**INTEGRATED CARE PARTNERSHIP**
**17 April 2024**

# ITEM 09

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## Stay Well - Update Report

### Purpose

1.1 To provide the Integrated Care Partnership (ICP) with an update on progress made on the Stay Well Key Area of Focus (KAOF) of the Integrated Care Strategy since the last meeting of the ICP.

### Recommendation

2.1 To note the contents of the report for the information of the ICP.

2.2 To support the developed system ambition and objectives and the tobacco control system proposal.

### Reason

3.1 To provide assurance to the ICP that progress is being made on the implementation of the Derby and Derbyshire Integrated Care System Strategy, in particular the Stay Well KAOF.



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**Supporting information**

4.1 Stay Well is 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.

4.2 The aim of the Stay Well KAOF is:

*'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'.*

Together, these cause two out of three of all early deaths in Derby / Derbyshire and cause more than half of the gap in life expectancy between our most and least affluent areas.

4.3 A range of activity has been taken forward to progress the Stay Well KAOF, a summary of the work-to-date is provided below:

- Progressed via the Population Health Management (PHM) Steering Group

- Adopted a driver diagram approach to identify key modifiable risk factors

- Agreed to focus on smoking initially and to trial a Sprint approach to the work

- This was because:
    - Smoking is the single biggest cause of ill health
    - No additional resource but all could commit short-term to focus on one driver
    - Simplified the problem and enabled turning the strategy into action.

- Sprint 1 has now concluded and lessons to be embedded have been captured via an evaluation which has been undertaken. The findings of the sprint have been reported at the March Integrated Place Executive and the JUCD Tobacco Control Board.

- The sprint was transacted using a light touch structure consisting of:
    - Sprint Coordination Group, plus
    - three sub-groups (Communications group, Strategy group, Delivery group).

- Of the 23 actions identified by partners at the initial time out session, 8 were completed during the sprint with 9 continuing / in progress. In addition, 25 new actions were identified during the sprint, with many completed and / or ongoing beyond the timeline of the sprint.

- Examples of actions progressed include:
    - Established a system position on vaping
    - Identified and escalated information governance issues relating to utilising patient record capture of smoking status for the purpose of

support to stop smoking leading to a section 251 update paper shared with ICP. An update on this was provided to the February 2024 meeting of the ICP. This is being progressed by the Integrated Care Board (ICB), which is currently working up a risk-based proposal to inform how data sharing will be progressed, for the purpose of population health management (PHM).

- o Scoped current and adopted a shared commitment to determine allocation of funding to support smoking cessation and prevention support
- o Targeted Quality Conversations and health literacy capacity towards those service providers known to have high prevalence service users, rolling out more widely across the system.

- Examples of ongoing actions include:
  - o Partners ensure direct and effective referral of people wishing to quit into an approved local authority delivered smoking cessation services
  - o Identify champions within all providers to advocate and promote signposting to smoking cessation services
  - o Utilise insights from user experience to inform targeted communications campaigns to groups less likely to access services
  - o Use community connections/ hubs to discuss smoking cessation.

- Given that the use of a sprint approach was a new methodology for this work, the evaluation was undertaken to better understand:
  - o What do people think of a Sprint approach?
  - o Is a Sprint effective in delivering actions?
  - o Does a Sprint approach result in integrated working and does this integration help us as a system?

- There was good representation from across the system feeding into the evaluation, which consisted of both a questionnaire and a focus group.

- Key findings from the evaluation were:
  - o The sprint approach was effective at creating action
  - o All respondents thought the sprint approach resulted in integrated working across Derbyshire organisations, with the majority also reporting this resulted in integrated working between organisations who had not worked together before
  - o The vast majority (92%) thought the sprint was a good/very good way of working, with the majority (77%) also highlighting the purpose was clear/very clear
  - o Respondents reported the process was less clear (62% in agreement) – possibly reflective that this was the first time using this approach
  - o All respondents thought the sprint approach should be used again for other drivers identified within the Stay Well KAOF.

- Some example quotes from respondents illustrating the above summary of key findings, include:
  - *Sprint process - "I think the whole process was really very effective because of the expectations set that people deliver, or at least move forward, key action points"*
  - *Improved relations- "The sprint has really improved relationships across the system and enabled us to challenge traditional approaches in a safe environment"*
  - *Gaps to recover- "If sprints are used for other drivers there needs to be a gap. Sprinting by nature takes a lot of focus and energy and to do this perpetually could lead to burnout and disengagement if the same people are involved"*
  - *Resource to drive – "I don't think the sprint would have worked without the dedicated resource that DCHS put into driving and co-ordinating this-We shouldn't underestimate the resource that takes, if planning for another in the future".*

- Opportunities for continuous improvement were identified for future sprints, which include:
  - Ensuring the agreed actions are appropriate, and deliverable in the short time frame of the sprint
  - Ensure consistent reporting between task and finish group and out into respective organisations, via sprint team members themselves
  - Ensure the capacity to drive the sprint is equitably identified and provided across system between organisations involved
  - Ensuring sprints are phased to not run back to back
  - Ensure an exit route into a recognised System board/meeting is in place to provide long tern sustainability of sprint work.

4.7     Key achievements from the smoking cessation Sprint were:

- Established a strong Communications Group which is developing processes for community and partner engagement.  The agreed success of this approach to integrated working means that this group will continue post this first Sprint.

- The Strategy Group has made recommendations for:
  - A system-wide approach to vaping
  - Provision of a comprehensive position on current investment levels into smoking cessation across all partners
  - Progressed the S251 approach to support ongoing Population Health Management (PHM) work which is IG compliant
  - Delivered an update session to the planned care delivery board on the Stay Well KAOF.

- The Delivery Group has developed stronger partnerships to challenge current working practices and to understand what actions need to be prioritised to support colleagues to include conversations on, and referrals in to, smoking cessation services as part of routine service provision. Quality conversations and health literacy support is aligned to this work.

4.7    As the first Sprint on smoking cessation comes to an end, the PHM Steering Group is now considering its next priority focus, which is likely to be one or more of:

a. Obesity

b. Core 20 (20% most deprived populations)

c. An identified plus group (identified population group which experiences greatest inequalities within JUCD)

d. The provision of Population Health profile / drivers to Place groups/teams.

4.8    The outstanding actions in relation to the smoking cessation sprint have been handed over to the newly formed Tobacco Control Strategic Group (and any establish subgroups) to progress from this point beyond the sprint.

4.9    The Tobacco Control Strategic Board has now drafted and agreed a system ambition and related objectives, listed below:

Vision: "Working together to make Derby and Derbyshire Smoke Free by 2030"

Ambitions:

- A tobacco and smoke free future for all

- A healthier future for all

- A future free from the economic and social harms of smoking.

## Public/stakeholder engagement

5.1    No further update.

## 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.

## Climate implications

9.1    None directly arising from this report.

## Socio-Economic 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** | Jayne Needham, Director of Strategy, Partnerships and Population Health, Derbyshire Community Health Services NHS | 09/04/2024 |
| **Other(s)** | | |

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|---|---|---|
| **Background papers:** | None | |
| **List of appendices:** | None | |