



Dear Colleague

This update is sent on behalf of our Chair, Penny Blackwell; our Senior Responsible Officer Tracy Allen; and our Director, Kate Brown.

The Integrated Place Executive (IPE) met on 23 May 2024. The key messages and outputs from the discussions are below for your information and please do share with your teams as appropriate.

Headline Key Messages

1. A review of Voluntary Sector involvement in the Joined Up Care Derbyshire ICS has been undertaken, to understand more about the influence the sector is able to have. The review comes one year after the sector signed a Memorandum of Understanding with the ICS. The review points to good progress, including the awareness the system has on the work of the sector, increasing representation and engagement. Focus is needed to ensure that the system builds a sustainable local VCSE sector and makes best use of what it offers.
2. The meeting had an open discussion about the Living Well programme reflecting issues raised through Local Place Alliances with a recognition that there are opportunities for shared learning and strengthened links.
3. Our prioritisation of efforts on discharge continue with a range of actions reported providing assurance on the progress of this programme of work.
4. An evaluation has taken place to make an assessment of the system's performance against NHS England's social prescribing maturity framework. Focus is needed to ensure we realise the full potential of this provision through 'calls to action' detailed below
5. A report on Team Up data for 23/24 showed improvements (with lower growth in emergency department attendances for the cohort served when compared with all over 65 year olds.)

VCSE Memorandum of Understanding – one year on

Joined Up Care Derbyshire has developed and adopted a Memorandum of Understanding with the VCSE sector a key partner. This is because of a recognition of the important role the VCSE sector can play in addressing health inequalities and determinants of ill-health.

In Derby and Derbyshire an MoU was developed through extensive consultation both within the VCSE sector and within the different partnership structures. It sets out where the VCSE sector has a contribution to make and the cultures/behaviours.

An evaluation has been undertaken with key stakeholders to understand the maturity of the partnership working. It focused on seven key question areas. Individuals, organisations, networks and partnership structures were encouraged to discuss and explore the seven questions and feed back their thoughts.

Responses are still being analysed, but positive areas of progress noted by respondents included:

- Good progress on greater awareness and recognition of what the sector brings. This underpins delivery and potential for transformation
- Good representation on partnership structures – more than 20 people on 14 bodies
- Early involvement of the sector in some areas, notably autism, discharge and Living Well
- Sector contributions to system strategies, eg Forward Plan
- Local place alliances believe the involvement of VCSE has been valuable.

Progress still to make includes:

- Progress recommendations on data sharing, procurement and commissioning into action
- Addressing the fact that relationships are personal not systemic
- Using data and intelligence available in the VCSE sector better
- The potential role of VCSE in creating practical change has not reached its full extent yet.

Concern was also expressed about cuts in capacity in infrastructure organisations due to funding cuts from commissioning organisations. This is impacting their ability to engage with the system.

Priority actions were identified including

- Recognition of VCSE engagement as a strategic issue
- Identify and work better with senior responsible officers
- Work better together on data sharing, procurement and commissioning

The full results of the evaluation will be presented at the Integrated Care Partnership meeting in June.

Living Well

Following on from the previous item it was noted that around 70% of the referrals into the Living Well programme will be picked up by the VCSE sector, therefore it is really important to support the VCSE colleagues in providing these services. The discussion at the meeting was around building relationships and learning from the experience of local place based working for service implementation. Lee Doyle made the offer to speak to groups at PCN or Place level to increase awareness and connectivity.

System discharge

Work is progressing in a number of areas, aimed at reducing the number of bed days lost to delayed discharge. The update to IPE included detail on the following:

- Progress towards strategy implementation for patients being discharged home with a care package (pathway 1). This was evidenced by the fact that it has been possible to reduce the additional capacity that had been commissioned whilst improvements were made to core LA services with no increase seen in P1 delays.
- Continuing to examine options to establish a "care transfer hub" noting that there are gaps against the NHSE self-assessment such as lack of a Senior Responsible Officer, gaps in provision and lack of performance data – these will need to be addressed in a development plan.
- Work to reduce variation in delays of patients being admitted to onward nursing or reablement care (pathways 2 and 3), including reviewing and improving the role of social workers and discharge coordinators
- "Soft launch" of the Optica system,. Work is required by both acute trusts to embed the tool but it is important to support effective discharge decision making and transparency of delays.
- Better provision of transport from hospital to home and support to get settled at home, using VCSE partners. There are current gaps in geographical coverage but plans to rectify ahead of winter
- Working with Healthwatch to coordinate patient feedback and improvement information.

Social prescribing

An evaluation has taken place to make an assessment of the system's performance against NHS England's social prescribing maturity framework.

Five "calls to action" have been identified as a result:

- Capture collective data to demonstrate impact of social prescribing activity
- Explore equitable resource allocation
- Develop a strategic approach to social prescribing including stronger leadership and governance from both PCNs and the ICB
- Explore and establish where social prescribing needs to focus effort regarding underserved communities
- Establish a clear referral criteria to social prescribing

A new framework for governance and development of social prescribing has been developed. This replaces the previous Social Prescribing Advisory Group with a new monthly development meeting for social prescribers and a quarterly strategic group. It is hoped this will lead to greater strategic and clinical leadership of social prescribers and greater support and development for social prescribers themselves. IPE endorsed this approach.

Team Up data summary

The Team Up highlight report summarised the progress seen in 2023/24. Latest data has shown:

- Less growth in Emergency Department attendances compared to all over 65 years for those with severe frailty and those from care homes
- Benchmark favourably for reduced emergency department attendance and non-elective (emergency) admissions for those with frailty/ dementia.
- 55,000 home visits made by the service in 23/24 (more than double the number in 22/23)
- We have continue to achieve performance above the Urgent Community Response target

We should now focus on

- care homes to reduce emergency department attendance and non-elective (emergency) admissions.
- increasing the percentage of referrals to urgent community response from urgent and emergency care. Currently those referrals are stable.

It was noted that the current lack of financial certainty for the Primary Care Networks providing home visiting services was challenging, this is due to the lack of sign off of the system financial position.

Next meeting: 27th June 2024

If you have any questions or comments on this update, please email ddicb.communications@nhs.net

