

Derbyshire Dialogue 15 February 2023

Integrated Care Strategy

Themes arising from Derbyshire Dialogue on 15 February 2023 concerning the Integrated Care System Strategy

The focus was on Derby and Derbyshire's Integrated Care System's Strategy. We heard from Ian Hall (IH), Programme Director and Kate Brown (KB), Director of Joint Commissioning and Community Development.

No.	Theme and Question	Answer
1	How long the changes will take.	
1.1	How long is this all going to take? Whenever there are changes there is talk.	We understand the cynicism about the reorganisations that have happened in the NHS but we want to emphasise this isn't a reorganisation. It's about bringing together through the ICS those strategies and partnerships and it's about trying to accelerate the change rather than pause or slow anything down. In terms of timescales, it's really hard to set them because it's a complete work in progress. I'm hoping people are already seeing some improvements in services, and whilst there may be elements where we know we have a long way to go that some of the things we are trying to do to join up services, neighbourhood teams in communities and our responses to crises in communities for example, people are seeing that it is a bit more joined up. It's about the pace at which we can do some of that, and within the delivery plans we will be setting out some timescales in which we can achieve that.
2	How we keep partners engaged for the time it will take to deliver the strategy.	
2.1	We (Derbyshire Wildlife Trust) have spent 2 years on a green social prescribing programme (GreenSPring), the impact and the effects of which will not be seen for five to 10 years in terms of getting people outdoors in nature and being more physically interactive. It's been challenging to find people who would come on board with us and who will support it and influence it. We find that often people are wrapped up in urgent crises which need to be dealt with immediately so that idea of investing in something which isn't going to see any outcomes or impacts for 10 years has been really challenging for people to look at so I was thinking if you could expand on the broader context of that.	GreenSPring is a great example about partners working together to draw that resource into the city and the county do deliver against that challenge. We have to learn from where we have managed to do that and how do we do more of that together where we have partners working round the table, putting in a proposal like that to national resources and trying to build on that at a local level. Examples like the GreenSPring are what we would want to be looking at how we can do more of as partners together. I think it is really challenging to make the case for that really upstream investment but things like that where we can draw in resource and build on those opportunities are where we have to focus and it's easier to do that with all the partners round the table, working together, rather than historically where there would be individual bidding processes.

3	How we are working with public health to deliver the strategy.	
3.1	A lot of what you talked about is prevention, which is largely a public health function, so I wonder how you are working alongside public health to deliver this.	One of the things we understand is about the different elements of prevention, so in terms of primary prevention this is indeed in public health, but in terms of secondary prevention i.e. people that are within the system and tertiary prevention where you might not be able to stop something happening but how do you reduce the exacerbations is very much the domain of health. One of the things we have looked at as part of developing this strategy is often we have a lot of information from public health but it's not always been translated into actions for the different organisations. The Stay Well section in the middle is very much driven by the two directors of public health for city and county and colleagues who lead on population health in multiple roles within our organisation and the ask we put to them is tell us what we need to do, tell us what the different organisations' response needs to be, so it isn't just a thing that's in public health and public health reports, it's actually something we embed in how we deliver care. This is something the strategy wants to focus on and draw through because that has been a gap historically from when it moved over to local authorities, it disconnected a little bit and this is a chance to bring it back together.
4	How the VCSE organisations can ensure the community is better represented and engaged.	
4.1	In terms of VCSE engagement, I am involved in a few things where they are talking about communities and making sure that the population and residents are represented and their voices are heard. A lot of the work that is going on is duplicating some of that. Sometimes at some of these we just see the same larger voluntary and community organisations who sit round the table as they have the resource and the time to be able to go to these meetings so I would like to see very community based engagement happening over the next iterations of this strategy.	We would take that on board about how to make sure we are really reaching out to all of the sector and not just some of the organisations that might be more able to be representative in forums.
5	How we integrate care on the fringes of Derby and Derbyshire.	
5.1	I heard it was all inwards looking in terms of the county. I live in the bottom of the county and not all NHS services are available within the county boundaries. For instance, my father in law had a fall and suffered severe scolds and the burns unit was not in the city hospital so coming out of there and back into a Derby home the interface didn't work at all well in terms of the joined up care. How are we looking round the fringes of	Some of those specialist services, particularly where they are very specialist services, are regionally offered, and that would be the case with burns. It's not viable to have that expertise in every health system. Those pathways of care and interface is not something we are looking at withing this integrated Care Strategy but is something we would need to flag with the systems within Derbyshire across those specialist services so we fill gaps in transfers of care and joining up across a very specialist clinical pathway. We will look into what work is going on to make sure those pathways are as smooth as possible, noting that

	Derby and Derbyshire to get the integrated care integrated just on the outside of it?	sometimes people will need to go out of Derby and Derbyshire for specialist care.
6	How the safety of your area and the state of your home are included.	
6.1	I failed to spot housing and law and order. We noted we want people to stop in their own homes in the later part of their life, but what happens if that house is not really suitable? At the other end of the scale we have to return to the days of mouldy housing and it took a coroner's report to wake up to the mould in housing? Whose problem is that? Is that a medical problem? Is that included in integrated care? And the same with law and order. It's all very well living in a nice house when there are drug addicts and dealers outside your front door. Somebody has to look at management of health, and it's not just going to the doctor nor the hospital nor having somebody knocking on your door offering to make you tea. It's about where you live, what it's like to live there, and can you live there safely and comfortably. Can you go out? Some people won't go out – they are frightened to go out because they think they are going to catch something or be attacked. This is really part of health.	Housing is one of the wider determinants that can massively influence people's health and experience of care. We have a health and housing group where partners come together to look at these issues, the impact of housing on health in multiple ways. This strategy isn't aiming to replicate everything that's existing or draw on everything or write a strategy that will cover absolutely everything. It's about trying to think about the additional areas where we need to bring focus. Work is going on on health and housing and more and more going on around health and housing and how we work together and how we link in multiple ways around that exact point. The health and wellbeing boards have responsibilities around broader wider determinants and that work is carrying on – this is aiming to supplement and build on that work, including crime and education which come together in those health and wellbeing partnerships the local authorities and health work together on.
7	How we ensure we have enough of the right staff to deliver the strategy.	
7.1	Are there enough staff in the community to deliver this care and if not what are your plans to recruit the right people to enable delivery of this care?	One of the issues we have looked at when developing the strategy is what's stopping us doing any of this now and why don't we just get on with it. What we found was around how we use our resources, how we make decisions, and workforce came through as one of the biggest key areas. We know there are massive challenges – sometimes there is not enough money, and sometimes there is money but not enough people so continually services are looking as an integrated team enables us to think differently about how those needs can be met and how you can have a different range of people and different grades of people where it may be easier to recruit at different levels. There is work also going on targeting people who might not think of health and care as a workplace, and how you can encourage them in and have that flow of people coming into the sector because we know it's really challenging. Everybody will have seen nationally how it's difficult to compete with shops and hospitality and the challenges around pay grades and making that attractive. We can't control those things but in Derbyshire we can do what we can to try and encourage people in by making great places and teams to work in, and staff tell us that working in joined up ways and

		having data that is shared makes it a better place. We want to retain the staff we have, recruit people in, and use people in as imaginative ways as we can to meet need. It is a key strand in the strategy which has sections on key enablers in workforces and the way we are going to develop those plans.
8	The role of community health and buildings.	
8.1	With Start Well I was wondering is community health still in existence with school health and baby clinics and if so are they being used to their full potential with school health doctors and nurses, and are any of the buildings still in existence? Could you not make use and share the expertise, bringing some of it into Derby, showing our staff how to deal with these problems? Also I am concerned as you have all these fantastic ideas but I do worry about where the funding is going to come from.	We do still have health visitor services and GPs still do newborn checks. We do still have children's hubs and family hubs and Derby city are linked into a national programme to maximise the buildings and space that is available to us and create those links. There is a recognition that if we sit people in the same building it helps in terms of strengthening the links across services. Finance is always a problem but a lot of it is how we work together with what we've got and we're not particularly great at that and that's what we really need to improve. The focus on early health and early support we hope means the specialist and more expensive support that's needed later on won't be needed at the level that it's at at the moment so there is something about trying to refocus the way we spend our money to maximise the support we can offer at the earliest opportunity. I am sure finance will be an issue and a challenge.
9	The role of Local Authorities in developing the strategy.	
9.1	Following the development of the strategy closely I am concerned what a low profile the Local Authorities e.g. Derbyshire County Council Adult Social Care have had in the course of its development. It appears as if they are 'also-rans' in the process and it's primarily being driven by Health.	The Integrated Care Partnership has responsibility to produce the strategy and is a joint committee of both councils - Derby City and Derbyshire County Council - and Derby and Derbyshire Integrated Care Board that represents the local NHS. The local authorities are therefore joint partners with health in both the preparation and implementation of the strategy. Local authorities including social care colleagues, district and boroughs, the voluntary, community and social enterprise sector, have been involved throughout its development and it will evolve over time.
10	How we are delivering the strategy in view of the financial challenge.	
10.1	<p>We all know that some of the Health Service's problems are systemic and due to the fact that ASC are too cash-strapped to improve bed-blocking etc - but the problem is there seems to be no sign that the fact Derbyshire ASC are skint is going to improve any time soon.</p> <p>Now they have resorted to selling their properties off, allegedly due to 'new ways of working' but it's quite obvious that they have a serious cash-flow crisis in terms of insufficient capital.</p>	We fully recognise the challenges faced by all local partners, including local authorities, particularly the significant financial pressures. All partners are fully committed to improving population health, reducing health inequalities, and better joining up our services. By working together on the ambitions set out in the strategy we can support our residents more effectively and efficiently in challenging times.

	<p>They can't contribute successfully to this strategy as all the time they are just crisis-managing continuing reductions in services which affect people like me who are supporting vulnerable adults at home in their communities.</p> <p>How are you going to reassure cynics like me that a new system is ever going to improve matters when a critical key agency in the brave new world lurches from one funding crisis to another?</p>	
10.2	See also 11.1	
11	How we ensure organisations do not resist change in view of the financial challenge.	
11.1	One of the guests mentioned funding. I too wonder how this will work. If there are commitments on cost or time for any participant within the care system this may result in some resistance to change. How would the JUCD manage this?	The mechanisms for how funding is allocated and how these mechanisms may need to change is a key point that sits behind the content in the Draft Strategy ref. section 4.4.7. The work moving forward to mobilise the Strategy will include reviewing options for changing the way in which funding could be allocated to support prevention and early intervention for example.
11.2	See also 10.1	
12	How we are helping people with learning disabilities (LD).	
12.1	Will there be work done on how the NHS, and other statutory services, will improve the health, and increase the life expectancy, of people with a learning disability?	More important than the Strategy itself will be its implementation. Partners will work collectively on how both statutory and non-statutory services are delivered seamlessly to those who need them most – those with the poorest health outcomes and access to care - including those with a learning disability.

Feedback		
Below is the feedback concerning the Integrated Care System Strategy provided at Derbyshire Dialogue. Answers have been provided if done so at the point of being raised.		
No.	Theme if appropriate and Feedback	Answer if provided
Feedback Derbyshire Dialogue 15 February 2023		
F1	General Feedback	
F1.1	In a large and very rural County transport is a vital consideration – particularly for the elderly and rural dwellers, who may not have their own transportation or anyone who can take them to appointments etc.	
F1.2	Group get togethers of specific groups is of enormous help to many. The old newborn meetings for check-ups and weight checks helped found friendships and give reassurance to new mothers without necessarily calling on professional help.	
F1.3	My husband, much to his surprise, found the Prostate Cancer group reassuring and enjoyable.	
F1.4	These informal meetings can be a good insight into problems before they occur.	
F1.5	I am myself nearly totally deaf. I helped found Deaf and Hearing Support thirty years ago. With my own experience, and that gathered from D and HS, I know that deafness can cause isolation, even within the family, depression and trepidation outside the home. While this not regarded as a serious disability its consequences should be acknowledged as seriously affecting a good quality of life and the fact that a couple of hearing aids, though of enormous help, do not cover all bases.	