

INTEGRATED CARE PARTNERSHIP ITEM 06 19 April 2023

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Report author:	Kate Brown - Director of Joint Commissioning & Community Development JUCD Ian Hall – External Advisor, Arden GEM, NHS Commissioning Support Unit

Derby and Derbyshire Integrated Care Strategy 2023

Purpose

- 1.1 The Derby and Derbyshire Integrated Care Strategy 2023 (the Strategy) is to be considered by the Integrated Care Partnership (ICP) on 19 April 2023. The Strategy will be circulated separately as Annex 1 to this paper in advance of the ICP meeting. The content builds on the Draft Strategy endorsed by the ICP on 8 February 2023.
- 1.2 The purpose of the 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.
- 1.3 The approved version of the Strategy, incorporating feedback and any amendments required following ICP consideration, will be published in line with national guidance, with a copy provided to each partner Local Authority and the Integrated Care Board.
- 1.4 The Strategy will not be static. National guidance requires that *Integrated Care Partnerships must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment.* Therefore, further versions of the Strategy will be produced and published in line with this requirement, meaning the Strategy should be regarded as a starting point for assessing and improving the integration of care.





The Derbyshire VCSE sector Alliance





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1.5 A summary version of the Strategy will be produced after the ICP has approved the content, to communicate the key elements of the Strategy in a more accessible manner and to a wider audience.

Recommendations

- 2.1 Recommends the Derby and Derbyshire Integrated Care Strategy to the constituent Council Cabinets for approval
- 2.2 Request that the Council Cabinets delegate authority to the Directors of Public Health in consultation with the Chair of the ICP/Cabinet Members for Health to make any minor or technical amendments that may be required to the Strategy prior to its final publication.

Reasons

3.1 To ensure the published Strategy reflects any amendments agreed by the ICP.

Supporting information

- 4.1 The Strategy will be circulated separately in advance of the ICP meeting as an Annex to accompany this cover document.
- 4.2 The Strategy has been compiled in line with the guidance available on the Gov.UK website <u>Guidance on the preparation of integrated care strategies</u>. The approach to addressing the legal requirements included within this guidance is summarised in the Strategy.
- 4.3 The Strategy and the Derby and Derbyshire Joint Local Health And Wellbeing Strategies are designed to complement each other and will pay regard and respond to Derby and Derbyshire Joint Strategic Needs Assessments. The Health and Wellbeing Boards remain responsible for producing the Health And Wellbeing Strategies, and these will continue to have a vital role at Place.
- 4.4 The ICP will need to ensure that the Strategy facilitates subsidiarity in decision making, ensuring that it only addresses priorities that are best managed at system-level, and not replace or supersede the priorities that are best done locally through the Joint Local Health And Wellbeing Strategies.
- 4.5 References are included in Section 2 of the Strategy to illustrate how the content is aligned with other JUCD System strategies and plans.
- 4.6 A range of senior colleagues from the NHS, Local Authorities, Healthwatch and the VCSE sector have been part of working groups to develop the brief, framework, and approach for the Strategy. This broad involvement has been very helpful in testing the content and how it aligns with other system strategies and plans.
- 4.7 The Strategy content recognises that the current environment is challenging, and that we cannot expect key constraints to diminish in the near future. However, it notes that there is much more that can be done within these constraints, by working differently, and that this Strategy identifies how we can exploit these

opportunities, building on examples of where we already do things really well in Derby and Derbyshire.

- 4.8 Strategic aims for integrated care were approved by the ICP in December 2022. These have been pivotal to the development of the Strategy:
 - 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.
- 4.9 Population health and care needs Many people in Derby and Derbyshire live for a long time with long-term and often multiple conditions and there are stark differences in rates of healthy life expectancy between populations. There are similarly striking differences in life expectancy rates when comparing the least and most deprived populations (see Strategy Section 3). Through this Strategy we will therefore aim to increase life expectancy and healthy life expectancy and reduce the inequalities experienced. This will be achieved by tackling the conditions and the drivers of the conditions that, combined, are the leading causes of early death and time spent in ill-health.
- 4.10 The Strategy reflects the work undertaken to develop a set of priority population outcomes and key indicators (known as Turning the Curve indicators) based upon the Derby and Derbyshire Joint Strategic Needs Assessments. These focus on increasing life expectancy, increasing healthy life expectancy, and reducing inequalities. These have been key drivers for the selection of the Key Areas of Focus for the Strategy and will be key to evaluating improvements in outcomes as a result of Strategy mobilisation.
- 4.11 Integrated Care Partnerships are asked to consider health protection in their integrated care strategy. Section 3 includes key areas of work for Derby and Derbyshire that require system support, and a set of strategic actions.
- 4.12 A 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. These actions are summarised in the Strategy under enabling functions such as workforce, digital and data, and knowledge and intelligence capability, as well as broader themes including governance and system-wide organisational development.
- 4.13 Three Key Areas of Focus have been selected by the ICP to test in detail our strategic aims and ambitions for integrated care, in response to population health and care needs. It is important to note that the Key Areas of Focus are not framed as priorities. They are not necessarily regarded as being more important than other topics, they have been selected because;
 - They offer broad scope to contribute to the achievement of the stated strategic aims for integrated care and have strong correlation to the strategies and plans referenced in Section 2

- The expected outcomes are critical to improving population health and care, as described in Section 3
- Success will rely on the planned improvements described under the strategic enablers in Section 4.
- 4.14 The Key Areas of Focus are stated below. The aim, rationale for inclusion, key issues that need to be addressed, and suggested improvement measures for each are included Section 5 of the Strategy:
 - **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 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.
- 4.15 The approach to organise and oversee mobilisation of the Strategy is included in Section 7, including the role of the Integrated Place Executive (IPE), on behalf of the ICP.
- 4.16 Content in Section 7 also includes key feedback received on the Draft Strategy following System (see Appendix 2 in the Strategy for the list of forums where the Draft Strategy has been considered) and public engagement to date (see Section 5 of this paper and Section 6 in the Strategy document). The way in which the feedback has been considered and reflected in the Strategy is also included.
- 4.17 It is key to have an evaluation framework in place prior to full mobilisation of the Strategy. A task and finish group is developing a framework, with VCSE sector, NHS, and Local Authority representation, supported by Healthwatch and links into academic institutions. The Framework will incorporate three categories of outcomes to shape the evaluation Experience, Service, and System examples under each of these categories are included in Section 8 of the Strategy.
- 4.18 A key hallmark for the Strategy is stated as:

"We will develop content that can be converted into statements which mean the public can easily understand how this Strategy will make a difference to them"

The Strategy includes draft 'I' statements in Section 1, and reference to how these have been developed. 'We' statements will follow and demonstrate how the JUCD System will respond to the 'I' statements once they have been tested further with the public.

Public/stakeholder engagement

- 5.1 The methodology for developing community insight is summarised in Section 6 of the Strategy. In order to ensure JUCD has a systematic approach, engagement with people and communities is supported by several frameworks. These frameworks are in different stages of development and co-production with system partners, including people and communities, and are described in Appendix 3 to the Strategy.
- 5.2 An engagement workstream for the Strategy including representation from the NHS, Local Authorities, Healthwatch and the VCSE Alliance, has overseen the development of an 'Insights Document' that pulls together insights into one place from our Patient and Public Insight Library.
- 5.3 The Insights Document was considered as part of the evidence base for the selection of the Key Areas of Focus by Senior Responsible Owners, to ensure the selected areas align with known views of citizens and relevant system groups.
- 5.4 Each Key Area of Focus has a space on a digital platform developed by the JUCD System (<u>Derbyshire's Integrated Care System Strategy</u> (<u>derbyshireinvolvement.co.uk</u>). The platform provides a variety of interaction options for members of the public including a question-and-answer facility, links to surveys, polls, provision of updated information, uploading of videos, and links to other websites.
- 5.5 Two initial briefing and discussion events are being held in May (one day time and one evening) for each Key Area of Focus to introduce them in more detail, and to initiate discussions with VCSE and patient representative groups, and the wider public.
- 5.6 A Derbyshire Dialogue session was held on 15 February 2023 to outline the purpose and content of the Strategy and gather comments on the content and the proposed engagement process. Further sessions will be arranged to help assess progress and effectiveness of the engagement process.
- 5.7 Engagement after these events will naturally develop to follow up on feedback from the initial engagement activities and gaps/ issues identified by attendees. More indepth and bespoke methods of engagement will be developed in line with the needs of each Key Area of Focus and to help address gaps/ issues flagged.
- 5.8 We need to ensure that an inequity is not created for people that are impacted by IT access issues and equipment. We are clear therefore that the sessions outlined above are just the start of the conversation, and each Key Area of Focus engagement plan will be individually tailored to meet the needs of the target population. Digitally excluded groups along with other seldom heard groups will be considered and involved throughout this process and development.

Other options

6.1 Senior Responsible Owners covering the Start Well, Stay Well, and Age Well & Die Well domains considered other options for inclusion as Key Areas of Focus for the Strategy. The three Areas included in the Strategy have been collated following these considerations.

Financial and value for money issues

- 7.1 There has been a small cost to bringing in additional capacity to support production of the Strategy.
- 7.2 The Strategy itself will contribute to improving outcomes and care efficiently through greater integration and aligned, pooled resources.

Legal implications

8.1 None known.

Climate implications

9.1 No direct impact but plans that increase the use of shared resources as part of Strategy mobilisation may have environmental benefits.

Socio-Economic implications

10.1 There will be socio-economic implications of the Strategy, and these will be explored through the mobilisation plans. The work of the Derby/ Derbyshire Anchor Partnership will be incorporated, and the socio-economic benefits of the roles played by the VCSE sector and by carers will also be key considerations.

Other significant implications

11.1 Reducing inequalities and maximising inclusion health and care will be key elements within the strategy.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal Finance Service Director(s)		
Report sponsor	Tracy Allen, Chief Executive, Derbyshire Community Health Services NHS Foundation Trust	
Other	Kate Brown, Lead Director - Director of Joint Commissioning & Community Development, Joined Up Care Derbyshire	05/04/2023
Background papers: List of appendices:	None Annex 1 - Derby and Derbyshire Integrated Care Strategy 2023 (to follow)	