

## **INTEGRATED CARE PARTNERSHIP**

### **17 April 2024**

## **ITEM 08**

Report sponsor: Richard Wright, Interim Chair, Joined Up Care Derbyshire

Report author: Andrea Kemp, Engagement Specialist, NHS Derby and Derbyshire

### **Understanding population priorities – Insight Framework**

#### **Purpose**

- 1.1 To update the Integrated Care Partnership (ICP) on developments relating to the use of insight to improve health and care outcomes.
- 1.2 To promote a debate with ICP members about how we co-ordinate effort and resources to put our population at the heart of planning, priority setting and decision-making to drive system transformation work.

#### **Recommendations**

- 2.1 The ICP is requested to receive the report for information and assurance.
- 2.2 The ICP agrees a joined-up approach to involving people and communities, understanding their views and acting on insight and to share resources to support this work where possible.

#### **Reasons**

- 3.1 Committing to a community-led insight approach ensures the voices of residents, patients, service users, communities and staff are sought out, listened to, and utilised resulting in better health and care outcomes for our population.
- 3.2 Agreeing a consistent approach across the Integrated Care System (ICS), sharing resources and reviewing insight together will reduce duplication, improve effectiveness and unlock capacity from within communities to address health and care needs.

## Supporting information

### Background

- 4.1 Insight is defined as 'the capacity to gain an accurate and deep understanding of someone or something'. During exploratory conversations, colleagues involved in engagement work across the ICS described it as 'truly understanding people and issues and making them known'.
- 4.2 The Insight Framework aims to identify and make better use of insight that is available in local communities to inform the work of the ICS and to promote the development of reciprocal relationships with citizens and communities to enable long term engagement.

The Insight Framework aims to:

- Have the voice and lived experiences of people and communities at the heart of the Places that make up the Derby and Derbyshire Integrated Care System
  - Enable local people to take action to promote good health and wellbeing in their communities.
  - Promote a culture of listening, learning, and taking action together.
  - Create a long-term and continuous process, not a one-off conversation.
  - Create an approach that is seen as a 'must have' not a 'nice to have'.
- 4.3 An Insight Toolkit was developed with stakeholders in 2023 to enable partners working in the ICS to better engage with citizens and communities and to build lasting, meaningful relationships.
- 4.4 Members of the Integrated Place Executive have championed this approach as central to the work of the ICS and the Public Partnership Committee receives quarterly reports on progress.

### Mobilising People and Places

- 4.5 The toolkit is modelled on five key themes, offering good practice descriptors at three levels per theme:

#### 1. Understanding Power:

- To achieve meaningful relationships with the community
- To build trust
- To develop and share the importance of an accurate and deep understanding of community experiences, needs, ideas and ambitions.

#### 2. Enable Social Action:

- So that change can be led by the community
- Exploring what people want to talk about
- Exploring what people want to change and influence
- To understand how they want to do this.

### **3. Building a picture of community experiences, needs, ideas and ambitions:**

- So that accurate and deep community led insights can be understood and shared.

### **4. Connecting community and the integrated care system:**

- So that community led insights can shape solutions and services.

### **5. Making a difference together:**

- To address health inequalities
- To improve services and health outcomes
- By translating community led insight into action.

4.6 A testing phase is underway using the toolkit with live examples across many and varied settings. Expressions of Intent were invited from across the system, particularly from communities of interest such as the Black and Minority Ethnic (BME) Forum and communities of place where there was energy, enthusiasm, and curiosity for bringing to life and making meaning of what can sometimes feel like abstract principles and practice.

4.7 To date, 27 initiatives have been returned and are underway (see attached). Several of these need little or no support, as they are interested in self-assessing their approach to engaging with communities. Others are more complex and are being supported by members of the ICB Engagement Team. They will be monitored and reviewed by Place Alliances, the System Insight Group and other relevant groups of stakeholders, before looping back into communities for sense checking and action.

4.8 An Insight Learning Network has been convened involving people from each of the initiatives and anyone else who is interested in this work. The network meets monthly, hosted in a community setting and allows for sharing of experiences, peer support and a spotlight on a piece of work or place. This is an unfolding learning journey intended to strengthen social connection, resident voice, and agency to address inequities and promote well-being.

4.9 The System Insight Group was established in 2020 with a vision to develop a culture of being insight-led across the system when making decisions.

The aims of the group were:

- to gain understanding of people's experiences during Covid-19 pandemic
- collect & organise insight gathered across the system
- promote use of insight in decision making
- reduce over-surveying
- support collaboration between organisations around gathering insight
- put residents at the heart of decision making across the system and support use of a variety of methods for gathering insight.

The group has been refreshed and will take a topic-based approach moving forward. People with specific experience and knowledge will be invited to gather

around an issue, explore a range of perspectives and provide guidance for future action.

## **Emerging Themes**

### Understanding Power

- 4.10 Recognising potential power dynamics as we create relationships with people and communities is critical to achieving sustained and meaningful integration.
- 4.11 Power through hierarchy has emerged as a deep-rooted culture in some of the test initiatives. In Primary Care settings in particular, a powerful few often seem to make decisions for the many. A test initiative at Ripley Medical Practice is focusing on involving more patients and the wider community in the work of the Practice. Since this work began, the Patient Participation Group has increased from 2 to 30 and patients now input into a wide range of issues.
- 4.12 Shifting power away from people in authority and towards citizens and communities is at the heart of the insight work with several workstreams emerging as a result. For example, following the recent tobacco sprint, a deeper phase of engagement is unfolding, involving people with lived experience in the implementation of key smoking cessation campaigns over the coming year.
- 4.13 For several initiatives, a key challenge is that people leading on engagement from the statutory sector feel that they represent 'authority' when they enter into conversation with citizens, and this inhibits honest, open dialogue from both sides. Providers often feel they need to have answers and be able to 'fix' problems whilst citizens feel powerless to take responsibility for their actions and frustrated that they can't make the difference that they want to make.
- 4.14 Bridging the gap between authority and community appears central to making best use of insights across the system. Creating conditions for honest, open conversations and convening opportunities for service providers and communities to get alongside each other, without judgement or the need to problem solve (in the first instance) and to simply enquire and listen would be a good place to start.

### Enabling Social Action

- 4.15 Whether or not the system and its players truly believe in the value of enabling citizens and communities to lead underpins our collective work. And then having the time, skills, behaviours, relationships, and commitment to enabling social action is what will create a different way of working in the long term.
- 4.16 There are some great examples developing in pockets across the ICS where teams are being supported and encouraged to spend time getting alongside communities, without an agenda, to build rapport and allow mutual understanding to grow. This is leading to better outcomes for citizens and more efficient use of resources by providers. However, this approach can be seen as frivolous by some, at a time of heightened financial pressure and an ever-decreasing workforce.
- 4.17 There is also evidence of widespread desire across the system to know and understand the issues, needs and ambitions that matter to the community, and simultaneous efforts to engage with, and target particular places or interest groups to unearth knowledge. This can lead to overwhelm by communities being asked similar questions many times over and rarely seeing the impact or outcome of their

involvement. Places rating high on the Indices of Multiple Deprivation are regularly targeted by well-intentioned programmes but there is a lack of co-ordinated effort and long-term strategy to enable community led action. Lack of collaboration, and not finding out what is already known and going on before engaging with communities happening too often. It manifests in tick boxes, surveys, interviews and focus groups and without meaningful action, it is stifling trust and relationships.

- 4.18 Engaging people through ongoing conversations in their time, in their way, in their place and resourcing opportunities for people to learn and develop as part of that engagement are critical to this work. For example, the hypertension initiative with Derby Health Inequalities Partnership, where volunteers and local stakeholders were trained to use blood pressure monitors and local partners enabled to take supportive action in their neighbourhoods which made people feel involved, important and responsible.

#### Building a picture of community experiences, needs, ideas and ambitions

- 4.19 Once relationships are established, being clear about what we want to understand together with the community and the difference we collectively want to see will help enormously with embedding an insight led approach across the ICS.
- 4.20 Some of the test initiatives have agreed their mission and are setting about undertaking the work, or have completed the work, and are using it as an opportunity to reflect. For example, Derbyshire Carers who were commissioned by High Peak Place Alliance Group to research issues affecting Carers whilst supporting patients. Their work has been published and is now being used to inform several workstreams and potential changes to health and care services.
- 4.21 It is hoped that through the Insight workstream, and particularly through the Insight Learning Network and the System Insight Group, we will develop more consistent approaches to engaging communities to build an ongoing picture of experiences, needs, ideas and ambitions.
- 4.22 The quality of insight generated relies heavily of the quality of approach taken to truly understand what is going on. Time, skills, behaviours and crucially, confidence, to listen without judgement and be able to translate what we hear or see into useful information for others underpins this work.
- 4.23 There appear to be gaps in the capabilities and certainly in the time available for high quality insight to be generated and then embedded and used across the system. The Insight Learning Network is proving to be a useful space to develop such skills, competencies and practices and it is proposed that a more formal learning programme is undertaken to build confidence and model ways of working which can be shared and developed widely.

#### **Next Steps**

- 4.24 As the insight work gathers momentum, opportunities are emerging to collaborate around common workstreams across the ICS. For example, the Tobacco 'Stop the Start' campaign and the upcoming Cardio Vascular Disease intervention. Each offers a chance to involve people and communities from the outset and to use data and insight to drive change. The way we do that, in drawing together colleagues from across the system into shared, safe spaces to reflect, be creative, innovate and work alongside citizens will help us all to learn and make best use of

resources. Support, involvement and endorsement from leaders across the system to work in this way will be critical in optimising potential and accelerating the pace of change.

- 4.25 Key to success in the coming months and years is our ability to draw in external support as well as collaborate with partners and contribute to workstreams at regional and national levels. The following opportunities demonstrate our appetite for insight led work as an ICS and our commitment to working in partnership at every level.
- 4.26 The Complete Community Care Programme is a national programme that supports Primary Care Networks to identify and narrow health inequalities in their local area. The programme encourages local networks to adopt a systematic approach to addressing the wider determinants of health inequalities, including using data and insights to inform action. Lister House Surgery in Derby is the focus of a local initiative, collaborating with Live Well and the ICB Engagement Team to test out relational ways of engaging residents for whom language and culture present significant barriers to accessing health services.
- 4.27 In order to address capacity and confidence gaps, The Institute for Community Studies and The Young Foundation will be supporting us to embed a community led insight approach through a year-long programme of Participatory Research Development. This learning and development opportunity initially aims to involve 25 people working across the ICS and will enable them to involve citizens and communities in gathering and making sense of insights and experiences to improve health and care outcomes.
- 4.28 Due to our innovative approach to involving citizens and communities, Joined Up Care Derbyshire has been selected to represent all the ICSs in the CQC's framework to measure performance of ICSs in relation to their people and communities' strategies. Interviews with JUCD partners involved in the insight work will commence shortly and this will provide good practice examples as part of the national framework.

## Public/stakeholder engagement

- 5.1 The ICB is continuing to define the role of its Public Partnership Committee, which will oversee assurance on the delivery of our Engagement Strategy. This involves partnership working with a range of organisations across the health and care system.

## Other options

- 6.1 None.

## Financial and value for money issues

- 7.1 None arising from this report.

## Legal implications

- 8.1 None arising from this report.

## Climate implications

- 9.1 None arising from this report.

## Socio-Economic implications

- 10.1 None arising from this report.

## Other significant implications

- 11.1 None 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 Other(s)	Richard Wright, Interim Chair, JUCD	04/04/2024

Background papers: List of appendices:	Appendix 1 - Summary of Insight Pilot Initiatives, April 2024
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