Public Document Pack

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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 24 February 2023

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 6 March 2023** in Committee Room 1, County Hall, Matlock, Derbyshire DE4 3AG; the agenda for which is set out below.

Yours faithfully

Helen E. Barrington

Helen Barrington
Director of Legal Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Apologies for absence

   To receive apologies for absence (if any)

2. Declarations of Interest

   To receive Declarations of Interest (if any)

3. Minutes of Previous Meeting (Pages 1 - 6)

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 16 January 2023.

4. Public Questions (Pages 7 - 8)

   30 minutes maximum for this item. Questions may be submitted to be answered by the Scrutiny Committee or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure (below) for the submission of questions.

5. Integrated Care Strategy - Partnership Engagement (Pages 9 - 62)

6. Colposcopy Services at Buxton (Pages 63 - 66)

7. Healthwatch Derbyshire Update (Pages 67 - 92)

8. Mental Health - Neuro Development (Pages 93 - 112)

9. Committee Work Programme - verbal update

PUBLIC

MINUTES of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH** held on Monday, 16 January 2023 at Committee Room 1, County Hall, Matlock.

PRESENT

Councillor J Wharmby (in the Chair)

Councillors M Foster, D Allen, P Moss, G Musson, L Ramsey, P Smith and A Sutton.

Apologies for absence were submitted for Councillor E Fordham.

Officers present: Juliette Normington (Democratic Services Officer), Jackie Wardle (Improvement and Scrutiny Officer), Tracy Burton (Deputy Chief Nurse, Derby and Derbyshire ICB), Claire Johnson (Lead Midwife for Quality and Safety, Derby and Derbyshire ICB), Clive Newman (Director of GP Development, Derby and Derbyshire ICB) and Chris Weiner (Clinical Director, Derby and Derbyshire ICB).

1/23 DECLARATIONS OF INTEREST

There were no declarations of interest.

2/23 MINUTES OF PREVIOUS MEETING

RESOLVED – to confirm the minutes of the meeting of the Improvement & Scrutiny Committee – Health held on 21 November 2022.

3/23 PUBLIC QUESTIONS

Question from Mr David Ingham:

"Following my Aunt's hospital discharge into domiciliary care last year on 04-01-22 and her hospital readmission on 02-02-22, catching covid and passing away 2 weeks later I'm drawn to government promises over the weekend concerning patient discharge.

I note the ICB "Preparing for Winter" report presented to Scrutiny on 21-11-22. Minutes indicate that members asked for further information and to be kept informed.

Since that meeting, nurses and ambulance services have striked. More are planned. Junior doctors could become involved. Winter admissions appear higher than expected due to flu/covid. Chesterfield Royal has featured on national news.

Whilst unsure of the NHS/PVI sector situation, within the Councils Adult Social Care and Health department despite 15.1 million being spent on agency cover from 2020 to 31-08-22 and 18.4 million on staff overtime (FOI 2245) its departmental sickness levels have continued to rise to unprecedented levels.

Given the incredible pressure on the NHS, ASCH and PVI providers how can the Committee work to ensure that against this highly complex back drop, any hospital discharges reliant on in-house or PVI Domiciliary/Care Home provision is undertaken appropriately and critically, individuals are supported thereafter in accordance with post discharge expectancies/review periods.

Reply from the Chairman of the Improvement and Scrutiny Committee - Health

The Improvement and Scrutiny Committee – Health is responsible for the scrutiny of any major health service transformations proposed by the local Integrated Care Board that will affect local patients and service users.

The Committee has, over many years, offered challenge to the way services are provided and this has extended to the joint provision of services with the Council's Adult Care Services.

Very recently, the Committee undertook a review of Section 75 Agreements (a mechanism for joint funding and provision of services between the NHS and Adult Care) and the Committee is particularly committed to maintaining a level of scrutiny on services where patients receive care from multiple organisations – including the discharge process.

The Committee considers this to be especially pertinent at this current time now that the local Integrated Care Board – and its facilitation of joint working between partners - has been formalised."

A supplementary question was asked by Mr Ingham:

"I understand the need to prevent bed blocking due to the medical needs of others and on ethical grounds.

I note the additional £200 million for the NHS to secure care home beds to support discharge. I haven't seen any reference to domiciliary support.

Discharged individuals will have various conditions. In 2018 my own

mother was discharged from hospital for temporary care into a Care Home. She had complex needs which the family understood. It was mothers wish to return home and was already in receipt of domiciliary support.

It still took a meeting involving my mother, DSO, Social Worker and myself at the Care Home to facilitate her return home. The Care Home genuinely believed if she returned home under domiciliary support it wouldn't work and she would end up returning. They were incorrect.

My mother was lucky – she had me to provide support - I was a strong ethical advocate fighting in her interests.

I am concerned that not everybody being discharged into Care Homes will have family available to support them.

How can the Scrutiny Committee ensure that individuals discharged into Care Homes are effectively supported by professionals to return home where appropriate – both medically and ethically?"

Response from the Committee Chairman, Cllr. Jean Wharmby:

"The Improvement and Scrutiny Committee – Health is committed to challenging the local Integrated Care System in providing health and social care for Derbyshire residents. Integrated Care Boards were formally established across the country in July 2022 and they are tasked with developing integrated care strategies.

The joint provision of local NHS and Adult Care Services is the key element of the local Integrated Care Partnership Strategy and the Improvement & Scrutiny Committee – Health will continue to monitor service provision against the Strategy's objectives.

This includes the hospital discharge process and the ongoing provision of care and support to patients leaving hospital settings."

4/23 REVIEW OF MATERNITY SERVICES

Chris Weiner, Tracy Burton and Claire Johnson, Derby and Derbyshire ICB introduced the report, which had been circulated in advance of the meeting. It provided an overview of maternity services in Derbyshire, together with information on the governance, assurance and safety of maternity services locally, and how the Local Maternity and Neonatal System (LMNS) worked with the Integrated Care Board (ICB) in Derbyshire to meet the needs of pregnant people, babies and families.

Workforce pressure was impacting on safe staffing levels with sickness and maternity leave levels. Recruitment of staff was challenging with hospital Trusts trying different ways of increasing the workforce including a rolling recruitment campaign which extends outside the UK.

Following the publication of the Ockenden report, Committee sought further information on those areas given an amber rating. It was noted that the level of still-births was rising nationally. Two reviews were on-going at UHDB; the results would be brought to Committee at the next meeting.

Committee members expressed a number of concerns with the report, particularly around the lack of detail contained in it, action to be taken and comparative data. Members questioned the difference in the level of death rates between Chesterfield and UHDB and it was noted that UHDB had a foetal medical unit which took in babies from around the county and the Sheffield area. This therefore increased the level of deaths as there were more sick babies at the unit.

The ICB was committed to reducing the number of women who smoked during pregnancy. All NHS hospital units had tobacco usage reduction pathways, including maternity units and a post-natal pathway was being developed. Incentive schemes to encourage cessation of smoking were available but these required funding.

RESOLVED to:

1) Note the report and actions taken to provide governance and assurance against the national maternity service recommendations and reports ensuring that Derbyshire maternity services are safe;

2) Acknowledge the progress made; and

3) A more detailed report be brought to Committee once all results had been collated following the re-assessment in May 2023.

5/23 **ACCESS TO GP SERVICES**

Clive Newman, Clinical Director, Derby and Derbyshire ICB gave a presentation to the Committee to update on General Practice provision across Derbyshire, with emphasis on access, recruitment and demand following national and local challenges within primary care, and the recovery from the COVID-19 pandemic.

The presentation highlighted the demand on practices as a major concern for many patients and practices in Derbyshire. Using GP Appointment Data and the annual national patient satisfaction survey, some practices achieved outstanding levels of patient satisfaction whilst others fell below the national average, with most concern around contacting practices or waiting times to see a GP; this was despite appointments offered for the same day increasing by 11% since November 2019 and the majority of appointments being face-to-face.

Demand was extremely high and was expected to increase. Practices were reporting high levels of staff stress, burnout and abuse and were experiencing challenges in the recruitment of GPs.

Members asked a number of questions and Mr Newman undertook to provide additional information on:

- The increase in face-to-face appointments. This may not be available practice by practice but it would be provided to the Committee if possible; and
- The areas of the county where it was more difficult to recruit GPs and other staff.

RESOLVED to:

1) Note the contents of the presentation; and

2) Invite Mr Newman to a future meeting for an update.

6/23 <u>COMMITTEE WORK PROGRAMME</u>

Jackie Wardle, Scrutiny Officer informed the Committee that work was being done with ICB colleagues to ascertain what items should come to Committee and when. Potential items for March meeting were:

- ICB/Adult Care joint report/presentation on joint financial responsibilities under ICB/ICP: particular issues that Members were keen to know more about were encouraged to advise Ms Wardle before 31 January when she and Councillor Wharmby were meeting with Helen Jones, Executive Director – Adult Care;

- Delivery of the Winter Plan – performance

Healthwatch had proposed to report on the outcomes of their recent work as discussed at the November meeting:

- GP Access;
- Maternal Mental Health; and
- Day Centre Closures.

The Committee's review of Section 75 Agreements was submitted to Cabinet on 12 January and the recommendations were accepted. The Cabinet Members for Health and Communities, Adult Care and Children's Services and Safeguarding all expressed their appreciation of the review and thanked the Health Scrutiny Committee and the review working group Members, along with the officers who had contributed to the review. The Cabinet Members believe that the review outcomes would help focus on joint funding arrangements for the ICB/ICP.

There were two actions stemming from the review recommendations:

- The JUCD Children's Board would prioritise Early Years Interventions; and
- The review outcomes be shared with the ICB/ICP.

Both actions were being progressed by the Improvement and Scrutiny Officer with the appropriate officers.

The meeting finished at 3.45 pm

Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12 noon three working days before the Committee meeting (ie 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:
• Exceeds 200 words in length;

• is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;

• is defamatory, frivolous or offensive;

• is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or

• requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (ie.5 pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).

It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

6th March 2023

Derby and Derbyshire Integrated Care Strategy

1. Purpose

1.1 The draft strategy is being shared with the Committee for information. It was supported by the Integrated Care Partnership on 8th February and a final version of the strategy will be produced for consideration by the ICP in April 2023.

1.2 The purpose of the Derby and Derbyshire Integrated Care Strategy is to set out how Local Authority, NHS, Healthwatch, and Voluntary Sector organisations will work together to improve the health of Derby and Derbyshire citizens, and further the transformative change needed to tackle system health and care challenges.

2. Information and Analysis

2.1 The Draft Strategy has been compiled in line with the guidance available on the Gov.UK website - Guidance on the preparation of integrated care strategies. The approach to addressing the legal requirements included within this guidance is summarised in the Draft Strategy.

2.2 The Strategy is informed by and will complement joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies. The Health and Wellbeing Boards remain responsible for producing these and will continue to have a vital role at Place.

2.3 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 Draft Strategy. This broad involvement has been very helpful in testing the proposed content and whether it is framed in a way that aligns with other system strategies and plans.

2.4 The Draft Strategy 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 will seek to identify how we can exploit these opportunities, building on examples of where we do things really well in Derby and Derbyshire and to understand how actions, partnerships and behaviours that have led to successful outcomes, can accelerate our plans for integrated care.

2.5 Four strategic aims for integrated care in Derby and Derbyshire were approved by the ICP Board in December 2022. These are 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.

2.6 The population health and care needs of Derby and Derbyshire are a fundamental driver for the Strategy. The Draft Strategy includes a summary of Joined Up Care Derbyshire (JUCD) priority outcomes and indicators, which focus on increasing life expectancy, increasing healthy life expectancy, and reducing inequalities. These are based upon development work within the system, our JSNAs and Health and Wellbeing Strategies and align with outcomes included in Local Authority plans. A section is also included on proposals relating to health protection arrangements.

2.7 A main thrust of the Draft 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 document under enabling functions such as workforce, digital and data, and

population health management, as well as broader themes including governance and system-wide organisational development.

3. Alternative Options Considered

3.1 Senior Responsible Owners covering the Start Well, Stay Well, and Age/ Die Well domains considered other options for inclusion as key areas of focus for the Strategy. The three proposals included in the Draft Strategy have been collated following these considerations.

4. Implications

4.1 There are three key areas of focus proposed in the Draft Strategy that span prevention, early intervention and service delivery. They are not framed as priorities, as they are not necessarily regarded as being more important than other topics. Instead they have been chosen by senior responsible owners from across the System as ideal areas to test our strategic aims and ambitions for integrated care, in response to population health and care needs. They are categorised under the headings of Start Well, Stay Well, and Age/ Die Well:

- 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 three main clinical causes of ill health and early death in the JUCD population - Circulatory disease, respiratory disease and cancer.
- Age/ 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 maximise a return to independence following escalations.

5. Consultation

5.1 The methodology for developing community insight is summarised in the Draft Strategy, along with a commitment to develop standard processes to ensure that when JUCD strategies, developments and change programmes are being formulated leaders demonstrate how they have used both JUCD data on population outcomes/ indicators and insights to shape their objectives, engagement approach and expected benefits.

5.2 A “System Insights Group” and an “Engagement Workstream for the ICS Strategy” are in place with representation from health, local authorities, Healthwatch and the VCSE Alliance. Under the workstream

an Insights document has been produced to collate high-level themes drawn from existing engagement and insights. This forms part of the JUCD insight's library.

5.3 These themes and the insights included were considered by Senior Responsible Officers and teams when they selected their key areas of focus for this Strategy under the headings - Start Well, Stay Well and Age Well.

5.4 The Draft Strategy was presented with information on the three key areas of focus with the wider public via the Derbyshire Dialogue Forum (15 February 2023) and will be shared with local organisations and forums through a series of presentations February – March.

5.5 The proposed next steps are summarised as follows:

- Co-produce I/ we statements with people with lived experience to help communicate the ambitions of the Strategy and the key areas of focus, ready for the final strategy in April.

- Hold online engagement events for each of the 3 areas allowing leads to present information in an accessible way and invite comments about what actions are needed to achieve the ambitions set out and capture these to inform plans.

- Support these conversations through our Online Engagement Platform, with opportunities to continue to ask questions and make suggestions.

- If appropriate create surveys for each area to gather feedback from a wider cohort of people targeted as required.

- Facilitate and support conversations between programme leads and local community groups who express interest in the key areas of focus, helping to ensure we do not just rely solely on people having digital access, using existing groups and forums where possible, with support from the VCSE sector.

- Ensure feedback/ insight from these conversations is listened to, considered, and actioned through the implementation plans for the three key areas of focus.

6. Background Papers

6.1 None.

7. Appendices

7.1 Draft Derby and Derbyshire Integrated Care Strategy.

8. Recommendation(s)

That the Committee:

1) Note the Draft strategy and the actions underway to produce a final version; and

b) Provide any feedback on the approach.

9. Reasons for Recommendation(s)

9.1 To ensure the Scrutiny Committee is aware of and has the opportunity to comment on the Integrated Care System Strategy development.

Report Author: Kate Brown **Contact details:Kate.brown12@nhs.net**
Director of Joint Commissioning
and Community Development
NHS Integrated Care Board

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Joined Up Care Derbyshire

Draft

Derby and Derbyshire

Integrated Care Strategy

For consideration by the ICP Board

08 February 2023

NHS

The Derbyshire VCSE sector Alliance

Derby City Council

DERBYSHIRE County Council

Joined Up Care Derbyshire

Contents

Foreword

Integrated care systems provide a positive opportunity for Derby and Derbyshire residents to receive joined up care and support to meet their health and care needs.

Derby City Council and Derbyshire County Council have responsibility for a range of social care and public health functions that support our residents to live well. Our two local authorities are working alongside NHS colleagues, Healthwatch, district and borough councils and the voluntary and community sector to deliver integrated care for our residents.

The Covid pandemic and cost of living pressures have negatively impacted the health of our population in so many ways. Our budgets and services are experiencing challenges and pressures on a regular basis. Our workforce is going the extra mile every day.

Integrated care is not a solution in itself; however it does allow us to develop new ways of working, utilise new technology, maximise the skills of our precious workforce to create new opportunities to collaborate and work together. It will not be easy but there is a shared local commitment to do all we can within the resources available to do our best for Derby and Derbyshire.

Our Integrated Care Strategy summarises the first steps on the journey and describes how we will further grow and develop our shared approaches. There is huge ambition and commitment across the City and County to get this right for our communities. Delivering against the proposals in this strategy has the potential to help us provide a more preventative approach to health, tackle inequality and improve outcomes for local residents.

As Joint Chairs and Vice Chair of the Derby and Derbyshire Integrated Care Partnership we hope that you find the information useful, engaging and that it provides a clear understanding of the journey we are on and what we want to achieve by doing more together for our local populations.

Cllr Carol Hart
Cabinet Member for Health and Communities – Derbyshire County Council
Chair of the Derbyshire Health and Wellbeing Board

Cllr Roy Webb
Cabinet Member for Adults, Health and Housing – Derby City Council
Chair of the Derby Health and Wellbeing Board

John MacDonald
Chair of Derbyshire Integrated Care Board

1. Introduction

1.1 Purpose of this document

This document has been produced for consideration at the Integrated Care Partnership (ICP) Board on 8 February 2023. It is a first draft of the Derby and Derbyshire Integrated Care Strategy and builds on the Framework Document considered by ICP Board members on 7 December 2022.

The purpose of the Joined Up Care Derbyshire (JUCD) Integrated Care Strategy is to set out how Local Authority, NHS, Healthwatch, and Voluntary Sector organisations will work together to improve the health of Derby and Derbyshire citizens, and further the transformative change needed to tackle system health and care challenges.

The final draft of the Strategy will be produced for consideration by the ICP Board in April 2023. The approved version will then be published in line with national guidance, with a copy provided to each partner local authority and the Integrated Care Board.

A summary of the Strategy will also be produced to accompany the final document. This will be designed to communicate the key elements in a shorter and more simplified manner with the use of infographics and easier to understand language. It will also convey the relationship between this Strategy and other key planning documents and priorities, so that staff and citizens can see how the Integrated Care Strategy and its strategic aims align with health and wellbeing and other key strategies.

The Strategy will not be static, the 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. To this end the Strategy should be regarded as a starting point for assessing and improving the integration of care.

1.2 Impact of this Strategy

In developing this Strategy a question consistently posed by the team leading its production has been *'what will not happen if we do not have this Strategy, what are the gaps it is seeking to fill'?*

The aim is to develop a document that describes both a high-level strategic intent and the practical steps the Derby and Derbyshire System will take together to provide care that is more integrated, and which provides better outcomes for citizens, in response to population health and care needs.

In response to the question stated above, the Integrated Care Strategy will impact in the following ways:

- **Collaboration and collective working -** The collaborative work to develop the Strategy has helped to strengthen partnership working and engagement between local authorities, the NHS, the VCSE sector and Healthwatch, that will prove beneficial beyond the remit of the Integrated Care Strategy and should act as a springboard for better collective working moving forward. In short, the way in which we are developing this Strategy is just as important as the content.

- **A joined up approach to strategic enablers** - The Strategy captures for the first time the key, enabling actions that are critical to the development of high quality and sustainable integrated care, and identifies key areas of focus to test these actions.

- **Agreement on key areas of focus to test our strategic aims and ambitions for integrated care -** The process for developing the Strategy has resulted in system-wide agreement on three key areas of focus that will help deliver key population health and service delivery outcomes, they are:

  - **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/ 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

- **Engagement -** It is critical that the improvements expected as a result of this Strategy are meaningful and impactful to citizens. The strategic approach to engagement developed by JUCD, which includes key principles and frameworks will be key to success. It sets out how we will listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The Integrated Care Strategy provides an ideal opportunity to test and further develop this approach.

1.3 National Guidance on the preparation of Integrated Care Strategies

The guidance currently available on the Gov.UK website is the same as referenced in the December 2022 Framework Document. Please refer to that document or the guidance itself (Guidance on the preparation of integrated care strategies) for further information.

Legal requirements
The legal requirements stated in the guidance are included below along with a statement on the compliance of the Draft Strategy against these requirements.

Legal requirements stated in July 2022 Guidance	Current status for Draft Strategy
The integrated care strategy must set out how the **'assessed needs' from the joint strategic needs** assessments in relation to its area are to be met by the functions of integrated care boards for its area, NHSE, or partner local authorities.	Three key areas of focus emanating from 'assessed needs' have been selected as a focus for the Strategy and to test the strategic aims and ambitions for the development of integrated care, with implementation to be overseen by the ICP. The Joint Forward Plan will describe how other 'assessed needs' will be met.

In preparing the strategy, the ICP must, in particular, consider whether the needs could be more effectively met with an arrangement under **S75** of the NHS Act 2006.	The governance arrangements for the three key areas of focus will consider S75 arrangements.
The ICP **may include a statement on better integration of health or social care services with 'health-related' services in the strategy**.	It is proposed that the wording included in this Strategy document should meet the requirement stated.
The ICP must have regard to the **NHS mandate** in preparing the strategy.	The NHS Mandate is referenced in this draft Strategy, however at the time of writing the 2023/24 Mandate has not been published. The three key areas of focus will incorporate relevant requirements of the Mandate and the Joint Forward Plan is likely to play a more substantive role in responding to the Mandate, given its broader remit and its focus on delivery.
The ICP **must involve in the preparation of the strategy: local Healthwatch organisations** whose areas coincide with or fall wholly or partly within the ICP's area; and people who live and work in the area.	Derby and Derbyshire Healthwatch organisations have been involved through the Communications and Engagement Group for the Strategy (please see **Section 6** for work to date), through their membership of the ICP Board and through separate conversations with the team leading the development of the Strategy. Moving forward Healthwatch will play a key role in the finalisation and delivery of the Strategy, for example by: • Ensuring authentic conversations with citizens help shape and drive work programmes for the key areas of focus and enabling plans • Feeding into evaluation work, ensuring the many different 'voices' of citizens are listened to when assessing progress and the impact of changes made to services.
The **ICP must publish the strategy** and give a copy to each partner local authority and each ICB that is a partner to one of those local authorities.	The final version of the Strategy (April 2023) will be published in line with the guidance.
ICPs must consider **revising the integrated care strategy whenever they receive a joint strategic needs assessment**	This will be done when new JSNAs are received and when new health and wellbeing strategies are agreed.

1.4 Aligning the Integrated Care Strategy

The Strategy will complement joint strategic needs assessments and the joint local health and wellbeing strategies. The health and wellbeing boards remain responsible for producing both of these documents, and these will continue to have a vital role at Place.

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.

References are included in this document to illustrate how the development of the Strategy is being aligned with other system strategies and plans and where further work may be required. Please see **Appendix 1** for a visualisation of how health strategies link together.

Guidance has recently been released (NHS England » Guidance on developing the joint forward plan) to support integrated care boards (ICBs) and partner organisations develop their first 5-year joint forward plans (JFPs) with system partners. The guidance includes the following statement:

*..we encourage systems to **use the JFP to develop a shared delivery plan for the integrated care strategy** (developed by the ICP) and the joint local health and wellbeing strategy (developed by local authorities and their partner ICBs, which may be through HWBs) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.*

Conversations are currently being held in the System to discuss the JUCD approach to production of the JFP and the relationship with the implementation of this Strategy.

1.5 Hallmarks for the Strategy

The hallmarks agreed through the Framework Document have been used to help guide the development of this Draft Strategy:

- There is an inclusive approach to developing the content
- The development of the Strategy and its recommended actions is based upon a strong culture of collaboration between JUCD organisations and alliances.
- We will develop a broad and deep engagement approach to inform the further development of the Strategy and relevant implementation plans
- This is a strategy for JUCD, not for regulators, and the process of developing it, should be as important as the content of the Strategy itself
- 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 (*to be done following agreement of the Draft Strategy*).

1.6 Involvement and engagement in the development of this framework document

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 Draft Strategy, following the update on the development of an Integrated Care Strategy provided to the ICP Board in October 2022. This broad involvement has been very helpful in testing the proposed content and whether it is framed in a way that aligns with other system strategies and plans.

1.7 Format and content of the document

References are included in this document to national and system strategies/ plans that are relevant to the development of this Strategy – please see **Section 2**. Minimal content has

been included on these to keep the content of this document focused. The strategic aims for the Strategy are also included in this section**.**

The population health and care needs of Derby and Derbyshire are a fundamental driver for the Strategy. **Section 3** includes a summary of JUCD priority outcomes and indicators. These are based upon joint strategic needs assessments and health and wellbeing strategies and align with outcomes included in Local Authority plans. A section is also included on proposals relating to health protection arrangements.

A main thrust of the Strategy is the need to focus on strategic enablers that are critical to the development of high quality and sustainable integrated care in response to the stated population health and care needs. These enablers are summarised in **Section 4**.

There are three 'key areas of focus' proposed in **Section 5** spanning prevention, early intervention and service delivery. They are not framed as priorities, as they are not necessarily regarded as being more important than other topics. Instead they have been chosen by senior responsible owners from across the System as ideal areas to test our strategic aims and ambitions for integrated care, in response to population health and care needs. They are categorised under the headings of Start Well, Stay Well, and Age/ Die.

The plans for these key areas of focus will include ambitions that span multiple years and for many metrics we may not see attributable improvement until the medium to long term. Delivery plans will need to explain the connections between improvements to be achieved in the short-term (for example in responding to health and care annual operating plan requirements) and ones that will be achieved in the medium to long term, and to also show how they fit together. The Joint Forward Plan will be helpful in this regard.

Other key issues flagged by the ICP and ICB Boards that will be integral to the work arising from this Strategy include addressing health inequalities, the further development of population health management and maximising the NHS contribution to tackling wider determinants of health.

Section 6 summarises the JUCD approach to engagement and the use of insights, and the outline plan for engagement on the Strategy and the key areas of focus.

Section 7 outlines the need and intent to evaluate strategy implementation, including the impact of plan delivery for the three key areas of focus. The content is under development and will be updated for the final version in April 2023.

2. Strategic Context

2.1 National context

<u>The Health and Care Act 2022</u>
The Health and Care Act 2022 put new requirements on NHS and Local Authorities, including the requirements to produce an Integrated Care Strategy, set up an Integrated Care Partnership and establish an Integrated Care Board.

<u>NHS Mandate</u>

The ICP must have regard to the NHS Mandate, alongside guidance from the Secretary of State, when preparing the Integrated Care Strategy. The 2023-24 Mandate and accompanying objectives are awaited.

The NHS Mandate will help inform this Strategy; however it is by its nature NHS centric and some of its content is quite operational, and therefore the primary response to the Mandate will be through the Joint Forward Plan.

National focus on prevention and early intervention
There have been recent calls from national organisations for an increased focus on prevention and early intervention, which echo one of the strategic aims for this Strategy - *Prioritise prevention and early intervention to avoid ill health and improve outcomes.*

The paper published in January 2023 Joint vision for a high quality and sustainable health and care system | Local Government Association provides the views of the Local Government Association, the Association of Directors of Adult Social Services, and the NHS Confederation and endorses the approach outlined in this Strategy:

"Our three national organisations agree that our vision for all partners in the health and care system must focus first and foremost on promoting the health, wellbeing and prosperity of our citizens. This vision is relevant to all of us, whether we need care, support or treatment now or in the future, provide unpaid care for family members, work in social care or health, or run businesses that contribute to health and wellbeing outcomes. It focuses on:

- *maximising health and wellbeing and preventing or delaying people from developing health and social care needs*
- *redirecting resources so that when people need treatment, and short term support they are assisted to make as full a recovery as possible, restoring their health, wellbeing and independence*
- *maximising independence and wellbeing for people with ongoing heath and/or social care needs by working with them to put in place the care and support that works for them."*

2.2 JUCD Strategic context

Introduction
It is recognised that the current environment for health and care is very challenging on a number of fronts including the lived reality of workforce capacity and wellbeing challenges, Covid related backlogs, and financial constraints. And in the context of this Strategy we cannot expect these challenges to diminish in the near future.

There are other System plans that will better describe approaches for dealing with the issues of today and the need for near-term responses, and whilst it is not the intention to downplay or disregard these challenges in developing this Strategy, it is important for the System to also identify what can be done more effectively and efficiently by integrating resources and by working differently, through medium and long-term lens. Therefore through this Strategy we will seek to identify and exploit such opportunities.

It will be important to build on examples of where we do things really well in Derby and Derbyshire and to understand how actions, partnerships and behaviours that have led to successful outcomes, can accelerate our plans for integrated care, and to help build an

appreciative inquiry approach to the development of the Strategy and subsequent implementation plans. In the final version of the Strategy examples of good practice aligned to the key areas of focus and strategic enablers will be incorporated into the document.

The following sub-sections include references to local strategies and plans that need to be considered when developing integrated care. It is not a simple landscape, and at the current time there are multiple, relevant strategies or plans under development, in response to government, NHS and local requirements. A common goal for colleagues working across the System in this space should be to assess other, relevant planning exercises and collectively to try and develop a coherent logic for how the documents align with each other. **Appendix 1** provides an infographic that seeks to help in this regard, and this will be developed further in the final version of the Strategy.

ICS System Development Plan

The ICS System Development Plan is a recent document and includes four strategic priorities (using the NHS stated aims for ICSs). We have agreed that for the Integrated Care Strategy we should build out from the content included in that Plan and have strategic aims for the development of integrated care, that can sit alongside the stated strategic priorities for the ICS, these strategic aims are;

- **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**

Joint Forward Plan

Section 1 outlined the guidance for Joint Forward Plans, released by NHS England in December 2022, and the initial conversations in relation to the Integrated Care Strategy.

JUCD Operational Plan 2023-2024

Prevention, access and productivity are key themes/ requirements that are driving the 2023-24 operational plan, which responds to guidance released by NHS England. Whilst the Integrated Care Strategy will also focus on other themes (as reflected in the strategic aims), it will also be important that the SROs for the key areas of focus to examine contributions to improvements in access and productivity, as well as prevention.

Local Authority Plans 2022-2025

Please see **Section 3** for an outline of how outcomes, ‘must do’s’ and ‘headline initiatives’ from these plans align with the stated population health and care needs.

Adult social care and children’s strategies

Relevant stated priorities in local strategies covering adult social care and children' services need to align with the aims for the integrated care key areas of focus to support our ambitions for collaboration and integration.

Health and wellbeing strategies
Please see **Section 3** for reference to the Derby City and Derbyshire health and wellbeing plans and the alignment between these, the JSNAs, and current work to develop a Health Inequalities Strategy.

Anchor Institutions
The work of the Derby/ Derbyshire Anchor Partnership needs to be incorporated into the design and delivery plans for this Strategy.

The two local authorities, local NHS organisations and JUCD, Derby County Community Trust and the University of Derby are signatories to an Anchor Charter, and together with Rolls Royce, are members of Derbyshire's founding Anchor Partnership. Together they aim to use their collective influence to help address socio-economic and environmental determinants and enable and facilitate community wealth building, working together through the Derby and Derbyshire Health and Wellbeing Boards and the Integrated Care Board.

The Anchor Partnership has agreed to initially focus its combined influence and actions on the following two impact areas – workforce and access to work, and social value in procurement. Anchor workshops have commenced in recent months with relationships established through communications colleagues in each organisation.

It will be important to consider how best to align Anchor Partnership actions with the work emanating from this Strategy on key enabling functions and across the Start Well, Stay Well, and Age/ Die Well areas of focus.

3. Population Health and Care Needs

3.1 Introduction

Work has been undertaken by system colleagues to develop a set of JUCD priority population outcomes and key indicators (known as Turning the Curve) based upon the Derby and Derbyshire Joint Strategic Needs Assessments. These focus on increasing life expectancy, increasing healthy life expectancy, and reducing inequalities. The system outcome priorities/ indicators have been chosen because they are key drivers of the conditions that cause ill health, premature mortality, and inequalities in these, with the biggest causes of death in our population being cancer, respiratory and circulatory disease. This is reflected in emerging work to develop a JUCD health inequalities strategy which reflects the Core20Plus5 NHS England approach to reducing inequalities.

The Derbyshire and Derby Health and Wellbeing Strategies are to be updated during 2023. The content for this document and the needs outlined in this Section are therefore based upon the existing health and wellbeing strategies.

3.2 Life expectancy and healthy life expectancy

The health of a population can be described using healthy life expectancy and life expectancy statistics, and health inequalities can be starkly demonstrated by illustrating the difference in length of life, and how many of those years are spent in good health. Please see **Table 1** below for a summary of the differences in Derby and Derbyshire.

Table 1

	Derby	Derbyshire
Life Expectancy at Birth [inequality gap*], in years		
Female	82.1 [10.1]	83.0 [7.4]
Male	78.6 [10.2]	79.6 [8.3]
Healthy Life Expectancy At birth, 2017-19 [inequality gap, 2009-13*], in years		
Female	62.0 [19.2]	61.3 [13.5]
Male	59.9 [18.7]	61.1 [13.7]

**Life Expectancy at Birth statistical measures estimate the average number of years a new-born baby would survive if they experienced the age-specific mortality rates in this area throughout life. Healthy life expectancy describes reported years in good health. The gap describes the difference between the least and most deprived populations.*

The inequalities illustrated in **Table 1** are distributed differently across the area. Poorer outcomes are linked to areas of socio-economic deprivation and certain groups including, but not limited to, those from Black, Asian, and Minority Ethnic backgrounds, with serious mental illness, living with disabilities, LGBTQ+ people and those currently homeless.

The emerging work to develop a JUCD health inequalities strategy incorporates a review of the drivers of ill-health and mortality, the inequalities which exist between and within communities and sets out desired population outcomes, and priority indictors for affecting outcomes and inequalities – Please see **Section 3.3**.

3.3 Our desired population outcomes

The following statements have been developed locally to describe if the population were 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.

3.4 System wide population indicators

The following 'Turning the Curve' indicators have been recommended 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.**

JUCD has also identified additional indicators to reduce specific inequalities in the system drawing on local data and NHS recommendations*. See below for the "Plus 5" indicators (clinical areas of focus which require accelerated improvement).

- **Maternity:** ensuring continuity of care for 75% of people 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

* https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/

***Note**: Guidance on Core 20 Plus 5 for CYP has recently been issued nationally and will require consideration. Five clinical areas of focus are asthma, diabetes, epilepsy, oral health, and mental health with specific actions recommended.*

3.5 Derby City Council Plan

A number of the outcomes and 'must do's' under the four focus areas included within the Derby City Council Plan align to and support health and wellbeing plans, and the desired population outcomes and priority health indicators stated above. For example the following are referenced:

- Cleaner air and lower CO2
- Decent, sufficient, and affordable housing with an emphasis on the homes of vulnerable people
- Reducing inequalities and wealthier and healthier residents
- Health and wellbeing strategy with a focus on childhood obesity and public health statutory requirements
- Provide effective strategic leadership to drive stronger integration of health, housing, community, and social care agendas, safeguarding adults that need it
- Establish a citywide Prevention Strategy, focusing on building independence using individual and community assets

3.6 Derbyshire Council Plan

Within the Derbyshire plan one can see how the stated 'headline initiatives' align with health and wellbeing plans, and the desired population outcomes and priority health indicators, examples include:

- Working with partners to benefit the health and wellbeing of people in Derbyshire by better integrating health and social care and developing the Better Lives transformation programme
- Driving forward the ambitious improvements in Children's Services to positively strengthen outcomes for children and young people
- Work with people with learning disabilities, recovering from mental ill health and, or autism to develop Council services to ensure they are tailored to meet individuals needs and help people achieve their personal goals
- Work with partners to enable individuals and communities to lead healthier and happier lives, accessing support when and where they need it to encourage physical activity, help people stop smoking and manage their weight
- Help and empower more young people with disabilities to be independent in their transition to adulthood

In addition the council has published its "Best Life Derbyshire" Strategy in 2023 with a focus on people with lived experience being able to define the outcomes they want from social care.

3.7 Health protection

Integrated care partnerships are asked to consider health protection in their integrated care strategy, with system partners including UKHSA, local authorities and the NHS who, among other bodies, have health protection responsibilities to deliver improved outcomes for the population and communities served. Health protection includes:

- Infection and prevention control (IPC) arrangements within health and social care settings

- Tackling antimicrobial resistance
- Reducing vaccine-preventable diseases through immunisation
- Assurance of national screening programmes
- Prevention activities related to health protection hazards such as needle exchanges for blood-borne viruses (BBVs)
- Commissioning of services for response to health protection hazards (such as testing, vaccination and prophylaxis) and to tackle health protection priorities (such as tuberculosis or BBV services)
- Emergency preparedness, resilience and response (EPRR) across all hazards
- Other health threats determined as priorities

The Directors of Public Health (DsPH) have the duty, under the Health and Social Care Act (2012), to be assured that the local health protection system is working effectively and to ensure that the health of the population is protected. This is sought through the Derby and Derbyshire Health Protection Board, chaired by one of the DsPH and reporting to the Health and Wellbeing Boards; an arrangement that has been in place since 2013. The development of the integrated care system is an opportunity to ensure this is embedded within the local health and care system.

Work is underway to identify key areas of work that require system support, these include:

- Developing the infection prevention and control system
- Ensuring a successful and safe transfer of the responsibility to commission immunisation services
- Ensuring oversight of screening programmes is appropriately linked to the system
- Improved connection for existing strategies e.g. air quality
- Pathway improvements for individuals with complex health protection needs e.g. those with TB who have no recourse to public funds

The following strategic actions have been identified:

- Request a commitment from the ICP to sponsor a review of the governance and architecture for health protection in Derby and Derbyshire.
- Produce a health protection strategy for Derby and Derbyshire to clarify and drive the work of the Health Protection Board and establish agreed outcome measures.
- Review the three key areas of the focus for the Integrated Care Strategy and identify prioritised health protection actions. Secure commitment from the SROs to include these actions as an integral element of their work plans, and to work with Public Health colleagues on their resolution.
- Ensure health protection priorities are included within the appropriate workstreams, and that progress is reported to the Health Protection Board.

4. Strategic Enablers

4.1 Introduction

A key thrust of this Strategy is to focus on enabling actions that are critical to the development of high quality and sustainable integrated care and our response to population health and care needs. These have been grouped as follows:

- System architecture and governance
- System shared purpose, values, principles, and behaviours
- Enabling functions and approaches

4.2 System architecture and governance

Through this Strategy we will strive to ensure there is a 'parity of attention' on health inequalities, population health, and prevention within system reporting and governance arrangements, to ensure clarity and visibility on how we track our ambitions for our Start Well, Stay Well, Age/ Die Well key areas of focus, and wider improvement actions.

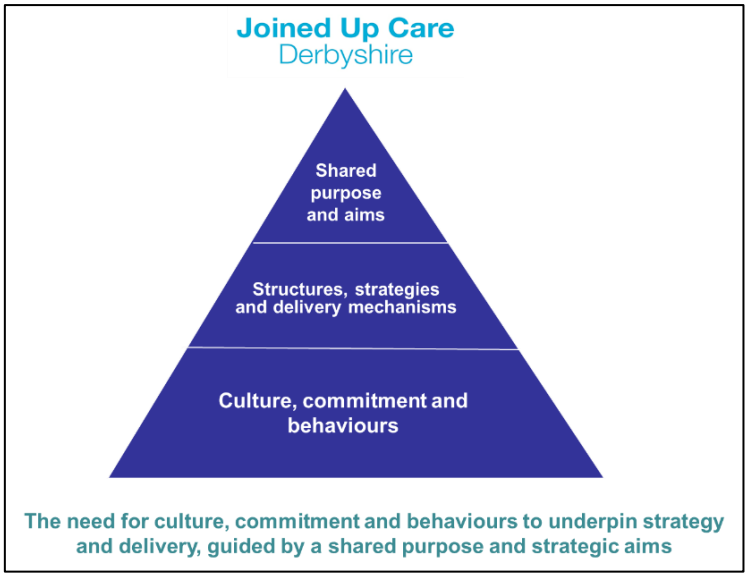
This objective needs to be set in the context of current work taking place to establish a renewed mandate to guide next steps for our collective "Integrated Care" approach, and JUCD governance architecture. A series of guiding questions to the Provider Collaboration at Scale and the Provider Collaboration at Place movements have been asked to help inform the renewed mandate.

Currently the two Place Partnerships and the Integrated Place Executive provide the primary governance arrangements for the Integrated Care Strategy on behalf of the ICP. In this context the role of the ICP in supporting and overseeing the delivery of this Strategy needs to be established, post approval of the final document.

Further consideration is also required in relation to how the Strategy's key areas of focus are governed. All three of the proposal documents described issues with current governance and delivery arrangements that will need to be addressed if benefits are to be maximised. There also needs to be feedback loop processes for how the agreed plans are continually informed by health and wellbeing plans and JSNAs, and vice versa.

4.3 System shared purpose, values, principles, and behaviours

Many of the key strategic enabling actions that are intended to support improvement through practical and transactional solutions, may not succeed, without significant underlying changes in behaviours to support a one-system approach, due to established processes and organisational sovereignty issues. A simple over-arching framework to ensuring a balanced approach is included below.



In the absence of a whole system, shared set of values and principles to underpin the development and delivery of the Integrated Care Strategy then consideration should be given to this, alongside organisational development support that may be required to facilitate the process, to ensure that the Strategy is built on sustainable cultural foundations.

Where success has been achieved in developing integrated care to date, it is important to reflect on the conditions that facilitated the success, both transactional and cultural. Work will take place to gather and review this intelligence to inform further engagement, with leaders, staff, and the public.

Work will now commence to scope how a set of shared values and principles to underpin the development and delivery of the Integrated Care Strategy could be developed.

4.4 Enabling services and approaches

Strategies and improvement plans for enabling functions and approaches should encompass all organisations/ alliances in the System (unless not deemed relevant) and support the achievement of our strategic aims for integrated care.

The content under this Section seeks to summarise current strategies and improvement plans and also flag key constraints that will need to be addressed. The following enabling functions and approaches are included:

- Workforce
- Digital and data
- VCSE sector
- Carers
- Strengths based approaches
- Population health management
- Commissioning
- Quality drivers
- Estate

Primary care is refenced in Section 4.5.

There is already alignment between some of the content in this section and the content in Section 5, where aims and constraints are stated for the key areas of focus selected to test and mobilise this Strategy. This reflects the fact that there is already considerable joint working taking place across the System. The leadership for each of the key areas of focus will be expected to work closely with enabler leads to further this alignment and to develop work programmes that will help to test enabling strategies and improvement plans in real world situations and gather learning to inform continuous improvement.

The content in the following sections (**4.4.1 to 4.4.9**) has been co-produced with JUCD leads for the functions and services covered.

4.4.1 Workforce

Our vision for the JUCD workforce is:
"Anyone working in health and care within Derby and Derbyshire feels part of one workforce which is focused on enabling our population to have the best start in life, to stay well and age well and die well. Our workforce will feel valued, supported and encouraged to be the best they can be and to achieve the goals that matter to them wherever they work in the system."

Key enablers to achieving the vision include:

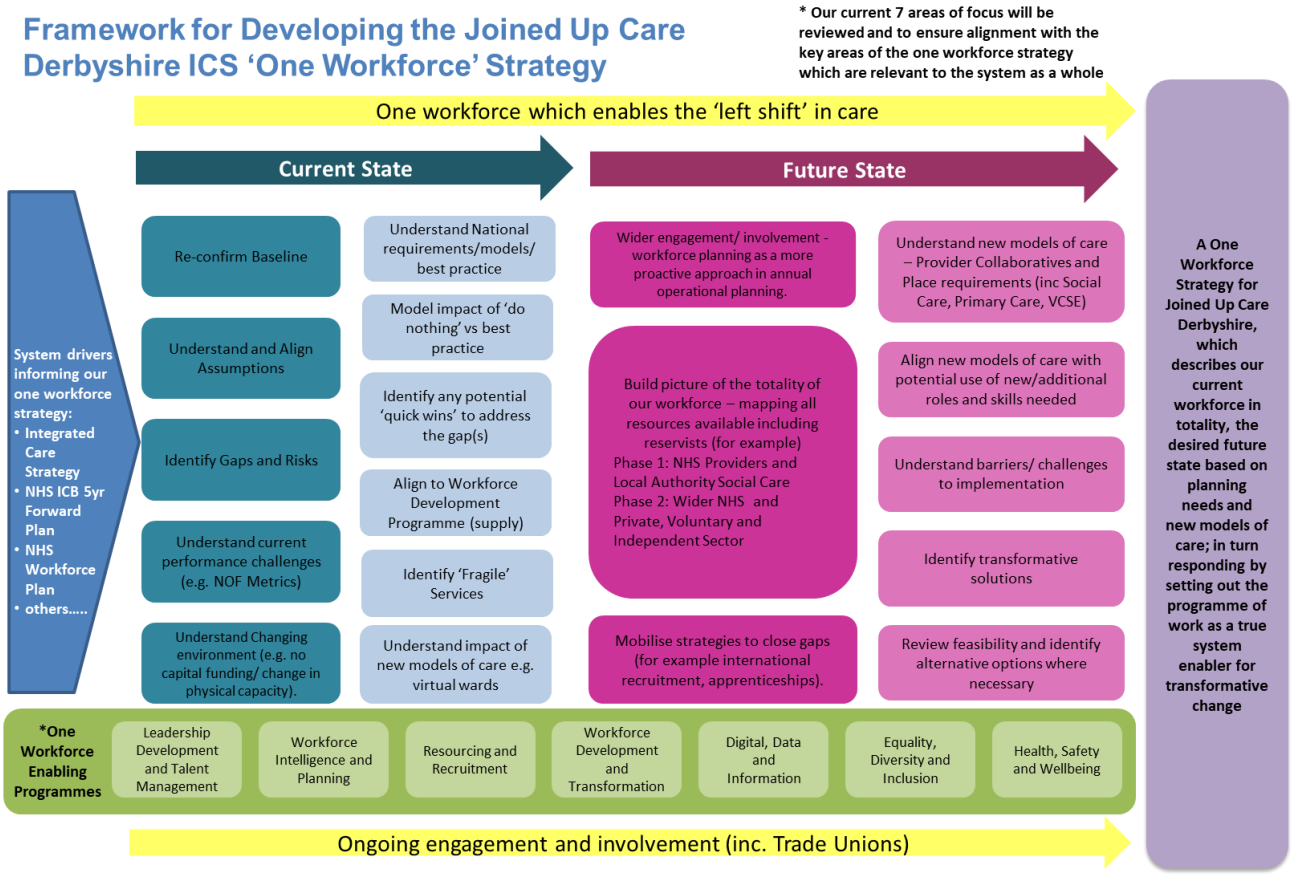
- A single point of access for new recruits, with a "no wrong door" approach to seeing people as a system asset, to be deployed wherever their skills fit best
- An integrated system rather than organisational approach to assessing workforce supply requirements
- Unified approach to leadership and talent development and OD
- An inclusive talent approach as the driver for recruitment and development
- Consistency of People Services offers, regardless of employing organisation - "One People Service across all places"
- Use of technology to enable ease of movement between organisations and reduce non value adding processes
- Clearer sense of common purpose and agreement on priorities for where we can work together, share resources
- Prioritisation of investment in training and development in prevention, personalisation and health inequalities

Some of the key challenges, and constraints to achieving the vision and our integrated care strategic aims include:

- Lack of dedicated workforce expertise to support integration
- Better understanding of the current workforce in the scope of this plan, what the requirement will be in light of the integrated care strategy and a joint approach between service leads and People Services to develop plans to bridge the gap using new approaches to skill mix, expanding/ introducing new roles and deploying staff closer to service users
- High percentage of social care staff who are in the PVI sector and therefore harder to influence in terms of workforce planning and development
- Fragmented and short-term nature of funding streams for workforce transformation and development
- Lack of trust in processes and governance between statutory sector partners and between statutory sector and VSCE

Current areas of focus therefore include delivering the conditions that will enable a JUCD 'one workforce', spanning health and local authority organisations; leadership development at a system level; the Joined Up Careers initiative; and the 'Quality Conversations' training programme which develops a strength based, personalised mindset for health and care staff.

The following infographic summarises our framework for developing the JUCD 'One Workforce' Strategy. We will need to align and embed this framework as part of the work programmes for the key areas of focus included in **Section 5**. Feedback on the Workforce vision, and the framework, through this Draft Strategy will help to further develop the approach.



4.4.2 Digital and data

The Digital and Data strategic aims and delivery priorities will support and enable the System to work towards the realisation of its strategic priorities and desired population outcomes through:

- **The ability to share citizen/patient information** to support care delivery across health and social care, including;
  - **Derbyshire Shared Care Record (DSCR).** The deployment of the DSCR will be expanded to include hospices, care homes, community pharmacies and other commissioned health and social care providers services. The DSCR provides clinicians and professionals with the most up to date patient/ citizens information to support the delivery of optimal care.

  - **Front Line Digitisation; Electronic Patient Record (ePR**). To enable collaborative working, deliver faster care, pathway redesign, reduced clinical risk and Population Health Management a new ePR will be deployed across our acute hospitals.
  - **Digitising in Social Care (DiSC)** – the implementation of digital social care record for care homes and domiciliary care providers, technology to support falls prevention and other technology evidence to enable citizens to be supported in the place they call home
- **A data architecture to enable population health management to be embedded** across the system to inform service planning and delivery. The ambition is to create a holistic view of citizens that incorporates wider determinants of health to improve physical and mental health outcomes.
- **Digitally enabled care delivery using tools and technology** to improve citizens knowledge and understanding to take greater control of their health and care
- **Digital and data innovation to support technology enabled care pathways** to augment care delivery, efficiency, and citizen/ patient/ staff experience
- **Digitisation of the wider health and social care economy** to improve care and opportunity for future interoperability and data sharing
- **Supporting and developing our citizens and workforce** in the use and adoption of digital services
- **Ensuring an inequity is not created** for those that are impacted. As we push our 'digital by default' vision we must ensure an inequity is not created for those that are impacted by the following barriers:
  - access issues
  - equipment, broadband connectivity, wifi, affordable data packages

This activity will be informed and prioritised through a systemic use of the nationally mandated and benchmarked 'Digital Maturity Assessment' and 'What Good Looks Like' tools.

4.4.3 VCSE sector

Nationally it is recognised that the VCSE sector is a vital cornerstone of a progressive health and care system and is critical in the delivery of integrated and personalised care and helping to reduce health inequalities. The National Development Programme – *Embedding the Voluntary Community and Social Enterprise (VCSE) Sector within Integrated Care Systems (ICS) 2022/2023,* which JUCD is part of, describes how;

"ICSs should ensure their governance and decision-making arrangements support close working with the sector as a strategic partner in shaping, improving and delivering services, as well as developing and delivering plans to tackle the wider determinants of health. VCSE partnership should be embedded as an essential part of how the system operates at all levels. This will include involving the sector in governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans."

Locally, our ambition is for the VCSE sector to be considered as a key enabler for integrated care. It already makes a significant contribution to health and social care through complementary as well as mainstream provision, often supporting people who are under the radar of statutory services. This was particularly evident during the pandemic. VCSE organisations can also support, engage and articulate the needs of both communities of place, interest and condition.

The integrated care strategy provides an opportunity for a less transactional relationship with the VCSE sector where it can contribute at all points of the planning cycle; helping to define needs through soft intelligence, helping to design services so that they meet the needs of communities, as well as offering new and cost-effective approaches to service delivery.

Engaging this contribution will improve services for local people but there are challenges to making this happen that need to be addressed through the implementation of this Strategy and wider system actions. Some of these are listed below and a commitment to tackling these challenges is a key recommendation to the Integrated Care Partnership:

- Building understanding between sectors and changing culture and behaviours
- Supporting and developing the paid and volunteer workforce
- Involving such a large and diverse number of VCSE organisations in a defined ICS structure and communicating with them
- Finding investment, commissioning and support approaches that will make the most of what local VCSE organisations have to offer and develop longer term relationships
- Stimulating greater VCSE sector engagement and delivery in key system initiatives such as hospital discharge
- Enabling communities of place, condition and interest to shape services
- Building the capacity of VCSE organisations

How the VCSE sector will be embedded in the ICS and the processes and culture necessary to make this happen will be captured in a Memorandum of Understanding to be signed off and adopted by ICS partners.

4.4.4 Carers

The Derbyshire Carers Strategy has recently been refreshed (‘2022 Refresh’). The priorities within the Strategy are:

- Improving carer health and wellbeing
- Information and advice
- Carer employment and financial wellbeing
- Early identification and support
- Young carers
- Services and systems that work for carers
- Involving carers as experts
- Recognising and supporting carer in the wider community

System wide adoption of the priorities and pledges set out within the ‘Carers Strategy Refresh’ will ensure its greatest impact in effectively supporting unpaid family carers. Leads for the key areas of focus and relevant enablers (including workforce) for the Integrated Care Strategy will be expected to commit to the pledges within the Carers Strategy and to develop action/ delivery plans to help to realise the significant benefits to carers to improve their health and wellbeing and to support them effectively in their caring role.

4.4.5 Strengths based approaches

Strength based approaches already feature as a facilitative method for catalysing change and improvements in JUCD services. For example, Derby City Council has implemented a strengths based approach based around 8 principles, with the aim of achieving stability and reducing risk for children and young people, and to encourage the involvement of children and young people and their families in decision-making so that they are more in control of

the support they receive and thereby their everyday lives. And a strengths based approach is a key feature of the Team Up approach, and Derbyshire County Council's "Best Life Derbyshire" strategy for social care.

What is a strengths based approach?
Taking a strengths based approach simply means helping people find their own solutions and to create change through their own strengths and the assets available to them. It works at any level, individual, team or system.

Why is it required?
"The dysfunctions of the traditional management system keep many organizations in perpetual fire-fighting mode, with little time or energy for innovation. This frenzy and chaos also undermines the building of values based management cultures."

(Peter Senge – The Fifth Discipline)

Strengths based approaches build resilience, motivation and self-sufficiency. They have been proven to be significantly more effective than traditional deficit based approaches at creating lasting change and continuous quality improvement. This is especially so in complex adaptive systems such as health and care, or in getting the best out of a highly educated workforce.

At the current time when burnout is high amongst the workforce, approaches that build motivation and resilience are essential. Finding a way through this will require a relentless focus on our strengths, supporting people to find their own solutions and trusting them to make their own decisions.

How can it be applied?
There are many successful models and initiatives that use strengths based approaches. These include coaching, appreciative inquiry, human learning systems, quality conversations, local area coordination, Think Local, Act Personal, the 'What Matters to You' movement, personalisation, human learning systems and Team Up Derbyshire. However deficit based approaches still predominate in health and care.

Champions training for a selection of acute, LA, DCHCS, VCSE staff has been arranged from December 2022, with the aim of embedding strength- based approaches in practice, improving communication / understanding across the system and exploring system risk.

It is proposed that we create, implement, and embed strengths based approaches across Joined up Care Derbyshire working as an integral element of a system-level organisational development strategy.

4.4.6 Population health management

Population health management (PHM) uses data and information to understand what factors are driving the physical and mental health in the population and in communities. Better understanding through better use of data then helps to improve the health and wellbeing of people now and into the future. It seeks to reduce health inequalities and addresses the wider determinants of health through collaborative partnership working.

A Derbyshire-wide systematic approach to PHM is being developed and pilot activity to test the different approaches has been undertaken at a local level in four different parts of

Derbyshire. Learning from these pilots will inform next steps and the approach will be developed through the course of 2023, utilising system intelligence and insights, and the adoption of an analyse, plan, do, review approach to all interventions.

There are strong links between PHM and the Turning the Curve approaches. The next steps of the PHM work will focus on the Turning the Curve actions to improve the overall health of local populations.

Effective PHM requires data, data sharing agreements and digital enablers to facilitate effective outcomes. Significant development work is required across the system, including linking with digital, information governance and analyst colleagues.

4.4.7 Commissioning

Commissioning and funding allocations are key enablers for achieving our strategic aims and the objectives outlined by leaders for the key areas of focus included in this Strategy. This is likely to result in the System facing difficult decisions, given the current financial context and the expected need for increased resources to be targeted at prevention and early intervention activities.

There are currently extensive collaborative commissioning and joint funding arrangements, but we recognise the need to review and refresh these, seeking opportunities to 'consider whether the needs could be more effectively met with pooled budget arrangements under **S75** of the NHS Act 2006.

Colleagues leading the three key areas of focus will be asked to recommend changes in commissioning and funding arrangements that they have assessed are necessary to achieve the aims and objectives agreed for their areas. and more generally in this Strategy, including the need for an increased focus on prevention and early intervention.

It is indicated that there will be more flexibilities within national guidance for collaborative use of resources and we will review the opportunities that they will present to support delivery of the Strategy.

4.4.8 Quality drivers

Key areas of focus will include:

- Collaborative working between system partner patient experience and patient engagement teams to improve connectivity and alignment
- Bringing together system partners to align quality and equality impact assessments (QEIA) to develop care services that meet the needs of our population
- Bringing together health & social care partners to review and implement learning from LeDeR reviews
- Reducing health inequalities for people with learning difficulties by bringing together system partners to increase the use of annual health checks with their local GP service
- In collaboration with system partners, NHS England, and the Kings Fund, we are a pilot system in leading a project to look at experience of care across an ICS

4.4.9 Estate

NHS and local authority services in Derby and Derbyshire are provided in multiple settings and in multiple buildings. These services and buildings need to be fit for purpose in terms of

being safe and appropriate environments for everyone who uses them. This takes a great deal of forward planning to ensure we are providing the right kind of accommodation to meet the evolving requirements of health and care services. By having the right kind of environments we can help to tackle health inequalities, promote a sense of wellbeing from being in well-designed spaces, reduce the carbon footprint involved in constructing, running and maintaining buildings, and ensure we are meeting our targets on sustainability.

The estate is a key enabler in delivery of the long-term plan; helping the System to transform by optimising the use of the estate, which can adapt to changing service models, and promote co-location and multiple occupancy of buildings with patient, people, places and partnerships as key drivers.

The main priorities of the Estates Strategy are:

- Transform places and services - prioritise & maximise the use of the best quality estate, which is modern, agile and fit for purpose to support patient care
- A smaller better, greener public estate - Create an estate which is more efficient, effective and sustainable through optimisation
- Partnership approach - Work with our partners to strengthen collaboration and benefit from multi agency working

4.5 Primary care

Primary care is at the heart of communities (GPs, HVS, GPs, dentists, pharmacists, opticians, community nursing) and acts as a first point of contact for the people accessing the NHS/ gateway to the system.

Every day, more than a million people nationally benefit from the advice and support of primary care professionals, however; there are real signs of genuine and growing discontent with primary care – both from the public who use it and the professionals who work within it. Access to general practice is at an all-time low, despite record numbers of appointments and primary care teams are stretched beyond capacity, with staff morale at a record low. Primary care as we know it may become unsustainable in a relatively short period of time.

<u>A vision for integrating primary care</u>
The Fuller Stocktake (released May 2022) is a new vision for integrating primary care, improving the access, experience and outcomes for communities, which centres around three essential offers:

- Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.

The key areas of focus and implementation plans for the Integrated Care Strategy will need to encompass the vision summarised above.

4.6 Difficult questions

A desired output for the final Strategy is to have a consensus on the 'difficult questions' that face the System if our strategic aims and service objectives are to be delivered. Some of these potential questions have already been floated in discussions regarding development of the Strategy and have included the following:

- How ambitious can we be on 'pooled funding'? What is the realistic scope of pooling resources from across constituent organisations?
- What do we collectively think joint commissioning could or should achieve?
- How can our financial planning support a shift to prevention?

Work is also underway to review JUCD examples of good integrated care practice to understand the difficult issues or decisions that have been overcome and to draw out key themes that may be helpful for our key areas of focus to learn from.

It is anticipated that supporting leaders and their teams to overcome generic and high impact challenges will need to be an active role for the governance arrangements described in **Section 4.2**, on the basis that the resolution for at least some of these issues will need to be elevated above local decision-making arrangements.

5. Key Areas of Focus

5.1 Introduction

There are three key areas of focus spanning prevention, early intervention and service delivery. Please see **Sections 5.2 to 5.4** for summary information on each.

They are not framed as priorities, as they are not necessarily regarded as being more important than other topics. Instead they have been chosen by senior responsible owners from across the System as ideal areas to test our strategic aims and ambitions for integrated care, in response to population health and care needs. They are:

- **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/ 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

After the Strategy is approved, the focus will immediately shift to delivery, and the work programmes that will be responsible for realising benefits. A set of common requirements

will be produced to guide the work, and this will support the Integrated Place Executive in managing delivery of the Strategy on behalf of the ICP Board. There is of course significant work already underway across the System within the scope of the three areas of focus and this will be built on as part of the process.

Additional programme resource will be required to drive, support and co-ordinate this work, alongside delivery of the development plans for the enabling functions and services.

5.2 Start Well area of focus

Aim

To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness.

Rationale for inclusion as a key area of focus

It is important that children and young people can 'Start Well'. This aim links directly to the JUCD ambition to ensure *People 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 develop positive and healthy relationships.* The overall approach will be preventative.

The Children and Young People's Delivery Board will undertake a pathway approach, incorporating prevention and early intervention that ensures connectivity across the system, and supports the Board's vision to *provide a seamless health, education and social care pathway for children and young people in Derby and Derbyshire - one that enables all children and young people to be healthy and resilient and, if support is needed, enables them to plan their care with people who work together, allowing them to achieve the outcomes that are important to them.*

The work will include a focus on the 20% most deprived population. The emerging 'plus' groups for this priority are teenage parents, homeless families, looked after children, children born at a low birthweight (due to factors during pregnancy), and children with special educational needs.

Derby, Derbyshire Child Health Profiles and benchmarking nationally indicates the need for this priority, and we are engaged with Healthwatch to ensure support for this priority from children, young people and their families. And a recent community consultation undertaken by Derby Health Inequalities Partnership exploring perceptions of health and inequalities, highlighted a key theme of respondents wanting to 'break the cycle 'of poor health in their communities with a focus on children and young people's health.

This priority is supported nationally via the requirements in the NHS Long term plan, 'Core 20 PLUS 5 for CYP' to reduce health inequalities and SEND (special educational needs and disabilities) statutory requirements. It is also aligned locally to the ICS strategy (overarching, in development), Health and Wellbeing Boards priorities (City and County), 'Turning the Curve' Priorities, Children and Family Learners Board priorities (Derby), Childrens Partnerships Priorities (County), Safeguarding Partnership, Healthwatch and local insight.

Key issues that will need to be addressed

- Improving staff retention and development is critical to success
- Service commissioning and provision is currently fragmented, and this priority will provide the momentum for better connectivity across the system and more effective and efficient working
- Existing governance is fragmented by organisation. Giving the CYP Delivery board greater authority and responsibility would ensure decision making is reflective of whole system impact and focus on the long-term vision of both JUCD and the Delivery Board
- Importance of setting behaviours in young children and setting foundations for good health
- A seamless pathway approach to support and care with empowerment given to children, young people and their families from an early age will ensure efficiency is achieved, and the effectiveness of service delivery will be improved
- A review of the current workforce position (including the VCSE sector), the need to map future staffing, describe the shift required, and ensure plans are developed to achieve the shift needed
- Digital and data, particularly the sharing of data across the system will be critical to success, with access to timely and sub-system level data to inform planning. Information governance processes are key to enable effective information sharing across agencies
- Maximising the beneficial impact of communication and engagement

Suggested measures for improvement

- School readiness: the % of children achieving a good level of development at the end of reception.

This is published nationally and annually in the Public Health Child Health Profile data that is measured at the end of Reception year. It includes several dimensions and is impacted by a range of sub-indicators: those related to the family (maternal mental health, homelessness, family income and parental education), the child (low birth weight, health status and immunisation rates) and services (quality and availability of funded early education) among many others.

5.3 Stay Well area of focus

Aim

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.

Rationale for inclusion as a key area of focus

To prioritise prevention and collectively contribute to ill-health avoidance and improve outcomes for the local population.

The Population Health Management Steering Group has expressed a clear intention to reduce inequalities in outcomes, experience, and access. For example, identifying groups experiencing inequity of access to preventative services, and using this insight to inform subsequent targeted action to redress this.

Reducing morbidity from the three clinical conditions selected through a prevention approach will reduce and manage the demand on resources required for treatment of later stage disease, thus improving the sustainability of the health and care system.

There will be a focus on modifiable behaviours for both mortality and morbidity, across the range of diseases/ conditions, which contribute the most to mortality/ morbidity respectively.

Mortality:

1. Tobacco
2. High systolic blood pressure
3. Dietary risks

Morbidity:

1. High BMI
2. Tobacco
3. High fasting plasma glucose

Preventing ill health is beneficial for population wellbeing and reduces demand for NHS services and was identified in The Marmot Review as a key objective to reducing health inequalities and its associated social and economic costs. Preventative interventions such as cardiac rehabilitation have been shown to reduce non-elective admissions and early cancer diagnosis leads to increased survival and reduces financial impact, both on healthcare resources but also on an individual's ability to work and support their family.

Local insights identify prevention as a priority, for example:

- *"People welcome the move to focusing on the wider determinants of health but feel that priorities still reflect improvements in services, rather than wealth, education, and prevention."*

Key issues that will need to be addressed

- Existing governance and delivery arrangements are currently organisation centred which can inhibit system collaboration and added value of working across organisations to a single, shared aim. In addition, partners (such as the VCSE sector) and those beyond the local organisational system are key to a prevention approach
- Shift of funding, resources, and people towards a preventative focus, where health outcomes are influenced earlier in both clinical and non-clinical pathways
- Coordinated and joined up communications support for health promotion activities
- Strong productive partnerships across JUCD and broader partners, including education, the police and the criminal justice system, transport services, and local employers
- Workforce - the need for effective processes that enable staff to move between organisations and productively function in an organisation other than their employer
- Digital and IT - Flexible IT infrastructure, with shared access to drives, documents, records and data sets
- Simplify referral routes into services and enable effective self-referral to all services which the patient is motivated to engage with
- Population Health Management is a key enabler to this prevention priority
- Exploring the potential to co-locate services, regardless of the providing organisation

- Engagement with carers is key to understand the barriers they experience, for both their own health and wellbeing, along with those they care for

Suggested measures for improvement

Long term outcomes:

- Contribute to reducing the life expectancy gap between the most and least deprived people in Derby and Derbyshire, given that the three clinical conditions selected contribute the most to the local life expectancy gap.

Short-medium term outcomes:

- Identify and subsequently reduce identified inequalities in access to associated services, experience and outcomes from each service, for each condition.

Progress will be monitored against a set of metrics by demographic profile (a draft set has been produced). It is anticipated this will be agreed by System partners, including identifying those directly aligned to a specific partner (e.g. smoking cessation rates), along with those that some/ all partners can contribute to (e.g. referrals to smoking cessation services).

5.4 Age/ Die Well area of focus

Aim

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.

Rationale for inclusion as a key area of focus

A key ambition is a 'left shift' of care so that focus is increased on maintaining functioning and independence. Prevention and proactive identification of patients, combined with risk stratification, and effective care planning provides the best approach to supporting those patients and carers who have the most complex needs; this enables them to take an active part in decisions concerning their health and wellbeing and subsequently reducing the demand for health and social care services. When more critical episodes of care occur it is necessary to have responsive integrated community provision available so that acute admissions happen when it is the best option, not because it is the only option.

A fundamental principle of the proposed programme of work (and the leadership and delivery through place based working) to respond to this priority is a strength based approach in terms of the individual, the teams that are supporting and the communities they are part of.

The main vehicle for improving outcomes in this priority area is building integrated local planning, service responses and support in the community (including statutory services, VCSE, independent care providers, individuals and communities). Whilst the value of more integrated, locally delivered care will benefit many (if not all) groups it is particularly evident for those living with frailty and at the end of life.

The selection of this priority builds on engagement with the population over a number of years which has identified themes in terms of what is important to them, to keep them well, and their expectations from services. Derbyshire people have identified being able to stay in their own home for as long as it is safe to do as the most important thing to help them keep their independence and stay healthy as they get older (Healthwatch Report – 2019).

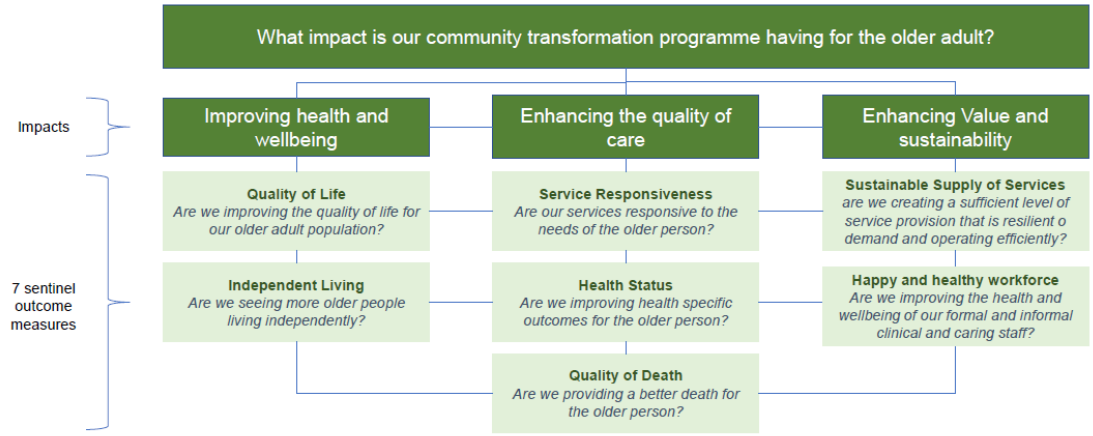
Key issues that will need to be addressed

- Support when navigating health and care – 'no wrong door' - Any point of access to the health and care system should be able to direct the user or carer to the right place
- Joined-up communication – tackle conflicting information, the need to repeat information and inconsistencies, helping staff understand the wider needs of the service user and carer, beyond the condition they are seeking help for
- Working together to reduce the potential tension regarding organisational sovereignty as demonstrated through individual policies, procedures, cultures etc. alongside the need for teams of people to work together with shared processes
- Trust – between groups of staff, and also service users' confidence in staff as advocates. Addressing the impact that existing cultures across organisations and teams have on the ability to make this shift will be an important factor to consider
- Governance mechanisms established through Place and a number of connected programmes of work needs greater ownership, visibility and system backing, if we are to affect the longer term necessary shift to improved population health and slow growth in demand. Our current governance structures don't always effectively support 'distributed responsibility' and working across teams
- The form and pace at which new financial models and mechanisms for collaborative commissioning can be developed and which may need differential allocation. Ensuring commissioning processes are aligned and reward the right things
- Further developments in workforce planning to better meet the needs of the population who are ageing or at the end of their lives
- The ability to access and update a single record to support the care of an individual, and to prevent individuals and their carers having to repeat information to many agencies and staff having to waste time updating multiple systems
- An embedded model for using Population Health Management data to plan and target provision
- The VCSE sector is vital in understanding and meeting the needs of this population
- Co-location of teams that are working together / serving the same cohort
- Ongoing and increasing commitment to ensuring subsidiarity and local determination of delivery

Suggested measures for improvement

It is proposed that 'measurement activities' for this priority are organised under 7 sentinel outcome measures – please see figure below.

There is also a National Integration Index planned to be rolled out in 2023 that will help us understand the level of integration and the impact / benefits experienced by citizens.



6. Engagement

6.1 JUCD approach to engagement

Gathering insight from our diverse population about their experiences of care, their views and suggestions for improvement of services, and their wider needs in order to ensure equality of access, and quality of life is a key component of an effective and high performing Integrated Care System (ICS). These insights, and the diverse thinking of people and communities will be essential to enabling JUCD to tackle health inequalities and the other challenges faced by our health and care system.

As a result, JUCD has developed a strategic approach to engagement, which includes key principles and frameworks that will underpin our ways of working. It sets out how we will listen consistently to, and collectively act on, the experience and aspirations of local people and communities within JUCD. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

Our Ambition is:

- To embed our work with people and communities at the heart of planning, priority setting and decision-making to drive system transformation work, ensuring the voices of patients, service users, communities and staff are sought out, listened to, and utilised resulting in better health and care outcomes for our population
- To recognise that relationship building is important to increase trust and improve involvement and needs to be considered on a planned, systematic, and continuous basis, with the required investment of time
- To ensure continuous engagement that reflects this new relationship with the public, capitalises on those emotional connections and brings people and communities into the discussion rather than talks to them about the decision

In order to ensure a systematic approach, our 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 outlined below:

Governance Framework - This examines the structures that provide the interface between people and communities at all levels of the ICS, allowing insight to feed into the system, to influence decision making. This is also about making sure appropriate assurance frameworks are in place for ensuring we implement the principles outlined in our Engagement Strategy across the system. It includes our Patient and Public Partner Programme, our Guide to Patient and Public Involvement in the ICS, and the development of our Public Partnership Committee.

Engagement Framework – This includes the methods and tools available to all our system partners to support 'continuous conversations' with people and communities in transformational work to improve health and care services. This includes our Citizens' Panel, Online Engagement Platform, PPG network, Readers Panel, Public and Patient Insight Library and Derbyshire Dialogue. The model we use for our Patient and Public Insight Library, has been promoted by NHS England as good practice, and a template has been created to allow other systems to duplicate it.

Co-production Framework - This is our work to embed, support and champion co-production in the culture, behaviour, and relationships of the ICS, including senior leadership level. Drawing together good practice from around the system we plan to co-produce a co-production framework and are in the process of setting up a task group, which will include patient and public partners.

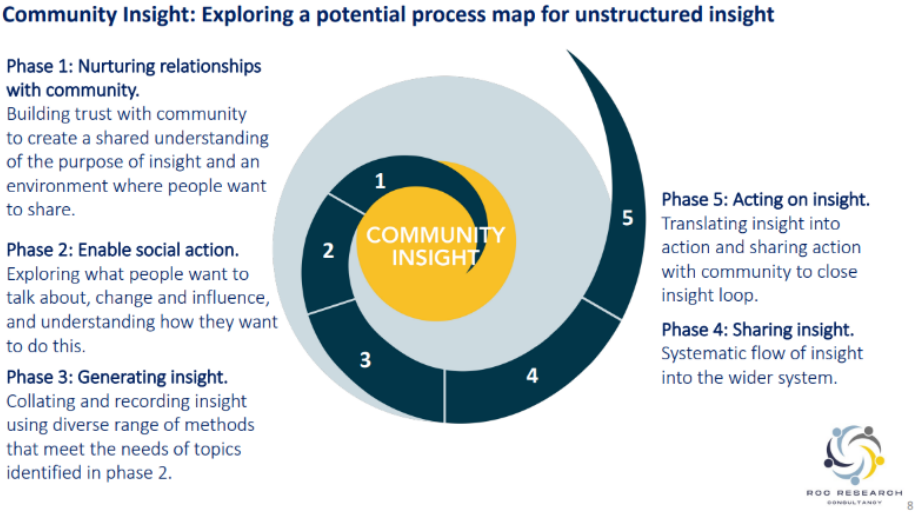
Evaluation Framework – This is being created to allow us to reflect on and examine our public involvement practice and the impact this has both on our work, but on our people and communities. The Evaluation Framework will outline how we will measure and appraise our range of methods, and how this will support ongoing continuous improvement.

Insight Framework - The Insight Framework is the most exciting development so far and looks at how we identify and make better use of insight that is already available in local communities to inform the work of the ICS.

Many communities already have established mechanisms of finding out what's important to people, with regards to their wants, needs and aspirations. We will be seeking to harness and examine that insight and present it in a way that will enable the ICS to listen to and take action, to truly put the voice of people and communities at the heart of decision making.

This approach is about authentic collaboration with communities without a pre-set agenda and will require that we are brave and believe that people know what they need to be well and happy. It will also require us to align our governance structures to support community led action.

A key part of the Insight Framework is our process map outline which outlines 5 phases, please **see figure below**. We plan to co-produce what good looks like in all 5 phases of our model, and then build on strengths-based approaches that are already out there in communities to support them to overcome the barriers that we know they currently encounter. This work will be centred around Place and support the ambition to be a social model that is outcome driven and strength based; focussing on the assets of individuals and communities and developed with them through local leadership.



6.2 Approach undertaken to support the development of the Integrated Care Strategy

An ‘Engagement Workstream for the ICS Strategy’ was created in July last year with representation from health, local authorities, Healthwatch and the VCSE Alliance. This workstream has overseen the development of an 'Insights Document' that has pulled together insight that has been gathered throughout the system over the past 12 months into one place and which highlights high-level themes under the following headings - Integration, Health Inequalities, Quality/Improvement, Strengths Based/ Personalised Care and Health Protection, and Understanding Public Behaviours, Choices, and Attitudes. This was made possible due to the existence of our Patient and Public Insight Library.

This Insight Document has been considered by SROs and teams as part of the evidence base for the selection of key areas of focus for this Strategy under the headings - Start Well, Stay Well and Age Well.

Subject to the agreement of this Draft Strategy the next steps are summarised as follows:

- Present and discuss the Draft Strategy and communicate the selection of the three key areas of focus with the wider public via the Derbyshire Dialogue Forum (15 February 2023), and with local organisations and forums through a series of presentations February – March.
- Co-produce I/ we statements to help communicate the ambitions of the Strategy and the key areas of focus.
- For the three key areas of focus – Hold an initial Derbyshire Dialogue on 15 February to outline the purpose and content of the strategy, and then initiate a process of continuous engagement including the following steps:

    - Hold online engagement events for each of the 3 areas allowing leads to present information in an accessible way and invite comments about what actions are needed to achieve the ambitions set out and capture these to inform plans.
    - Support these conversations through our Online Engagement Platform, with opportunities to continue to ask questions and make suggestions.
    - Create surveys for each area to gather feedback from a wider cohort of people targeted as required.
    - Facilitate and support conversations between programme leads and local community groups who express interest in the key areas of focus, helping to ensure we do not just rely solely on people having digital access, using existing groups and forums where possible, with support from the VCSE sector.
    - Ensure feedback/ insight from these conversations is listened to, considered, and actioned through the implementation plans for the three key areas of focus.

7. Evaluation

7.1 Introduction

Once the ICP has approved and published the Integrated Care Strategy a process for overseeing delivery progress will be required. This could include, if appropriate, identifying, and evaluating the impact that the Strategy has had on commissioning and delivery decisions from multiple perspectives, including providers, citizens, communities, and those engaged in the production of the strategy.

7.2 Measures

In **Section 3** population health and inequalities indicators are referenced. These measures will need to be considered as part of the evaluation process, alongside other measures specific to the key areas of focus, some of which are referenced in **Sections 4 and 5**.

It is noted that there is national work underway by the CQC and by the King's Fund to develop qualitative and quantitative integration measures, through an "Integration Index". JUCD is a pilot site for this work, and this should support evaluation efforts. We will draw on outputs from this work as they emerge and use these to engage local stakeholders.

7.3 Evaluation and impact

It is proposed that evaluation can be considered at two levels:

Evaluation of the Strategy: including a high level consideration of progress against the strategic aims, and an assessment of how successfully other intentions included in the Strategy have progressed, including ambitions for organisational development at a system level and a focus on behaviours and culture to ensure that the Strategy is built on sustainable cultural foundations.

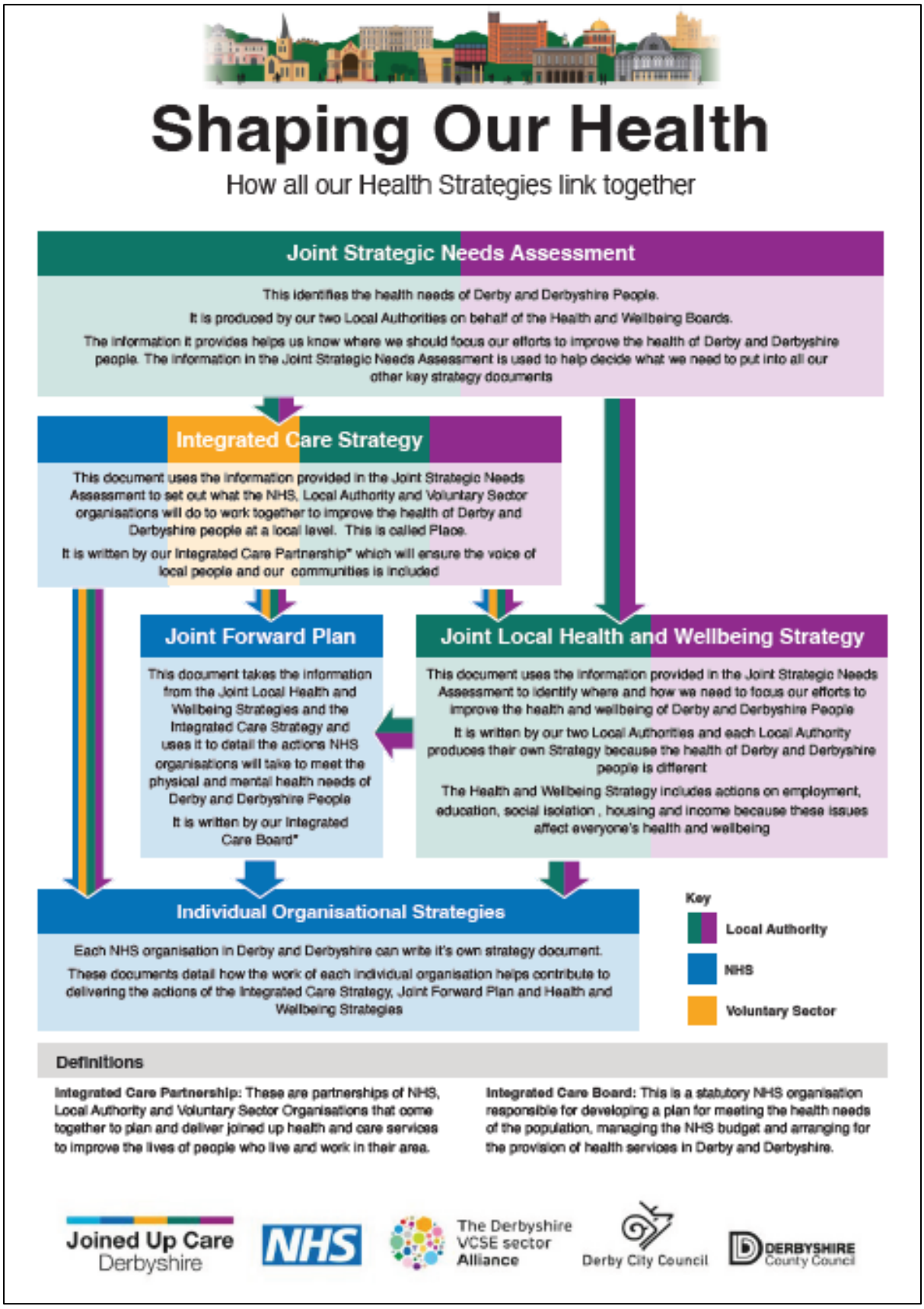
Evaluation of the key areas of focus and key enabling functions: SRO led work on evaluation methodology and measures, to track implementation against objectives.

7.4 Evaluation support

The ICP/ IPE will need to consider whether external input into evaluation would provide additional benefits to those gained via local evaluation routes for evaluation of the Strategy. Options are being explored through fact-finding contacts with The King's Fund, the Social Care Institute for Excellence, and the "Leading Integration Peer Support Programme" run jointly by the NHS Confederation, the Local Government Association and NHS Providers.

The SROs for the three key areas of focus will need to assess existing and potential options for external support. This should include the involvement of Healthwatch and align with the engagement approach and particularly the work on citizen Insights.

Appendix 1 – How our health strategies and the Joint Forward Plan link together



Draft
Derby and Derbyshire Integrated Care Strategy

Presentation – Derbyshire County Council

Improvement and Scrutiny Committee – Health

6th March 2023

Development of the Strategy

- **National guidance released** - 29 July 2022
- **Framework Document** - Described the approach and outline content for the Draft Strategy. Agreed by ICP Board 7 December 2022
- **Draft Strategy** – for consideration today. Describes strategic approach and practical steps
- **Final version of the Strategy** – consideration by ICP Board in April, accompanied by a Summary Document that will communicate the key elements in a shorter and more accessible format
- **Delivery plans** – focus will now shift to delivery (see later slide)
- **Future updates to the Strategy** – guidance states ICPs should consider revising the Integrated Care Strategy whenever they receive a joint strategic needs assessment
- **Therefore the Strategy should be regarded as a starting point** for assessing and improving the integration of care

Involvement

- **Multi-organisational and multi-professional working group** - colleagues from local authorities, NHS, and Voluntary, Community, and Social Enterprise (VCSE) sector have steered outputs

- **Communications and engagement group** - includes Healthwatch and VCSE Sector, and is developing Insights and engagement approach

- **Strategy sections** – much of the content has been produced by Joined Up Care Derbyshire (JUCD) colleagues e.g.
  - **Population health and care needs** – from Public Health leads and Population Health Management (PHM) Steering Group
  - **Strategic enablers** – from leads for enabling services and functions
  - **Key Areas of Focus** – proposals developed by Children and Young People (CYP) Delivery Group, PHM Steering Group, and Integrated Place Executive

Context

- **Content addresses national guidance and seeks to align with System plans, e.g.**
  - Health and wellbeing strategies (noting updates are due in 2023/24)
  - Derbyshire Council Plan
  - Derby City Council Plan
  - NHS planning documents
  - Health inequalities strategy (in development)
  - Adult social care and children's strategies
  - Service plans and JUCD delivery boards
  - Derby/ Derbyshire Anchor Partnership

- **Challenging environment** - Recognise we cannot expect the current challenges to diminish in the near future and we cannot develop this Strategy in a bubble

- **But by integrating resources and by working differently we can improve** prevention, early intervention and outcomes for citizens, and provide services more effectively and efficiently

Health and care drivers

- **Start Well**
  People 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.

Strategic aims

- 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

Core approach

Strategic enablers – **‘the how’**

- Architecture and governance
- Shared purpose, values, principles, and behaviours
- Enabling functions and services

Agreeing Key Areas of Focus – **‘the what’**

- Responding to population health, prevention, health inequalities, insights and service quality drivers

Focus on engagement

Enablers – ‘the how’

If we get the enablers right for integrated care, we will see benefits more broadly across prevention, early intervention and service provision – they include;

- Workforce
- Digital and data
- VCSE sector
- Carers
- Strengths based approaches
- Population health management
- Commissioning
- Quality drivers
- Estate

Key Areas of Focus - ‘the what’

Not framed as priorities - Chosen by colleagues as areas to test our strategic aims and ambitions for integrated care, in response to population health and care drivers

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 and 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 maximise a return to independence following escalations

Engagement as a key element of the Strategy

- **Methodology for embedding engagement approach** included in Draft Strategy, and being developed with Communication and Engagement Group

- **Selection of Key Areas of Focus** – **informed by Insights**, alongside health needs, System groups, and ICP

- **Plans for engagement with citizens;**
  - Derbyshire Dialogue session - 15 February
  - Range of engagement methods to follow, focused around Enablers and Key Areas of Focus – approach currently being developed
  - Healthwatch and VCSE Sector will be critical to success

- **Plans for engaging with organisations and key forums** – schedule developed

- **Want feedback on key issues and opportunities**

Delivery of the Strategy

- **After the Strategy is approved, the focus will immediately shift to delivery**, and the work programmes that will be responsible for realising benefits
- **A set of common requirements being produced to guide the work**
- **Significant work already happens** across the System within the scope of the Enablers and Key Areas of Focus, this will be built on
- **Clarity on how delivery actions are to be co-ordinated** across the JUCD architecture
- **Additional programme resource will be required** to drive, support and co-ordinate this work at pace
- **Integrated Place Executive will manage delivery** of the Strategy on behalf of the ICP Board

In summary – The impact of the Strategy is…..

- **Collaboration and collective working** - The way in which we are developing the Strategy is just as important as the content. We are seeing stronger working relationships between partners, in ways that will prove beneficial beyond the remit of this Strategy

- **A joined up approach to Strategic Enablers** - The Strategy captures for the first time the key, enabling actions that are critical to the development of high quality and sustainable integrated care, and identifies practical areas of focus to test these actions

- **Key Areas of Focus are agreed** – System-wide conversations have led to agreement on three areas that will test our strategic aims and deliver key population health and service outcomes

- **Engagement** – To ensure improvements arising from this Strategy are meaningful and impactful for citizens. The Integrated Care Strategy provides an ideal opportunity to test and further develop our emerging JUCD approach to engagement

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

6 March 2023

Report of the Integrated Care Board

Changes to the Buxton Colposcopy Service

1. Purpose

1.1 University Hospitals Derby and Burton (UHDB) can no longer provide the Buxton Colposcopy service from April 2023 further to the retirement of the existing consultant in post. Every effort has been made to find a replacement but unfortunately this has been unsuccessful. UHDB will no longer deliver Colposcopy services from Buxton Hospital.

1.2 A colposcopy is often done if a smear test (cervical screening) finds abnormal cells in the cervix caused by human papillomavirus (HPV). These cells are not cancer, but there's a risk they could eventually turn into cervical cancer if not treated.

2. Information and Analysis

2.1 **The previous pathway:** UHDB have provided a Colposcopy service in Buxton for patients in the High Peak. This service moved from Derbyshire Community Health Service (DCHS) to UHDB following the left shift review of services in 2015. This historic arrangement offers the only local colposcopy service in Derby and Derbyshire.

2.2 The new service pathway is:

- **Symptomatic Primary Care presentations** who select Buxton on eRS as their Provider of choice (approx. 200 routine referrals a year). These patients will be referred to the local provider of their choice, by their GP, based on availability of clinics on the clinical patient booking system electronic-Referral System (eRS).
- Referral from Cytology as a result of **abnormal smear sample** – approx. 94 referrals a year. This pathway is a Public Health Pathway with a nationally mandated pathway which is managed through our colleagues at NHS England. When abnormal results are identified, the patient is contacted to advise on this, and advise that an appointment is being made at the locally agreed site for colposcopy. This will now be changed from Buxton, to Chesterfield Royal Hospital.

- These are temporary arrangements whilst we monitor the impacts of the activity being delivered elsewhere. We will monitor for 6 months and review the impacts via data analysis and patient surveys.

3. Alternative Options Considered

3.1 UHDB have attempted to build this clinic into work plans of existing staff but it is not feasible to continue due to impact of travel time (2 hours). UHDB have also struggled with recruitment and been unable to recruit to this vacancy. If UHDB were to continue this clinic, it would negatively impact a greater proportion of patients at the UHDB site and further widen the inequity gap.

3.2 Colposcopy and gynae clinical workforce are under significant pressure nationally. Colposcopy clinics in Stockport and Macclesfield are under significant pressure and unable to support any increased activity from Derbyshire either through continuation of the Buxton service, or by accepting the increased activity from the Cytology labs for Buxton patients.

3.3 Chesterfield Royal Hospital were unable to commit resources to deliver services out of Buxton Hospital but agreed to accept any activity for Derbyshire patients at their current site in Calow, Chesterfield.

3.4 NHS England Public Health Commissioning (responsible for the screening programme) reviewed the service in 2021 and made a recommendation that, due to the fragile workforce (single Clinician), the trust consider ceasing the service when the Consultant retires.

4. Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Engagement

5.1 Stopping delivery of the service in Buxton (but maintaining the service delivered at other sites) does trigger ICB legal responsibilities under the NHS Act 2006, as amended by the Health and Care Act 2022 to ‘make arrangements’ to inform, involve and consult with the public.

5.2 A robust plan to engage with our Patients/Public was developed and has commenced with the patients at the existing Buxton clinic. Alternative sites CRH and UHDB will also be visited in the future to ensure views/voices are heard. We are required to update the Public Partnerships Committee and Derbyshire Scrutiny Committee. Plans are on standby to implement recommended actions to support this service change.

6. Background Papers

6.1 N/A

7. Appendices

7.1 Appendix 1 – Implications.

8. Recommendation(s)

That the Committee:

1) Support the engagement process and agree for conclusions from the service review at a future date.

9. Reasons for Recommendation(s)

9.1 No alternate provider currently able to offer this service in Buxton

9.2 This will allow the ICB to complete the engagement and service review.

Copy of Communications sent to GP practices

Colp comms.pdf

Copy of Patient Engagement Survey

Survey Colposcopy Engagement Buxton H

Report Author:

Monica McAlindon

Head of Cancer Commissioning and Derbyshire ICS Cancer Programme Lead
NHS Derby and Derbyshire Integrated Care Board / Joined Up Care Derbyshire

[redacted]

Appendix 1

Implications

Financial

1.1 The small volume of activity that was delivered from the Buxton site is considered financially immaterial to other acute contracts so there is no funding implications for this service change

Legal

2.1 Stopping delivery of the service in Buxton (but maintaining the service delivered at other sites) does trigger ICB legal responsibilities under the NHS Act 2006, as amended by the Health and Care Act 2022 to ‘make arrangements’ to inform, involve and consult with the public.

Human Resources

3.1 This service change has highlighted the national workforce challenge in gynaecology as well as a regional risk of Colposcopists. This has been escalated to system executives and will form part of our systems workforce development plans

Information Technology

4.1 None

Equalities Impact

5.1 Work to understand the full impact of this change is ongoing through the JUCD EQIA panel. The expected impact is around increased travel time and risk that this will impact a patients likelihood of attending for colposcopy to further determine the cause of the abnormal cervical screening.

Corporate objectives and priorities for change

6.1 Improve cancer waiting times for all patients
6.2 NHS Long Term Plan (LTP) - by 2028, 75% of people with cancer will be diagnosed at an early stage (stages one or two).

Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

06 March 2023

Report of Healthwatch Derbyshire

Update for Improvement and Scrutiny Committee – Health March 2023

1. Purpose

1.1 To present to the Committee an update on key themes for Healthwatch Derbyshire, as previously requested by the Committee.

2. Information and Analysis

2.1 Update of three key themes including; Access to GP Appointments, Closure of DCC Day Care Centre and Maternal Mental Health. These themes have previously been bought to Committee in November 2022. An update on these themes is now available.

3. Alternative Options Considered

3.1 N/A

3.2 N/A

4. Implications

4.1 N/A

5. Consultation

5.1 N/A

6. Background Papers

6.1 N/A

7. Appendices

7.1 Full copy Improvement and Scrutiny Committee – Health. Update report, March 2023.

7.2 Healthwatch Derbyshire GP Access Report – January 2023.

8. Recommendation(s)

That the Committee accepts and notes the report.

9. Reasons for Recommendation(s)

To inform the Committee of the roles and responsibilities of Healthwatch Derbyshire and current themes and priorities of its work in the county.

Report Author:

Harriet Nicol
Engagement & Involvement Manager
Healthwatch Derbyshire

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healthwatch Derbyshire

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

March 2023

About Us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012 and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who builds a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

Updates on Key Issues and Themes

Access to GP Appointments

The ways in which patients access their GP services is changing, the Covid-19 pandemic has accelerated many of these changes but even prior to the pandemic many GP's were increasingly offering a wider range of ways to access their services.

Face to face appointments are traditionally how many patients would access their GP, however this is not the only option available, and for some patients and their individual health concerns, alternative appointments may be more suitable and even preferable for their lifestyle.

In response to the Covid-19 pandemic, GP surgeries offered alternatives to face to face appointments that included access to care moving to a triage system, online bookings, and video and phone consultations.

Throughout Summer 2022 Healthwatch Derbyshire ran a survey to hear from patients, carers, and the wider public, offering an opportunity to share their views and recent experiences of accessing their GP. Over 1300 responses were received to the survey.

Our GP Access Report has now been published and includes a response from the Integrated Care Board and Derby & Derbyshire Local Medical Committee.

At the time of writing, the final report has been shared with providers, with an offer to GP Practices to provide their individual practice responses to the survey, where these are available. The report has been well received by practices and we have engaged with several practices so far as we look at ways of highlighting best practice and seeing how practices could implement recommendations from the report, as well as hearing from practices about ways in which they have addressed their own issues around demand and patient access to appointments.

A copy of the final GP Access Report is included.

Closure of DCC Day Care Centres

HWD has closely followed Derbyshire County Council's consultation into the proposed closure of eight day centres and a redesign of the service. We promoted opportunities for local residents to take part in the consultation, and have been kept informed as to the outcome of the consultation and the decisions taken.

It has now been confirmed following a decision made by Cabinet that the proposed closures will take place and that a new model will be put in place which includes the expansion of a Support Service Team and Community Connectors. The eight centres will be closed in phases over the next 12 months, with four existing day centres to remain open.

We have established good links with an LD carers group via Derbyshire Carers Association, and have been able to share their feedback with adult social care. The responses to their queries from adult social care have been fed back to the carers group, and it is encouraging that adult social care is keen to hear how these have been received.

Healthwatch Derbyshire will continue to follow the progress of changes and closures, and keen to highlight the importance of hearing from those affected by the changes as well as gather feedback on how the new model of service is being received, once this is in place later in the year and into next year.

Maternal Mental Health

HWD are supporting the Healthwatch England campaign around Maternal Mental Health. With one in four women experiencing mental health problems during pregnancy and in the first year following the birth of a child, support from maternity services can significantly impact their mental health and wellbeing. A recent Healthwatch England review of the evidence of 2,500 people's experiences of maternity services showed that, overall, people's experiences are worsening.

Healthwatch England are launching a national survey to better understand what is working and what needs improving for people who develop mental health difficulties relating to their maternity

experience. We also want to know whether the six-week checks meet the needs of new mothers and birthing parents.

The goal of the campaign is to improve mental health support in maternity care and ensure birthing parents are supported before, during and after birth.

HWD shared the survey in order to gather local data, as well as attending parent and baby groups to gain feedback from new mothers and birthing parents about their experiences of maternal mental health support in Derbyshire.

As this is a Healthwatch England led campaign, our local data has contributed towards national findings and we expect the survey results to be available in late March. We have had interest and support for this campaign from professionals within maternity services, and we have developed links with appropriately placed professionals to ensure the findings are shared where they may have most impact.

Contact

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healthwatch Derbyshire

GP Access Report

Experiences of accessing GP services in Derbyshire

Contents

About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

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Summary

The ways in which patients access their GP services is changing, the Covid-19 pandemic has accelerated many of these changes but even prior to the pandemic many GPs were increasingly offering a wider range of ways to access their services.

Face-to-face appointments are traditionally how many patients would access their GP; however, this is not the only option available, and for some patients and their individual health concerns, alternative appointments may be more suitable and even preferable for their lifestyle.

In response to the Covid-19 pandemic, GP surgeries offered alternatives to face-to-face appointments that included access to care moving to a triage system, online bookings, and video and phone consultations.

Part of the role of Healthwatch Derbyshire (HWD) is to understand the experience of people using these services and to give people the opportunity to speak up and have their voices heard.

Collecting feedback and providing opportunities for people to share their experiences with HWD means that we often hear about the issues and difficulties people face.

As services started pandemic recovery and a level of normality returned, patients were contacting us with their frustrations at not being able to access face-to-face appointments. The perception from some patients appeared they expected GP services to be delivered in the same way as before the pandemic.

As of October 2022 there are 1,115,331 people registered with a GP practice in Derbyshire, including Derby city.

Method

Throughout the summer of 2022, HWD ran a survey to hear from patients, carers, and the wider public, offering an opportunity to share their views and recent

experiences of accessing their GP. An easy-read version of the survey was also created, and paper copies were shared on request.

Feedback from the survey will help local health providers to understand how the ways in which appointments are accessed affect patients. The findings and recommendations contained in this report will be shared with GP practices as well as Derby & Derbyshire Integrated Care Board which is responsible for commissioning and providing GP services.

The survey was shared widely on our social media channels. Our social media promotion ran from June through to August. On Facebook, Twitter, and Instagram the survey had a combined reach of 30,499. This is the total number of unique accounts that viewed our campaign to promote the survey. Social media posts promoting the survey were shared over 120 times.

The survey was also promoted amongst our networks, with almost 200 organisations and groups working across the county invited to share the survey with their members. We also shared the survey with all GP surgeries in Derbyshire, with a request to promote it to their patients and Patient Participation Groups (PPGs). We promoted the survey at events attended by our engagement team and used this as an opportunity to gather some more in-depth comments and feedback, in addition to completing the online survey.

In total, we received 1,135 responses to the online survey, 158 responses to the easy-read version, and 77 responses either in person at events and engagements or from paper copies of the survey. We received responses from patients of almost every GP practice in Derbyshire.

Findings

The survey asked respondents a range of questions including which area of Derbyshire they lived in, the name of their GP practice, when they last contacted their GP, and the reason for the contact (urgent, non-urgent, test results, review, follow-up, or other). We also asked respondents **how they contacted their GP** and 77% stated they did this via a telephone call.

Contacting your GP

When we asked, '**How many times did you telephone your GP practice before you were able to speak to a member of staff?**' the majority of respondents (65%) stated between 1-3 times.

Of those who were able to contact their practice by telephone, 45% of respondents told us it took less than 10 minutes for their call to be answered. 73% got through within 20 minutes and 83% got through within 30 minutes. These percentages are accumulative, with the main findings being 17% had to wait longer than 30 minutes and almost half at 45% took less than 10 minutes to get through to their GP practice.

However, 50% of relevant responses answered 'No' when asked, '**Are you satisfied with the length of time taken to answer your telephone call?**' This shows that respondents have a level of expectation around how long they should have to wait to have their call answered.

In our easy-read version of the survey, we asked, '**Tell us how easy it was to get an appointment at your GP practice**' and 54% of people described it as 'hard'. This is a broadly even split with those who found it 'easy' or 'okay' at 46%.

Tell us how easy it was to get an appointment at your GP practice

"Very difficult to get through on the phone and when you manage to eventually get through there are no appointments left for the day, the appointments are given on a daily basis. If you can't get an appointment you have to try again the next day."

Tell us how easy it was to get an appointment at your GP practice

"When you phone, a friendly well-trained receptionist answers, asks some questions and there's a triage system offering phone call back from a health professional who decides if an appointment is needed. This system started before Covid and has improved in my experience."

Appointment type

We asked respondents about **their most recent appointment type**. 47% said they had a telephone appointment after contacting the practice and 38% had a face-to-face appointment after contacting the practice.

Most respondents stated that their appointment was conducted via telephone, closely followed by a face-to-face appointment. These findings reflect Derbyshire GP appointment figures from May 2022, where 357,001 appointments were carried out face-to-face, and 146,091 appointments were carried out by telephone (May 22 Derbyshire GP Appointment Highlights, NHS Derby and Derbyshire Integrated Care Board).

eConsult/web-based

Of those respondents who told us they have used eConsult or another web-based form, 56% rated their experience as very good or fairly good.

Of those who rated eConsult as 'good', their comments focussed on ease of use, responsiveness, ability to send queries and questions not just appointment requests, and saving time waiting for the phone to be answered.

Where there was a negative experience of eConsult, the reasons for this included repetitious – too many questions, inability to book appointments, inability to cancel or reschedule appointments, and limited times of availability.

Using eConsult for appointments

"I contacted my practice and indicated that this was not an urgent matter. I got a response within a couple of hours and a GP phoned me the next day who then prescribed me some antibiotics which I picked up the following day.

"Really easy. I have used e-Consult a few times and the response has always been the same, sometimes I even get a phone call the same day. I'd always opt for this option in the future rather than phoning the practice, it's so simple."

Using eConsult for appointments

"Too time-consuming to fill out the form and never a convenient time when the GP calls back to discuss as it's usually the next day.

"I don't feel the system works for full-time working people. I had two call-backs that were unannounced therefore I wasn't given enough time to exit the office (I don't want to discuss my ailments with work colleagues present) the call-back system would work better if I knew when to expect the call."

Telephone consultations

When patients told us their recent experience included a telephone consultation, we asked, '**Were you called back at the time/time frame advised?**' 82% said they were, and 80% stated that this time frame was convenient for them.

Telephone consultation – called back as advised and convenient for patient

"It was reassuring to know that the time frame was adhered to and it helped my dad to care for my mum in their daily routine, knowing roughly when the call was going to happen. It meant he could be prepared by having his phone by him and have his thoughts in order before speaking."

"It meant I could get on with my day at home whilst listening for the phone. It also meant I could keep other calls to a minimum length of time to try to prevent my phone from being busy when the doctor called."

Telephone consultation – not convenient for the patient

"I had to have my mobile on at work which is not normally permitted. The call came through when I was in a meeting."

"I couldn't take or make other calls in case doctor rang, couldn't go out etc."

"I was not offered a face-to-face appointment and I am working in an area where there is no phone signal, making it very difficult."

Practice staff & outcomes

The survey asked respondents who their appointment was with, whether face-to-face, online, by email, or by telephone. The highest responses were GP (60%) nurse practitioner (13%) and practice nurse (6%).

We then went on to ask, '**Do you think you saw (or had a consultation with) the practice member who was best placed to deal with your issue/concern?**' 66% said Yes, 16% said No, and 18% said they were Unsure.

We also asked, **'Were you clear at the end of your consultation/appointment about your diagnosis, treatment, or any next steps in your care?**' 68% were clear about their diagnosis/treatment/next steps, 19% were unclear about their diagnosis/treatment/next steps and 13% were unsure about their diagnosis/treatment/next steps.

GP patient survey

The findings from this HWD survey should be considered in line with other recent survey results, including the GP Patient Survey (GPPS) and an England-wide survey providing data about patients' experiences of their GP practices.

Results from the Derbyshire GPPS showed responses ranged from 60% to 85% across PCNs where people described their experience of their GP as 'Good'.

Satisfaction around being treated with care and concern by a healthcare professional was high at 84%, this demonstrates that patients are happy once they can see their GP or healthcare professional, but the process of getting an appointment is where they experience difficulties. The GPPS survey reports of 50/50 split when asking how easy it is to get through to someone at your GP practice on the phone, this is mirrored in our own survey findings.

Recommendations

Based on the findings from the survey carried out, the following recommendations are made:

- Consider how practices use eConsult or other web-based forms of appointments. The service received many positive comments, yet there is low awareness from patients of whether this is offered by a practice. When asked 59% said they were unsure if their GP practice offers eConsult or another web-based form. Survey respondents also saw the benefits of this type of appointment as a way of freeing up phone lines or face-to-face appointments.

- Consider opportunities within individual practices for alternative practitioners to GPs. Many respondents reported seeing an alternative healthcare professional, *and* they felt this was the right person. Patients may not be aware that there are other professionals able to treat them, apart from a GP, and this could be promoted further to patients.

- One of the most frequently occurring themes for what could have been improved was the appointment booking/contact system. Some comments gathered in the survey also reflect long wait times. Respondents told us they want a clear and accessible appointment booking system in place with different methods offered, online, phone, or going to practice to book.

- A frequently occurring theme and feedback about what worked well is clear communication between the patient and health professional. Consideration is to be given to the use of tools for communicating and keeping patients up to date with any changes or developments around access to services, and that communication should be clear and easy to understand.

Executive Summary

What worked well and what could be improved

As part of the survey, we were also able to identify the top five factors that make the most difference when things go right, as well as where they could be improved.

We asked respondents, '**What was good about your consultation/appointment? (Please tell us the things that worked well for you, for example, timing, technology that worked well, staff approach, treatment etc.)**' This gave respondents the opportunity to tell us in their own words the positive elements of their experience.

The responses were identified within different categories of the most frequently occurring themes and feedback. The five most common responses, in order of majority, as to 'what was good about your appointment' are:

- Compassion is shown during the appointment
- Telephone appointment is appropriate, convenient, and met the person's need
- Responsive – the practice/staff member/health professional responds to questions, query concern raised, and/or do what they say they will do, (within an appropriate timescale)
- Clear communication between the patient and health professional so the patient understood
- Short wait (acceptable for the patient) for an appointment.

Similarly, we also asked, '**Was there anything about your consultation/appointment that could have been improved? (Please tell us what didn't work so well for you, for example, timing, technology, staff approach, treatment etc.)**' Again, the most frequently occurring themes were identified into categories, with the most common responses, in order of majority:

- Access to a face-to-face appointment
- Short wait (acceptable to the patient) for an appointment
- Appointment booking /contact system
- Specific time scheduled for the appointment
- Responsive - the practice/staff member/health professional respond to questions, query concern raised, and/or do what they say they will do, (within an appropriate timescale).

As can be seen in the findings above, there is a correlation between the responses as to what makes for a good appointment are also areas that people have said need to be improved. Where there are differences in what worked well and what could be improved; patients ranked compassion shown during the appointment as the most positive element, and access to a face-to-face appointment was identified as the top priority for what could be improved. The similarities can be found in considering a short wait for an appointment, as this was identified as something that worked well for some patients but also demonstrated an area for improvement for other patients.

Also identified in what worked well and what could be improved, the survey told us that responsiveness is important. Patients have a good experience if the practice says what they are going to do/offer and then does it within the timescale given. They are responsive. When surgeries do not do what they say they will or offer (appointments) they are not responsive, and patients are dissatisfied.

The survey results identified some key themes around 'good' patient experiences. A GP system that is already facing high demand may benefit from additional resources, but there are steps that can be taken to improve the patient experience with existing availability and resource. Consideration should be given to communication, managing expectations, and responsiveness, as

identified in our top five factors that make the most difference when things go right.

The work captured in this report carried out by HWD is not intended as a critique of GP services during a time of pandemic recovery whilst still faced with ongoing challenges, but rather to highlight the experiences of patients in accessing their GP service, identifying areas for improvement and encourage the sharing of good practice.

There were many positive responses to the survey, both in terms of what GP practices are doing well and the positive experiences of patients. Practices may wish to share and promote the findings to help challenge any negative perceptions, as well as serve to recognise the pressures on healthcare professionals and their continued hard work in the face of difficult circumstances.

Next steps

This report is to be shared with GP practices across Derbyshire, with an offer of their individual practice data being made available to them on request, along with comment detail for relevant questions. The report will also be shared with Derbyshire PPG Network to share amongst their members.

Practices are encouraged to discuss the findings with their PPG and look at ways of implementing recommendations, seeking further feedback from their patients for clarity. HWD would welcome further discussions on how we can support practices as well as hearing how the findings from the survey have been used.

The report will be shared with PCNs, Joined Up Care Derbyshire, and Healthwatch England.

Responses from Health & Care System in Derbyshire

Response from Derby and Derbyshire Local Medical Committee:

Derby and Derbyshire LMC welcome this report and the work of Healthwatch Derbyshire to capture the experience of residents when accessing care from their General Practice.

We welcome the positive experiences of many respondents when accessing their surgeries but also recognise the frustrations. Demand for General Practice appointments has been higher since the Covid pandemic than prior to it with appointment levels provided in General Practice some 20% higher comparing 2022 with 2019. This is despite a reduction in the number of GPs over that time, hence the need to try and use other members of the primary healthcare team to meet the needs of patients. Triage allows practices the opportunity to try and ensure the person is seen by the right member of the team first time and increasingly this might be someone like a first contact physiotherapist or a clinical pharmacist rather than a GP. This allows GPs to focus on the work that only they can do but it does mean people may not see their GP in the way they were used to doing.

At the start of the pandemic General Practice was instructed nationally to move to a process of total triage where all patients were assessed on the telephone ahead of a face to face consultation This was done very successfully with many patients preferring the convenience of telephone consultations over a face to face attendance. Infection prevention and control measures also required rooms to be cleaned after each patient which significantly slowed down the rate at which face to face consultations could be done making telephone consultations a more efficient way of meeting demand. These rules have been relaxed progressively over time allowing a return to more face to face appointments as part of a blended access offer which now includes telephone and sometimes online consultations as well.

Despite these freedoms however demand continues to exceed supply with General Practice in Derbyshire currently providing almost twice as many appointments as it is effectively funded to do. These pressures and a greater number of GPs retiring or leaving the profession than being trained means there are no easy solutions and access will continue to be a challenge. We remain grateful to HWD for their work in helping to understand the challenges.

Dr Ben Milton, Medical Director, Derby and Derbyshire Local Medical Committee

Response from NHS Derby and Derbyshire Integrated Care Board:

We're very grateful to colleagues at Healthwatch Derbyshire for collecting the thoughts of local patients on their experiences of accessing general practice. We're also very grateful to everyone that responded to the survey. This type of survey is really helpful to us, as we can put it alongside other information and get a richer picture of how services are working for the benefit of patients. The findings of the survey are welcomed, and we are pleased with the high levels of satisfaction the survey outlines though we do understand the concerns that people have about access.

We continue to work with our colleagues in General Practice to make improvements in all of the areas referenced in the survey questions, whether this be appointment systems, online booking applications, the range of staff working in practices and the types of appointment available, whether on the telephone or face-to-face. We have issued a campaign to promote the range of roles available in general practice and will continue this through 2023, along with raising awareness of use of online booking and information tools, such as e-consult and the NHS App. In 2022 we also started to get more data on GP appointments. This survey very helpfully adds to that by helping us to hear the voices of the people of Derbyshire and their experiences of accessing their GPs. We will use that data and the findings of this survey to support practices to continue to improve their access for patients.

In response to the issues raised through the survey, we will continue to work to:

- Use the GP appointment data and the results of this survey to identify, support and work with practices where patients are struggling the most to get access to services;
- Use IT and technology where possible to improve access, by giving every GP practice the capability to provide patients with:
    - The ability to submit an electronic form for triage by the GP practice for non-urgent and administrative tasks;
    - The opportunity for patients to share documents and images with GP practices as part of the consultation process;
    - The opportunity for patients to be sent online forms to capture information outside of the appointment for those cases where this is clinically relevant;
- Make sure patients know about and can access the full range of services available in primary care including community pharmacists and

optometrists and the new roles that we are recruiting to including pharmacists, community paramedics and mental health workers

Clive Newman, Director of GP Development, NHS Derby and Derbyshire Integrated Care Board

Further Resources

- https://www.kingsfund.org.uk/sites/default/files/2022-08/How%20to%20make%20change%20happen%20in%20general%20practice_Aug-2022.pdf

'How to make change happen in general practice' The first point – "Changes work best when they're driven bottom-up" sights patient surveys and feedback as part of this process.

- https://www.gp-patient.co.uk/practices-search

GP Patient Survey practice comparison and reports which can be broken down by National, ICS, PCN and GP practice.

Thank you

Healthwatch Derbyshire would like to thank all those who contributed to the survey who shared their experiences and feedback with us. We'd also like to thank the professionals and public across Derbyshire in our networks and beyond who shared the survey and enabled a high volume of responses. We also send our thanks to the HWD volunteer who gave up their time to assist in the analysis of the survey responses.

Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all GP patients within Derbyshire but nevertheless offer useful insight.

It is important to note that the engagement was carried out within a specific time frame and therefore only provides a snapshot of the patient experience collected. They are the genuine thoughts, feelings, and issues GP patients have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

As the survey contained qualitative data it is important to consider how this is interpreted and to ensure the avoidance of bias. There are ways to try to maintain objectivity and avoid bias with qualitative data analysis, and these include the use of multiple people to code the data and reviewing any findings with peers. HWD Engagement Team worked on the survey, data analysis, and this report, with different members of staff involved. HWD volunteers were also involved, and a volunteer was able to check the results and findings and ensure objectivity.

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

Monday 6 March 2023

Report of the Integrated Care Board/Derbyshire Healthcare Foundation Trust

JOINED UP CARE DERBYSHIRE NEURODEVELOPMENTAL PROGRAMME

1. Purpose

1.1 The purpose of this report is to update the Derbyshire County Council Improvement & Scrutiny Committee for Health on the Joined Up Care Derbyshire (JUCD) Neurodevelopmental (ND) Programme.

2. Information and Analysis

2.1 Information is provided in Appendix 2.

3. Alternative Options Considered

3.1 The NHS & DCC have legislative and policy requirements regarding improving the lives of autistic people, neurodivergent people and people with a learning disability. This legislation & policy includes, but is not exclusive to the:

- NHS Long Term Plan.
- National Disabilities & Autism Acts.
- Care Act.
- Children & Families Act.
- Building the Right Support Action Plan.

3.2 Therefore, the potential alternative options relate to how these are delivered. Having an aligned, shared ND Programme is of much greater benefit then organisations addressing their priorities in isolation. It means that dependencies and risks across the Integrated Care System can be identified and mitigated in a collaborative way.

4. Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 N/A.

6. Background Papers

6.1 N/A.

7. Appendices

7.1 Appendix 1 – Implications.

7.2 Appendix 2 – ND Programme presentation for Improvement & Scrutiny Committee.

8. Recommendation(s)

That the Committee:

1) Note and provide comment as needed on the JUCD ND programme.

9. Reasons for Recommendation(s)

9.1 This is to ensure appropriate elected member awareness and scrutiny of the JUCD ND programme, including providing an opportunity to ask questions and help shape future priorities.

Report Author: James Lewis – Head of Joint Strategic Commissioning (Learning Disabilities & Autism), Derby & Derbyshire Integrated Care Board

Contact details: james.lewis25@nhs.net

Implications

Financial

1.1 Providing treatment, care and support for autistic people and people with a learning disability represents a significant financial commitment for JUCD. For example, £93 million was budgeted for NHS & DCC commissioned and provided services for autistic adults & adults with a learning disability.

1.2 In addition, the NHS has received or allocated a total of over £6 million between the 2021/22 & 2023/24 financial years to support transformation as part of the ND programme.

1.3 The ND programme has a dedicated Finance workstream which is looking at making best use of the total system financial resources. This includes consideration of:

- NHS & DCC's legislative responsibilities
- achieving good value for money for the public sector and the people of Derbyshire.
- the priorities of local people.

Legal

2.1 N/A.

Human Resources

3.1 N/A.

Information Technology

4.1 N/A.

Equalities Impact

5.1 Improving the care & support available for autistic people, neurodivergent people and people with a learning disability & their families will support JUCD (including DCC) to meet its duties under the Equality Act (2010).

Corporate objectives and priorities for change

6.1 It is important that the JUCD ND programme is aligned to Derbyshire County Council's Adult Social Care 'Best Lives' strategy, amongst other corporate objectives and priorities for change. This is being managed through senior leadership across the County Council & NHS.

Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)

Joined Up Care Derbyshire Neurodevelopmental Programme update to Derbyshire County Council Improvement & Scrutiny Committee - Health

Monday 6th March

Carolyn Green – Interim Chief Executive, Derbyshire Healthcare Foundation Trust

Lobby Runcie – Divisional General Manager Neurodevelopmental Services, Derbyshire Healthcare Foundation Trust

Tiffany Webster – System Delivery Manager for Neurodevelopmental Services, Derbyshire Healthcare Foundation Trust

Our local vision.

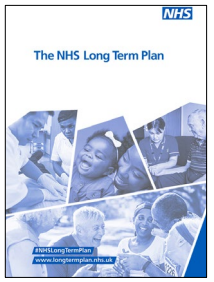
Joined Up Care Derbyshire

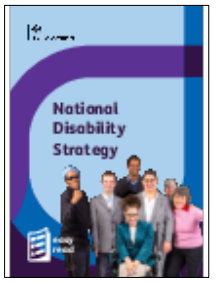
April 2021 – the JUCD LD&ASC Road Map 'North Star Vision'.

"Our ambition is to change how neurodivergent people and people with a learning disability and their families receive any support they might need. We aim to move away from reactive and intensive interventions to preventative and flexible support provided in local communities."

August 2022 – Working Together co-production workshops.

"To ensure neurodivergent people & people with learning disability are recognised, validated, and empowered to live the lives they want."





Ensuring that we have as much alignment as possible with…

- the NHS Long Term Plan, including key commitments relating to learning disabilities & autism.
- the National Disabilities & Autism Strategies, published in 2021.
- Best Life Derbyshire & other County Council strategies & priorities.

Joined Up Care Derbyshire's revisited & refreshed shared vision for the Neurodevelopmental Delivery Programme – *improving services for people with learning disabilities & autistic people in Derby and Derbyshire.* (1/3)

Using a **PATH** (Planning Alternative Tomorrows with Hope) methodology, 4 stages have been identified to lead us to achieving our shared goals and north star vision:

1. GROUNDING IN THE NOW

At present, Derby and Derbyshire has the following:

- Too many ASC people&/people with LD in inpatient settings
- Too few ASC people&/people with LD registering with their GP and accessing Annual Health Checks (AHCs)
- Too many avoidable deaths of ASC people&/people with LD
- Communities and statutory services that are not LD &/neurodiverse inclusive
- Too many ASC people &/people with LD experiencing health inequalities
- A disparity in services for ASC people &/people with LD
- Too few and appropriate care and accommodation options in the community
- Not enough coproduction and engagement opportunities for people with lived experience to shape services
- Complex operational and finance processes.

2. ENROLLING SUPPORT

Committed partners – Derbyshire County Council, Derby City Council, Derby and Derbyshire ICB, Derbyshire Healthcare NHS Foundation Trust, Derbyshire Community Health Services, Derbyshire's VCSE & provider market, people with lived experience and their families.

3. BUILDING STRENGTH

To achieve our vision we have developed the following robust and comprehensive methods of programme delivery:

- A 4-year Roadmap – this captures our ambitions for the next 4 years
- A trackable and reportable Delivery Plan - this combines and monitors all activities taking place and provides governance
- 12 committed workstreams dedicated to realising our goals - these act as the 'bridge' to success
- An up to date risk register – ensuring all risks are identified and mitigated
- Engagement&/coproduction opportunities to ensure voices of people with lived experience are heard & embedded
- A 3-year LeDeR strategy.

All of which are grounded in measurable benefits realisation.

4. ACTION PLAN & NEXT STEPS

Our next steps are to continue the realisation of the Delivery Plan through our dedicated workstreams. These are: Crisis & Intensive, Care & Accommodation, Enhanced Community Support, Infrastructure & Enablers, VCSE, CYP, Operational Fidelity, Mental Health Interface, Reducing Health Inequalities, Shortbreaks, Inpatients, and Assessment Pathways.

Joined Up Care Derbyshire's revisited & refreshed shared vision for the Neurodevelopmental Delivery Programme – *improving services for people with learning disabilities & autistic people in Derby and Derbyshire.*

Joined Up Care Derbyshire

NORTH STAR VISION: Our ambition is to change how neurodiverse people and people with a learning disability and their families receive any support they might need. We aim to move away from reactive and intensive interventions to preventative and flexible support provided in local communities.

SHARED GOALS

- No more than 24 adults & no more than 3 children/young people in inpatient care
- A realistic & effective hospital avoidance offer with parity across Derbyshire
- Effective & locally-embedded preventative services in the community
- More people with LD&/ASC registered with their GP & those correctly diagnosed included on their GP LD&/ASC Register, with at least 75% coverage for AHCs
- Less people with LD who have 'constipation' &/ 'epilepsy' as their recorded cause of death
- Compliant with national standards for STOMP/STAMP & LeDeR
- Less people with ASC who die by suicide or experience suicidality
- Less people with LD who have inappropriate DNACPR
- More ASC people & people with LD in permanent employment
- Local communities & statutory services being LD&ASC inclusive
- Reduction in ASC/ADHD assessment waiting times to become Standards compliant with one joint all-age ND assessment pathway in place
- LD&/ASC Quality Standards compliant
- C(E)TR/LAEP Policy Standards compliant & a proactive & effective DSR process
- Joined-up operational & finance processes to allow ready access to the right service at the right time without unnecessary barriers or delays
- A marketplace of high quality care & accommodation options fit for purpose
- **To ensure ASC people & people with LD are recognised, validated, and empowered to live the lives they want** (*taken from the 2022 Working Together workshops*).

Agreed and ratified by the Delivery Group 16/11/2022.

All ways of working are underpinned by a shared commitment to Human Rights – these form the bedrock of our commitment and vision.

Legal protection from abuse. Equal rights and equal opportunities. Right to freedom and security. Respect for privacy and family. Right to life. Freedom of expression, choice and control.

Joined Up Care Derbyshire's revisited & refreshed shared vision for the Neurodevelopmental Delivery Programme – ***improving services for people with learning disabilities & autistic people in Derby and Derbyshire.*** **(2/3,** ***see additional appendix item*****)**

Joined Up Care Derbyshire's Neurodevelopmental Programme =

This is the joint Health and Social Care programme leading on the transformation of learning disabilities and autism services in Derby & Derbyshire

Joined Up Care Derbyshire

People with lived experience and who access learning disabilities and autism services in Derby & Derbyshire - autistic people, people with ADHD, neurodiverse people, people with learning disabilities, carers, and family members and friends.

People may access these services at various times throughout their lives as and when needed.

The voices of people with lived experience are central to our local approach to transformation and the shaping of services.

Services and areas of transformation:

- The acute treatment unit (Ashgreen)
- Adult mental health units (Radbourne & Hartington)
- Community Mental Health Team
- Community Learning Disabilities Team
- Intensive Support Team
- Specialist Autism Team
- Autism Assessment Teams
- Community Forensic Team
- The Dynamic Support Register (DSR) process
- C(E)TR and LAEP processes
- VCSE services
- The provider market place for community-based services
- Acute hospitals and physical health services
- GP surgeries, Annual Health Checks, LeDeR
- Front-door access to Health and Social Care services
- Inclusivity, awareness raising, and training
- Operational and clinical pathways

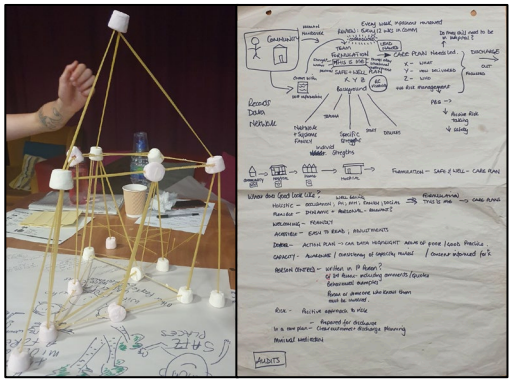
People across Derby and Derbyshire's Health and Social Care system working alongside people with lived experience to bring about transformation: Nurses, Psychologists, Psychiatrists, Clinicians, Social Workers, Case Managers, Approved Mental Health Professionals, Commissioners, Strategic Leads, Operational and Clinical Managers and Team Leaders, Occupational Therapists, Speech and Language Therapists, Physiotherapists, Health Facilitation Team, Non-Medical/Social Prescribers, LeDeR Assessors/Reviewers, Specialist Roles/Teams across services, Support Workers, Community Navigators, Helpline Advisors, Recovery Workers, Link Workers, Community Coordinators and Officers – and many, many more.

Achievements & future priorities.

Joined Up Care Derbyshire

Achievements

- Expansion of the local Intensive Support Teams to create a 'Specialist Autism Team'
- Innovative re-design of the ways that JUCD works alongside the Voluntary, Community & Social Enterprise sector.
- Created stronger multi-agency processes & approaches to support admission avoidance & expedite inpatient discharges.
- Continued to excel at key programmes addressing health inequalities (Learning from Deaths, Annual Health Checks).
- Had proposals for significant investments in the neurodivergent diagnostic pathway approved.
- Better embedded the voices & aspirations of local people into the ND programme through co-production.



Images from JUCD 'working together' & 'clinical design team' workshops.

Future priorities

- Delivering a Joined Up Care Derbyshire Recovery Action Plan relating to the availability & quality of local community-based care & support.
- Implementing an 'all age' neurodivergent diagnostic pathway, including community-services which 'wrap around' the assessment process.
- Further transformation of 'crisis' and preventative services to ensure the right support at the right time in local communities.
- Addressing the improvements needed to local specialist inpatient services through immediate changes & long term service transformation.

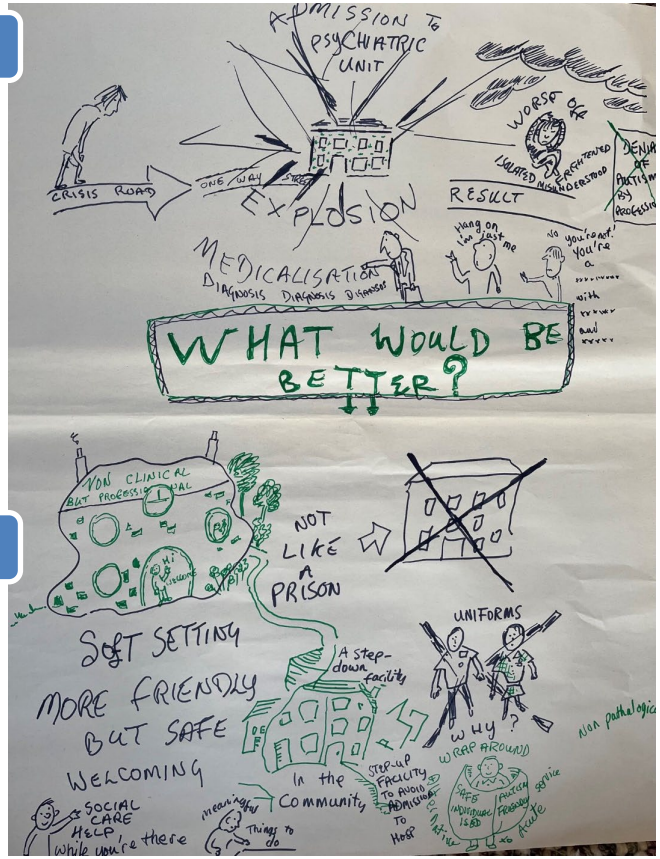
Title slide from presentation to clinical design team outlining our aspirations for local inpatient care.

How the future will be different.

Joined Up Care Derbyshire

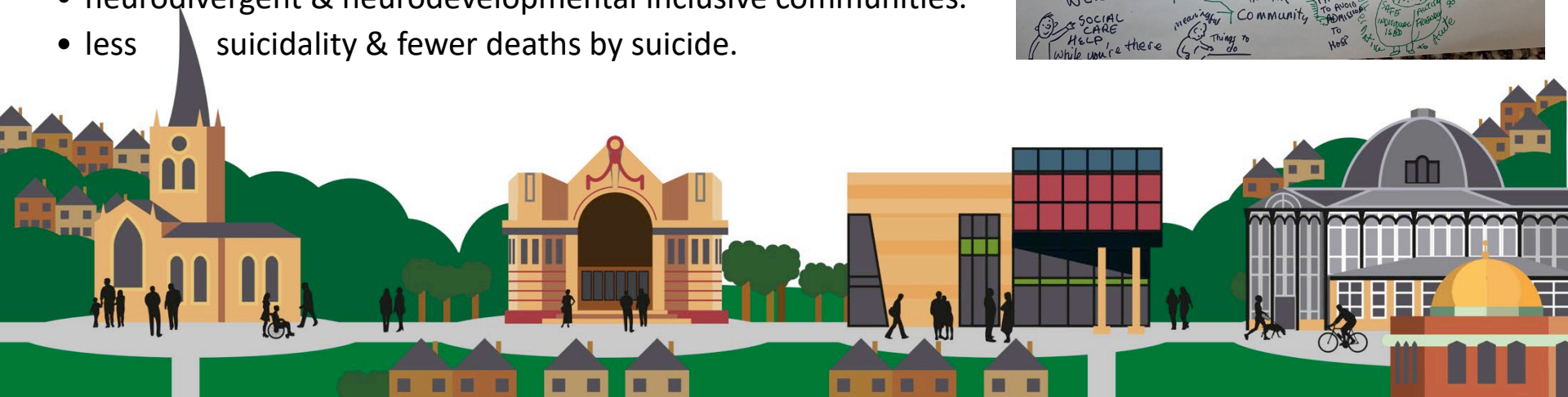
Achieving NHS targets for…

- the use of inpatient care for autistic people and people with a learning disability – **target end of 23/24.**
- waiting times for neurodivergent diagnostic assessments – **target 2025 for children.**
- the number of people with a learning disability who have their Annual Health Check & a Health Action Plan – **achieving.**



Achieving local aspirations for…

- more community-based, preventative services – **target 2023/24.**
- improved local specialist inpatient care – **ongoing.**
- neurodivergent & neurodevelopmental inclusive communities.
- less suicidality & fewer deaths by suicide.



Appendices.

Joined Up Care Derbyshire

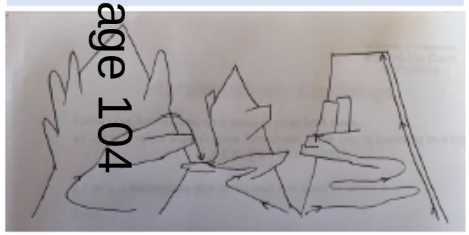
- Joined Up Care Derbyshire Neurodevelopmental Programme vision - slide 8.
- Use of inpatient care for autistic people and people with a learning disability (April 2021 – December 2022) - slide 9.
- Autism diagnostic assessment waiting list and times for Derbyshire Healthcare Foundation Trust (April – December 2022) - slide 10.
- Details of achievements since March 2022 attendance at Scrutiny & priorities for next year - slides 11-12.
- NHS transformation investments - slides 13-14.
- Joined Up Care Derbyshire neurodevelopmental services – slide 15.
- Learning disabilities & autism in Derbyshire, fact sheet – slide 16.

Joined Up Care Derbyshire's revisited & refreshed shared vision for the Neurodevelopmental Delivery Programme – *improving services for people with learning disabilities & autistic people in Derby and Derbyshire.* (3/3)

Over the years, voices of people with learning disabilities and autistic people, their families, and carers have informed the development of our shared goals & vision:

Joined Up Care Derbyshire

Crisis is like a mountain, but you don't always go straight to the top, but that's how it's talked about. There's chasms along the way that without support you can fall into. You need a Sherpa to guide you and help you find ways to cross the chasms and find the way. There are also ledges where you can rest and survive for a while, but sometimes you never come back down, you continue to go up or you can stay there, living in crisis as crisis starts to become the norm. Being in crisis is not understood, not everyone is right at the top, it's individual.



Crisis is the consequence of unmet need!

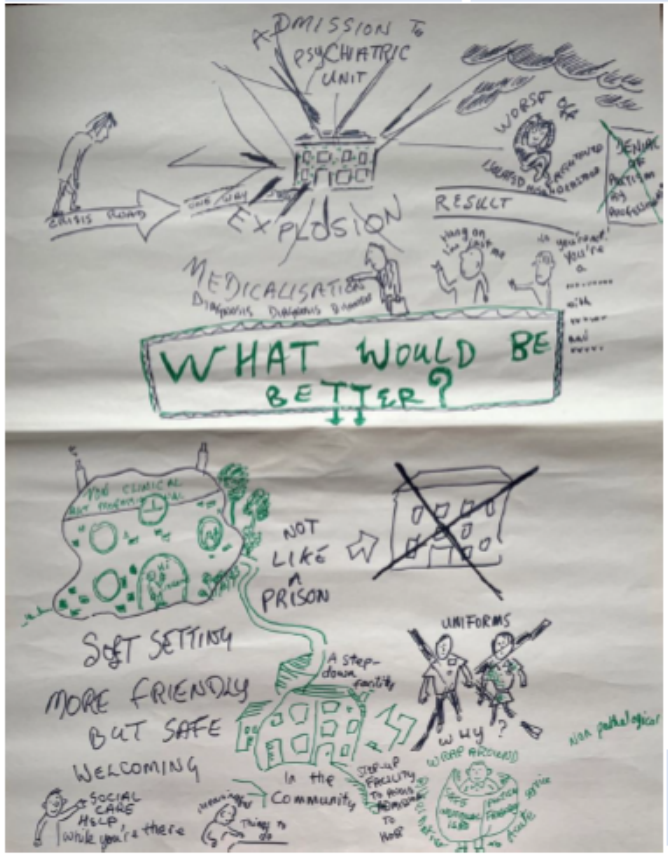
There are places in Derby and Derbyshire that are my safe haven – they have people who can help and help me make an action plan.

More provision for step down = between hospital + community but also <u>step-up!</u>

There needs to be a sensory room in every service – especially emergency services. As well as Autism first-aid kits.

I want to be able to control my sensory environment and my privacy.

We need to cultivate a community – everyone needs their own tribe!



We need to bring people together and share the ownership of the challenge.

We need therapeutic communities where we see the person first as a person, not as a person with a problem.

I want to be my own boss!

You need to know the person to understand! I don't want to hear "you don't look autistic enough!" More emphasis on how to work with a person in the best way + most comfortable way for them.

Things that have gone well for me when in hospital: friendly professional, using personalisation and humour and being made to feel cared for, good explanations of what was happening and why, given time to speak and being meaningfully listened to, and good paramedic care. When reasonable adjustments, basic needs, privacy, and sensory needs aren't met and when people do not communicate or give me mixed messages and I'm not given choice or my trauma or sensory needs are not validated, things do not go well.

When I'm at crisis, I feel like a radiator. I need someone to 'bleed' me and release the pressure. There is stress in the pipes!

Everyone should have access to an integrated sensory assessment! It helps people to understand themselves and what they need. It helps them develop a personal toolkit and sensory diet.

Why do the services in the community keep changing? You start to use and like a service and then it goes and we never know why.

I have lost a year of my life but I am ready for independent living.

People don't know about personal health budgets or services/support available. We need contact lists, not waiting lists!

I need someone to say "I've got you in this moment." To validate and recognise my need.

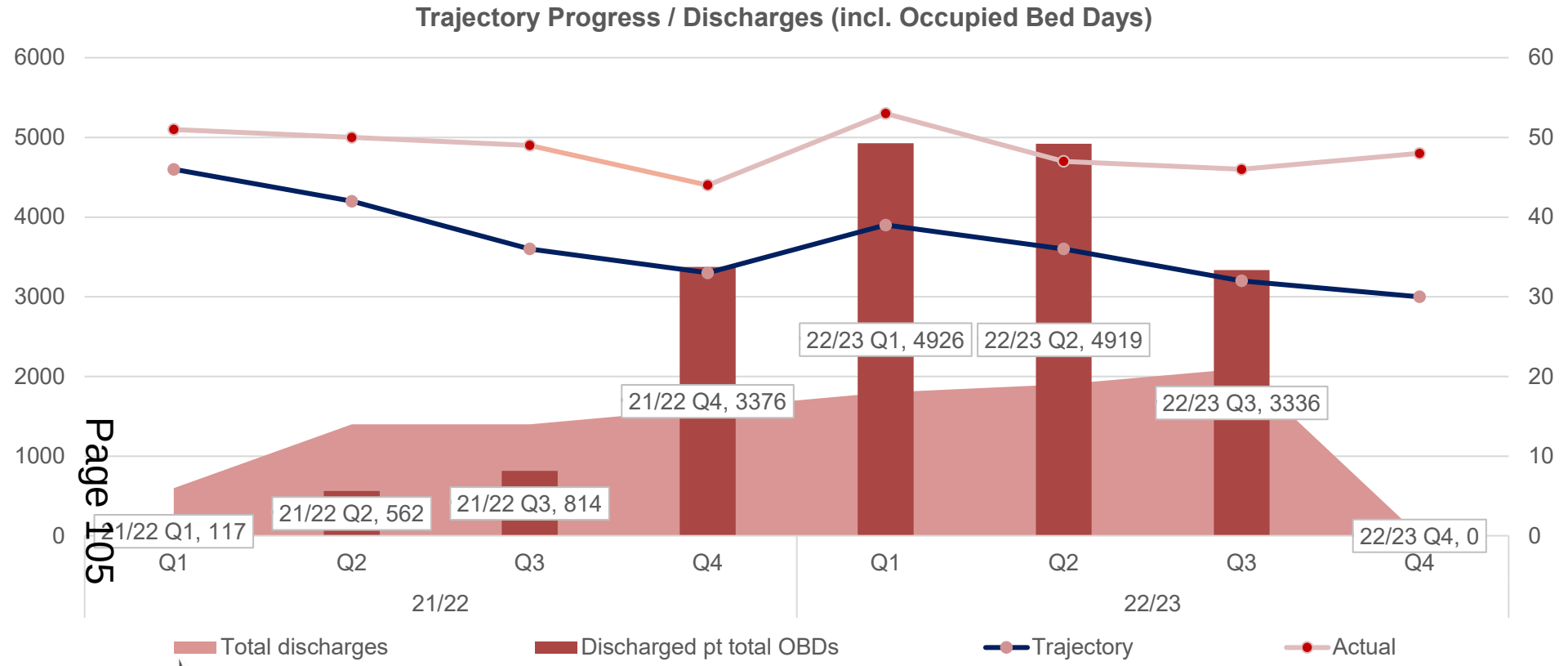
We need better use of annual health checks and formulation.

I have been told that I have "behavioural traits not fit for community living."

**The above quotes have been taken from the Working Together workshops held on 22nd and 27th September 2022, the Autism Strategy codesign work that took place 2021-2022, and various 121 interviews with people with lived experience. Some quotes are verbatim and some are collated from group discussions.*

Challenges to achieving our vision (I) – use of inpatient care.

Joined Up Care Derbyshire

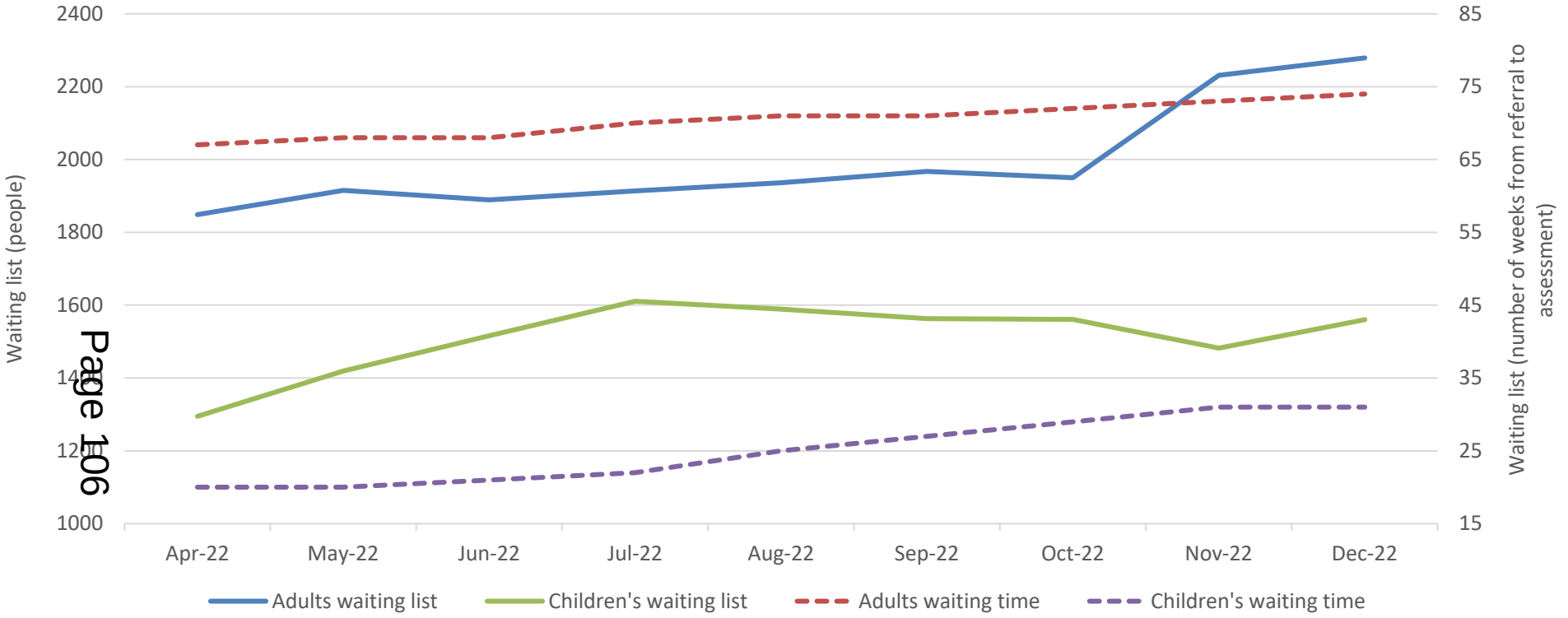


Contributing factors

- The availability of community-based services which can prevent clinically avoidable admissions.
- The quality of inpatient services in providing safe, effective & discharged focused care & treatment.
- Not having enough high quality, sustainable health & social care support for those who may need it.

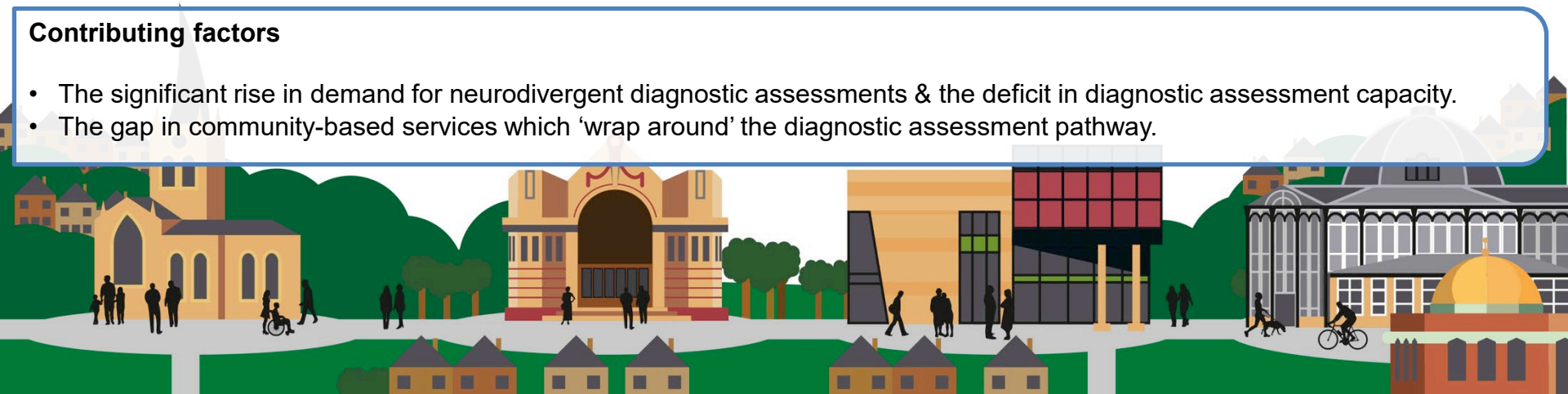
Challenges to achieving our vision (II) – autism diagnostic assessment waiting list (Derbyshire Healthcare Foundation Trust)

Joined Up Care Derbyshire



Contributing factors

- The significant rise in demand for neurodivergent diagnostic assessments & the deficit in diagnostic assessment capacity.
- The gap in community-based services which 'wrap around' the diagnostic assessment pathway.



What we have been doing to help achieve the vision (2022)

Joined Up Care Derbyshire

Welcomed a Local Government Association Peer Review.

Continued to address any consistencies across local NHS provision.

New ways of reporting for the system-wide electronic Programme Management Office (ePMO).

New specialist roles to inreach into our local acute mental health wards and bridge the gap between inpatients and community.

New 'crisis inreach' service pilot as part of our hospital admission avoidance work.

Designed new 'book end' Voluntary, Community & Social Enterprise sector services to support the autism assessment pathway.

New multi-disciplinary ways of working to prevent avoidable hospital admissions & **increased** discharges from local acute mental health hospitals.

Fostered closer working relationships across all partners.

Extended our innovative approach to working in better partnership with the Voluntary, Community & Social Enterprise sector.

Approval for transformation plans in developing a new all-age autism & ADHD diagnostic pathway.

New all-age Dynamic Support Register helping to avoid hospital admissions.

Increased co-production with people with lived experience.

Established dedicated workstream to focus on health inequalities.

Our priorities for next year.

Joined Up Care Derbyshire

New services

- Based on learnings of the first prototype, commission a more targeted **crisis inreach** service.
- Commence a children & young people **keyworking** service to support families with complex needs.
- Continue the delivery plan for a specialist Neurodevelopmental **'Step Up' & 'Step Down'** service.
- Implement new **VCSE services** for neurodivergent people to wrap around the diagnostic assessment pathway.

More joined-up working

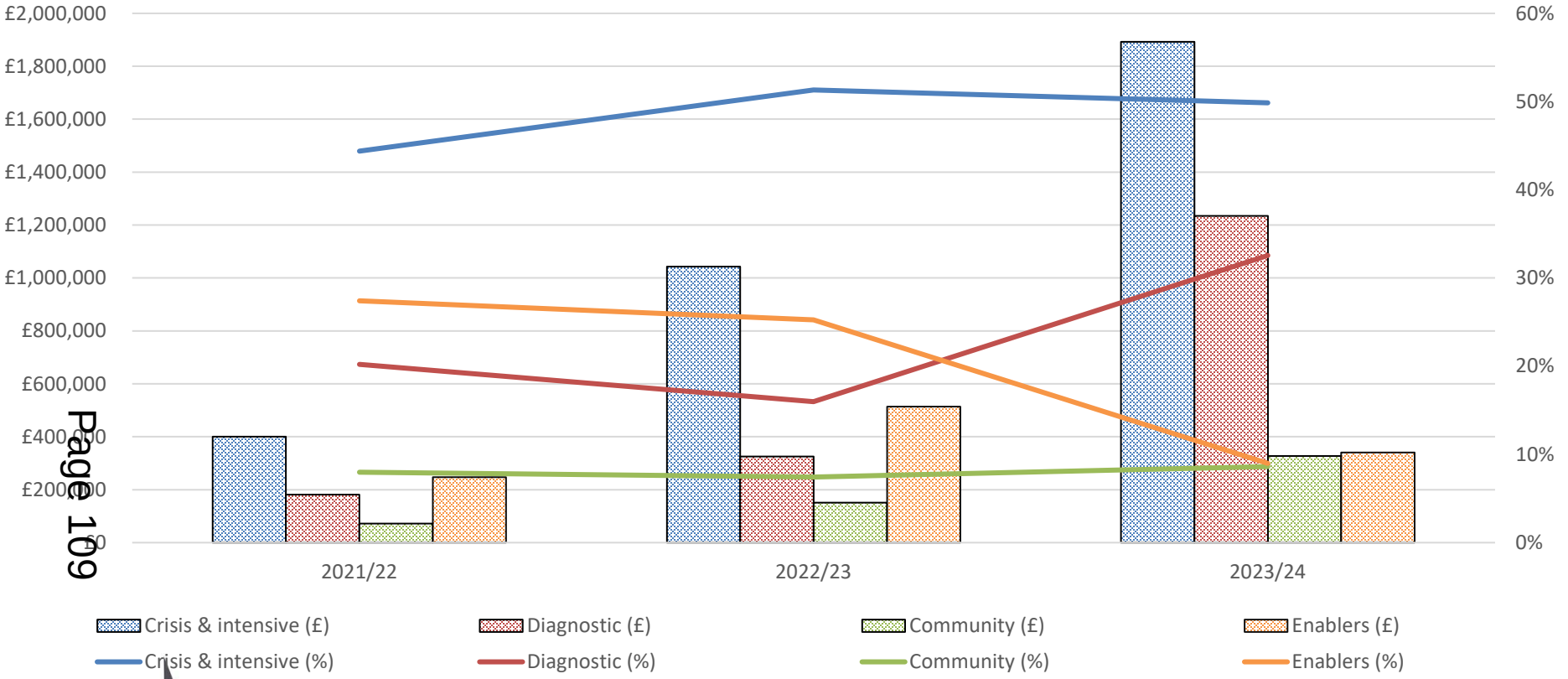
- Deliver on the shared Care & Accommodation Recovery Action Plan to **improve the provider marketplace**.
- Address the **financial & value for money challenges** across all Joined Up Care Derbyshire partners.
- Launch the local coproduced and **Integrated Care All-Age Autism Strategy**.
- Embed the **views & aspirations of local people** captured through coproduction as a 'golden thread' in all we do.

Strengthening our offers

- Implement the **Oliver McGowan Mandatory Training** programme across all partners.
- Deliver an **all-age Neurodevelopmental diagnostic pathway** – inclusive of autism and ADHD.
- Recruit to new NHS & community posts for **better pathways** between hospital and community services.
- Finalise options as to how **to improve local specialist inpatient** services.

NHS transformation investments (I)

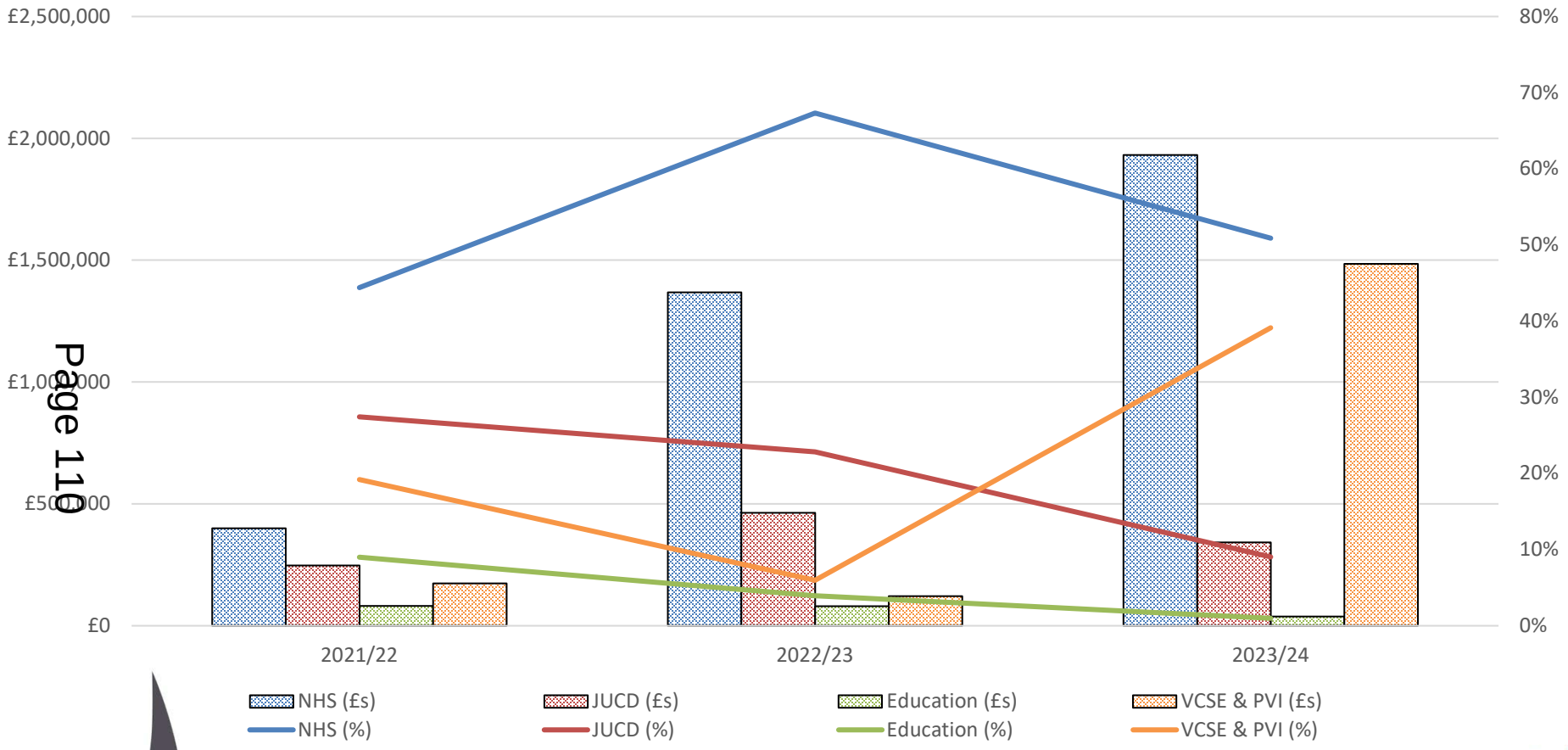
Joined Up Care Derbyshire



- Greater proportionate investment in ‘enablers’ earlier in the programme, to embed the infrastructure needed for transformation.
- Recognition of the improvements needed in diagnostic services has resulted in significant investments.
- Ambition is to address the gap between investments in ‘crisis & intensive’ and ‘community’ services.

NHS transformation investments (II)

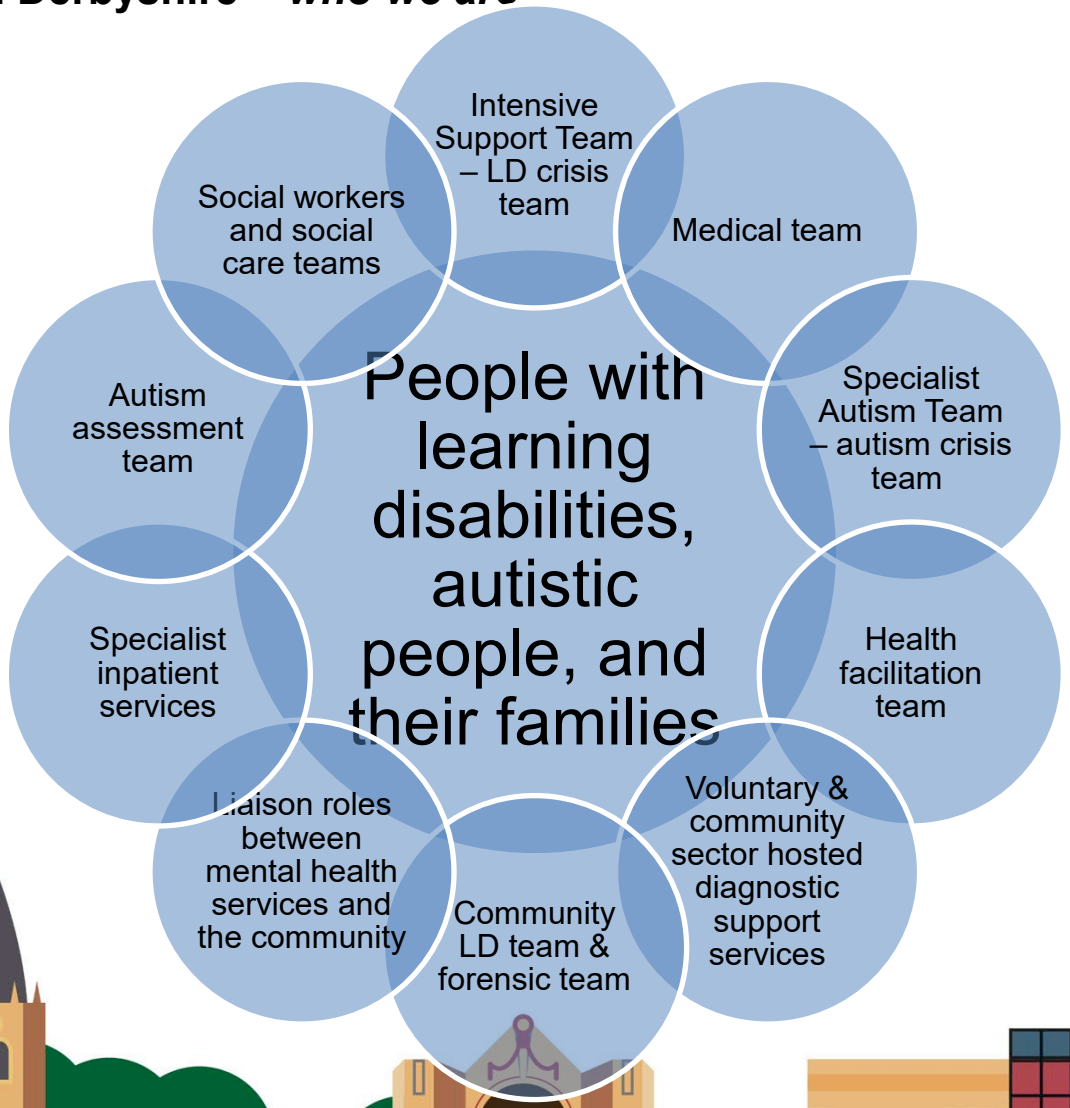
Joined Up Care Derbyshire



- Investments in JUCD broadly reflect those in ‘enablers’.
- JUCD Mental Health, Learning Disability & Autism System Delivery Board set the ambition to invest a third of transformation funding into the VCSE, it is anticipated that this will be achieved & eclipsed in 2023/24.
- Almost half of ‘NHS’ transformation monies will not finish in health, representing the desire to move towards more integrated care.

Services working together to deliver Neurodevelopmental Services in Derby and Derbyshire – *who we are*

Joined Up Care Derbyshire



Together we are all working towards the same shared and coproduced vision – "To ensure neurodivergent people & people with a learning disability are recognised, validated, and empowered to live the lives they want."
- see appendices for full vision.

Learning disabilities and autism in Derbyshire – *factsheet*

Joined Up Care Derbyshire

(figures as of February 2023)

- 1,880 'working age adults' with a learning disability in receipt of long-term support from Derby City Council (16% of total estimated population). *Adult Social Care Outcomes Framework (ASCOF).*
- 80% of autistic people experience mental health issues during their lifetime. *National Autistic Society.*
- Average age of death for men with LD in Derby & Derbyshire is 60, 62 for women. *JNCD Learning Disability Mortality Review.*
- Autism is the most common primary need for children and young people with an EHCP (35.5%) in Derbyshire. *Derbyshire SEND Needs Assessment.*
- 22% of autistic adults are in any form of paid employment, 1% of adults with a learning disability in receipt of long-term support. *National Autistic Society & ASCOF.*