

Dear Colleague

This briefing provides an update on the approach being taken to the Derby and Derbyshire Integrated Care Strategy, which will be developed by the [Derbyshire and Derbyshire Integrated Care Partnership](#) (ICP).

Integrated Care Systems are required by law to develop a strategy that details how the health and care needs of residents of Derby and Derbyshire will be met either by the NHS or local authorities. The strategy will consider how NHS bodies and local authorities will work together to meet these needs. It must involve Healthwatch and people who live or work in our area and must identify how health-related services can be more closely integrated with arrangements for the provision of social care.

What is the aim of the 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 change needed to tackle system health and care challenges.

The strategy should set out how commissioners in the NHS and local authorities, working with providers and other partners, will deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

The strategy is an opportunity to work with a wide range of citizens, communities, and organisations to develop evidence-based, system-wide priorities that will improve the public's health and wellbeing, reduce disparities and do things differently to before, such as reaching beyond 'traditional' health and social care services to consider the wider determinants of health or joining-up health, social care, and wider services.

The ICP has agreed a set of four strategic aims for the development of integrated care:

- **Prioritise prevention and early intervention to avoid ill health and improve outcomes**
- **Reduce inequalities in outcomes, experience, and access**
- **Develop care that is strengths based and personalised**
- **Improve connectivity and alignment across Derby and Derbyshire, to ensure people experience joined up care, and to create a sustainable health and care system**

To support transformation, we will need to work closely in areas such as joint funding arrangements and data sharing. This will require a different way of working towards a one-system approach. The strategy will be underpinned by the ongoing development of a collaborative culture, and we will focus on this as much as we will on structures, plans and delivery mechanisms, to ensure the strategy leads to significantly improved health and care. This is a strategy for the people of Derby and Derbyshire, and culturally the process of developing it will be as important as the content of the strategy itself.

Context

The current health and care environment is challenging, and we cannot expect key constraints such as pandemic recovery, financial constraints, waiting times and workforce challenges to diminish soon. The strategy needs to be realistic about what can be delivered in this context, however there is much more that can be done, even within these constraints, by working differently. The strategy will identify how we can exploit these opportunities.

There is a range of legislation and other local strategies that must be considered as we develop this strategy. These include:

- The Health & Social Care Act 2022
- The NHS Mandate
- The ICS System Development Plan
- The Derby City Council Plan 2022-2025
- The Derbyshire County Council Plan 2022-2025
- Health and Wellbeing Strategies
- Adult Social Care and Children's Strategies

Our Strategic Priorities

The strategy is intended to meet the needs of local citizens of all ages identified in the relevant health and wellbeing boards' joint strategic needs assessments. We will therefore focus on what we need to do more of together to successfully integrate and join up approaches across a range of health and care services so that we make the most difference for our population in terms of outcomes, and that we also make the best use of limited resources.

In developing the strategy, the ICP will:

- Have joint accountability with the Health and Wellbeing Boards for the delivery of agreed, shared population health and health inequalities outcomes.
- Drive preventative action within health and social care service provision.
- Support action on wider determinants within health and care provision.
- Mobilise member organisations to support delivery in health and social care.

We have developed a set of JUCD priority population outcomes and key indicators that focus on increasing life expectancy, increasing healthy life expectancy, and reducing inequalities. The system outcome priorities/indicators have been chosen because they are the main drivers of the conditions that cause ill health, premature mortality, and inequalities in these.

Our desired population outcomes

If the population was living in good health, it would be experienced as follows:

Start Well: Women have a healthy pregnancy, children are born safe and well into a nurturing and secure relationship with care givers, with good nutrition, access to health care, social care, and education. Children thrive and develop positive and healthy relationships.

Stay well: All citizens live a healthy life, can make healthy choices, and are protected from harm. They maintain quality of life and recover well from ill health or injury.

Age well and die well: Citizens thrive and stay fit, safe, and secure into older age. They maintain independence and actively participate in society. They have a personalised, comfortable, and supported end of life.

Priority Population Health and Health Inequality Indicators

These indicators have been agreed as important 'markers' on the way to improving high-level outcomes. They address direct risk factors for the main causes of death, illness, and inequalities, including mental health:

1. **Reduce smoking prevalence**
2. **Increase the proportion of children and adults who are a healthy weight**
3. **Reduce harmful alcohol consumption**
4. **Improve participation in physical activity**
5. **Reduce the number of children living in low-income households**
6. **Improve air quality**
7. **Improve self-reported wellbeing**
8. **Increase access to suitable, affordable, and safe housing.**

Our local council plans include a range of focus areas that support health and wellbeing. These include cleaner air, decent and affordable housing, a focus on independence and use of community assets and helping young people with disabilities with the transition into adulthood.

We have also identified additional indicators to reduce specific inequalities in the system drawing on local data and NHS recommendations:

- **Maternity:** ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.
- **Severe mental illness (SMI) and Learning Disabilities:** ensuring annual health checks for 60% of those living with SMI or learning disabilities.
- **Improving Vaccination uptake:** reducing inequalities in uptake of life course, COVID, flu and pneumonia vaccines
- **Early cancer diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.
- **Hypertension case-finding:** to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Our strategy will consider opportunities to improve and integrate health protection arrangements.

Selecting priorities for the focus of the Integrated Care Strategy

The ICP has agreed that a smaller number of priorities will be selected to test our approach to integrated care, in line with the strategic aims and enablers referenced in this briefing. One or two population health or service outcome priorities for each of Start Well; Live Well; and Age/ Die Well will be agreed.

We will then test how aligning the priorities with other system strategies and plans and focusing on strategic enablers to accelerate improvements in these indicators and in the delivery of our strategic aims for integrated care.

Enablers

Following agreement on the proposed system-level priorities, the Strategy will need to have as its focus, how the System organises and delivers actions to achieve these priorities.

The following strategic enablers will be critical to success and are explored below:

- **System architecture and governance** – clarity on where the programmes and actions are governed and to ensure the plans are continually informed by the health and wellbeing plans and other strategic developments, including those within our Place Partnerships and Alliances. Part of the strategy will review system architecture and governance to ensure parity of attention across health inequalities, population health, and prevention, to ensure we track our ambitions for Start Well, Stay well, Age well and Die well. This will also determine accountability for delivery of the health improvement and inequality priorities.
- **System shared purpose, values, principles, and behaviours** - a shared set of values and principles will underpin the development and delivery of the strategy, with organisational development in place to ensure that the Strategy is built on sustainable cultural foundations.
- **Enabling functions and services** – ensuring that the strategy is supported by a range of experts in fields including workforce, digital and data, finance, engagement and estates.

The VCSE sector can be seen as both a key enabler and a key partner in developing our JUCD integrated care approach, given its role in connecting with communities. We need to ensure the VCSE sector is fully involved in the whole life cycle of the strategy, including providing insights, decision-making, and being central to delivery plans.

Engagement

The next phase in the development of this strategy will involve a broader communications and engagement approach with the public and relevant representative bodies. We have reviewed existing insight gathered through conversations with local people, which is now being assessed to understand what content might be missing, and we are using these insights to help select the smaller number of priorities for the strategy

Once the priorities are set in January 2023, we will ensure that engagement and insights underpin the development of delivery plans, using a range of methods, and we will be using existing platforms such as Derbyshire Dialogue to inform the public of progress to date with the strategy and to capture comments and ideas for its further development.

Next Steps

The first draft of the Strategy proper is due to be submitted for consideration by the ICP Board in February 2023, and a final version for approval by the ICP in April 2023. We will include examples of existing good practice in the document to reflect that we are not starting from a standing position. The approved version will then be published in line with national guidance, with a copy provided to each partner local authority and the ICB.



If you have any questions or comments on this update, please email

ddicb.communications@nhs.net

