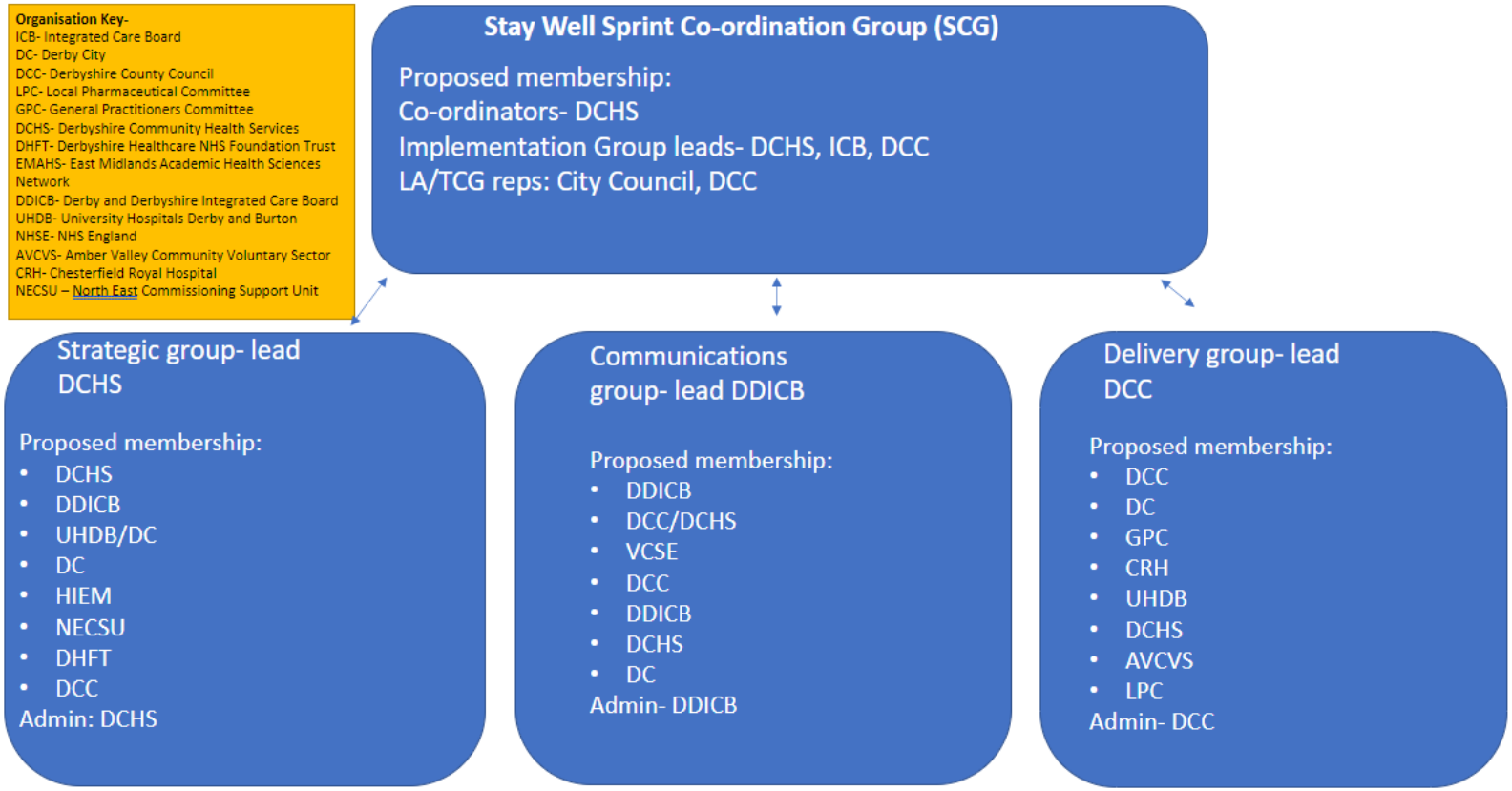
Background papers:	
List of appendices:	Appendix 1 - Driver diagram showing causes of death and risk factors Appendix 2 - Sprint group membership, governance arrangements, and actions

Appendix 1 - Driver diagram showing causes of death and risk factors



Appendix 2: Sprint group membership, governance arrangements, and actions

Sprint Group membership and Governance Arrangements:



Prioritised Actions:

Stay Well Sprint Action Plan with prioritisation

Area of focus	Priority	Action
Strategy	1	Set a smoking control strategic aim and deliver a Tobacco Control Action Plan to deliver against the aim
	2	As anchor organisations utilise our contracting to encourage a MECC approach with all organisations JUCD work with
	3	Establish a system position on vaping and communicate this with JUCD and educate staff
	4	Adopt a shared commitment to determine allocation of funding to support smoking cessation and prevention support
	5	Commit to having permanent services in place (on site smoking cessation)
	6	Agree on where this work fits within system priorities (e.g. amongst falls prevention)
	7	Unlock information governance issues relating to utilising patient record capture of smoking status for the purpose of support to stop smoking
	8	Incorporate evaluation into the Stay Well work (inc sprint process itself)
Communication	1	Create a prevention comms group- first sprint smoking
	2	Gain insight from smokers to understand why they access the service/ understand barriers and what motivates them to quit
	3	Work alongside VCSE sector to engage high prevalence groups in conversations
	4	Use community connections/ hubs to discuss smoking cessation
	5	Identify the population groups we do not hear from and improve communication/ access
	6	Utilise insights from user experience to inform targeted comms campaigns to groups less likely to access services
	7	Using insights to establish areas which have a higher number of smokers, to target comms campaign (post code targeting)
	8	Leverage current comms opportunities (e.g. SMS/ letters) to deliver targeted comms encouraging referral into Stop Smoking Services (considering IG-action A6 required first)
	9	Deliver a mix of targeted campaign delivery in the top 5 system partners , and system wide locally tailored set of comms which amplify key smoking messages
Delivery	1	Choose specific service pathways to focus on for referral activity
	2	Targeting Quality Conversations and Health coaching capacity towards those service providers known to have high prevalence service users, rolling out more widely across the system ensuring training/ capacity is allocated
	3	Partners ensure direct and effective referral of people wishing to quit into an approved LA delivered smoking cessation services
	4	Nominate clinical leaders to drive the work
	5	Link in with GP practices to gain access to patients who would benefit from using the service
	6	Select champions within all providers