

## One Devon Partnership - Integrated Care Strategy Development

### Executive leads:

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### 1. Purpose

The purpose of this report is to update the Devon Health and Adult Social Care Scrutiny Committee on progress with the Devon Integrated Care Strategy, which is being developed by the One Devon Partnership.

The report sets out the needs analysis and outcomes from public engagement which have informed the proposed strategic goals of the Devon Integrated Care Strategy.

### 2. Introduction

Each Integrated Care System (ICS) is required to produce an Integrated Care Strategy, to set the direction for the system, setting out how NHS commissioners, local authorities, providers and other partners can deliver more joined-up, preventative and person-centred care for the whole population across the course of their life.

The Strategy is an opportunity to work with a wide range of people, communities and organisations to develop evidence-based system-wide priorities that will drive a unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout Devon, reducing geographic disparities in wellbeing and healthy life expectancy.

2022/23 is a transitional year and it is recognised that Strategies will evolve as ICSs mature, with an expectation that the Strategy must be refreshed on an annual basis. An initial Strategy should be published by December 2022, in order to influence the 5-year joint forward plans, which need to be published by Integrated Care Boards before April 2023.

The Integrated Care Strategy should set out the assessed needs of the population and the priority strategic goals, focused on the four core purposes of ICSs:

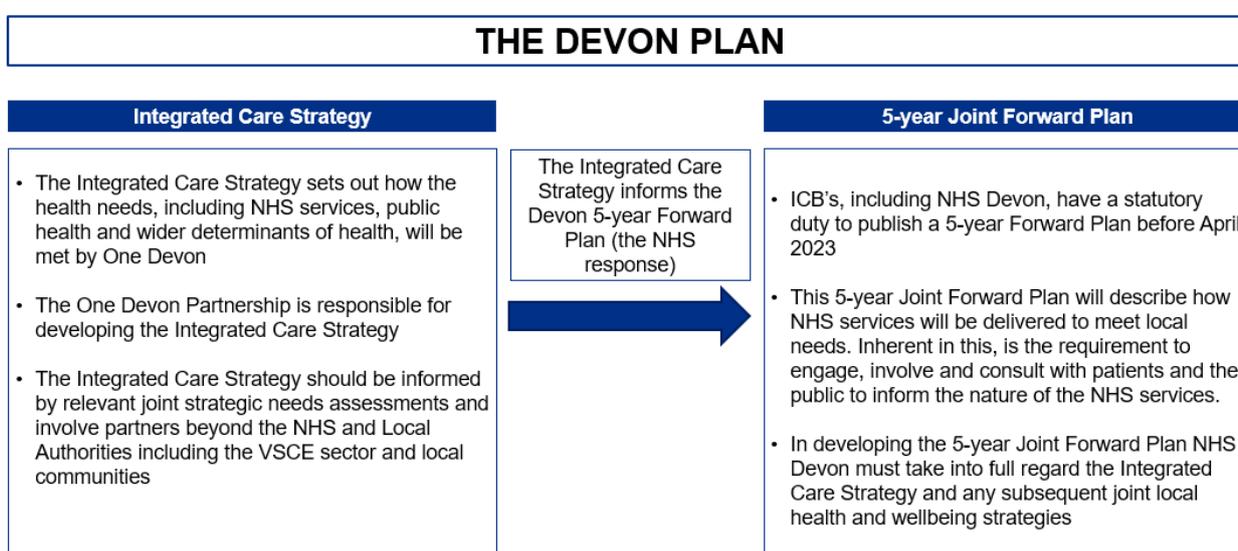
- improving outcomes in population health and healthcare;
- tackling inequalities in outcomes, experience and access;
- enhancing productivity and value for money;
- helping the NHS support broader social and economic development.

Within this, consideration should also be given to:

- personalised care;
- disparities in health and social care;
- population health and prevention;
- health protection
- babies, children, young people, their families and healthy ageing;
- workforce;
- research and innovation;
- 'health-related' services;
- data and information sharing.

### 3. The Devon Plan

The Devon Plan will encompass both the Integrated Care Strategy and the 5-Year Joint Forward Plan, which is the Integrated Care Board's response to the Strategy:



Source: Department of Health & Social Care, The King's Fund

### 4. Devon's health and wellbeing challenges

The Strategy will draw on the Joint Strategic Needs Assessments and Health and Wellbeing Strategies of our three local authorities, as well as the Case for Change that was produced early in 2022.

A full analysis of the health, public health and social needs in relation to improving outcomes in population health and healthcare and tackling inequalities in outcomes, experience and access will be included in the Integrated Care Strategy. In summary, our challenges include:

- An ageing and growing population
- Access to services, including social-economic and cultural barriers
- Complex patterns of urban and rural deprivation
- Housing issues (housing quality, low incomes and high costs)
- Earlier onset of health problems in more deprived areas (10-15 year gap)

- Poor mental health and wellbeing, social isolation and loneliness
- Poor health outcomes caused by modifiable behaviours
- Pressures on services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity and frailty
- Shifting the whole system to a prevention focus
- Unpaid care and associated health outcomes

## 5. Engagement

The integrated care strategy is intended to meet the needs of local people in Devon, so it is more important than ever that we take the opportunity to understand those needs.

There has been an extensive amount of work done involving the people and communities across Devon and Cornwall over recent years, across a wide range of topics and issues.

A comprehensive review has been undertaken on the findings of all involvement activities (where a published report was available) across Devon in the past four years. The review includes involvement programmes led by organisations across One Devon as well as national studies.

From 34 publications reviewed between 2018 – 2022 from we have gathered the views, feedback and insight from over 20,000 people from across Devon and Cornwall (including two national studies).

Feedback collated through the review has been themed and aligned to the four aims of the ICS strategy (as listed on page 1).

### 5.1 Improving Outcomes in Population health and healthcare

People have told us they value local health services, that are appropriate (for their age and support needs), accessible and give them good quality outcomes regardless of where they live in Devon or Cornwall.

Younger people, people with mental health illness and people from ethnic or diverse backgrounds suffer poorer experience and outcomes compared to other groups.

People (whether they are on a waiting list or not) will travel further for their one-off needs if they can be seen quicker and by trusted clinicians but expect on-going care to be provided locally in Devon and Cornwall.

People are attending the hospitals' emergency departments as it is the easiest and most familiar option.

People are unsure of what services are available locally and/or do not have the most up to date or accessible information to enable them to make the right decisions. Often ending up at multiple points of care repeating their story.

Lack of mental health support services is a consistent concern for people of all ages, communities and needs, especially for children and younger people

Perceptions are that the standard of health and care services have dropped over the last 12 months (2021/22)

There is a general view in Devon that the care provided is generally excellent, people's experience of the pathway leads to a poorer outcome.

People only want to tell their story once and value the consistency of the support (e.g. seeing the same clinician during treatment) they receive

Waiting times for health and care services is a major concern for people (and staff) as waiting lists are seen to be getting longer with no demonstrable solution

Giving people choice, and involving them the decisions about their health and care is a vital part of people feeling they have had a good outcome

## **5.2 Tackling inequalities in outcomes, experience and access**

The geography of Devon and Cornwall has a direct impact on access, availability and quality of health and care services available to people

There is a significant lack of awareness of local services, where people can, or should, go for support, combined with a perceived lack of clear, accessible supporting communications.

Accessibility is more than documents, consideration needs to be given to languages and translation, learning disabilities, physical disabilities, staff training and support and providing services and buildings aligned to the needs of staff and patients.

People perceive they are likely to get a poorer service because of their background/identity which can make people wary of using NHS services.

Staff from diverse background feel underrepresented in the workforce and experience substantial inequalities, finding limited support available in their employment. This contributes to them feeling undervalued.

Staff need ongoing and co-designed support and training, if they are to confidently and consistently meet the needs of a diverse population.

Recognising unconscious bias is a positive step to be able to put in place actions to support staff to meet the needs of the people who need additional support.

Equality, Diversity and Inclusion needs to be a top priority for all organisations and the unique skills, abilities and experiences of people from diverse backgrounds should be celebrated.

Travelling to services, parking at sites for staff and patients, access to reliable public transport and the associated costs remain a significant concern for people in Devon and Cornwall, and even more so in the most rural areas.

The health and care system is very complex to navigate especially for those with additional needs. It needs to be simpler to understand and to access the support required.

People and staff want to see more services joined up, seamless services providing care with as few barriers or variations as possible

Food insecurity is linked with malnutrition, obesity, eating disorders and depression, which has a significant impact on NHS services.

Primary-school-age children from England's most deprived areas are around five times more likely to be living with severe obesity

Poverty and low wages in Devon directly contributes to the lack of affordable housing, which in turn has a direct impact on peoples (and staff) health and wellbeing.

### **5.3 Enhancing Productivity and Value for Money**

Long waiting times for health and care services are directly impacting on patients' and staff's mental and physical wellbeing.

Lack of integration of services can have a negative impact by increasing the duplication of services, increasing the complexity of access or referral to services and increasing estates costs.

Centralising services into single place (e.g. health and wellbeing hubs) gives the opportunity for people (and the workforce) to access a much wider range of complementary services to help more people in one place

Public and staff want to see investment in existing sites and integration with existing services rather than the expense of building additional estates.

People recognise the strengths of the existing health and care workforce and are very keen to see investment which will result in the building and maintaining of skillsets in Devon and Cornwall, contributing to a sustainable work/life balance.

People need services to meet their expectations by getting it right first time for them, or they will seek alternatives, and potentially less appropriate services.

People want to see a reduction in the infrastructure barriers such as separate IT systems, helping services integrate - reducing costs and making for better outcomes.

People and staff would like to see more community based, collaborative approaches that enable health, care and wellbeing services to work in a truly joined up way.

## 5.4 Helping the NHS support broader social and economic development

People see the real value and impact of local voluntary services so want to see improved communication and coordination with the VCSE.

Generally, people are willing (and are able) to use technology to access their health and care support, but it must be effective, reliable and give confidence to the user.

Younger people prefer access to 'fast answers' utilising functions such as Live Chat and text message over traditional face to face interactions.

People are more concerned about cost of living rising and the impact on the nation's health and wellbeing rather than their own.

## 6. Proposed Strategic Goals

Improving outcomes in population health and healthcare
<p>We will save many lives by adopting a zero suicide approach in Devon, transforming system wide suicide prevention and care. <i>By 2028 we will reduce the number of suicide deaths and suicide attempts of people known to us by xx%</i></p>
<p>Population health and prevention will be everybody's responsibility and inform everything we do. <i>By 2028 we will have: decreased the gap in healthy life expectancy between the least deprived and most deprived parts of our population by xx% and decreased the under 75 mortality rate from causes considered preventable by xx%</i></p>
<p>One Devon will have a safe and sustainable health and care system. <i>We will achieve our quality, safety and performance targets within an agreed financial envelope</i></p>
<p>Children in Devon will have improved school readiness, enabling them to make good future progress through school and life. <i>By 2027 we will have: increased the number of children achieving a good level of development at Early Years Foundation Stage as a % of all children by xx%</i></p>
<p>People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care <i>By 2025 we will reduce crisis by 30% and reduce the current level of preventable admissions by 95%</i></p>
Tackling inequalities in outcomes, experience and access
<p>Everyone in Devon will have access to the services they need and equal opportunity to be healthy and well. <i>By 2028 we will have:</i></p>
<p>Everyone in Devon will have suitable, warm and dry housing <i>By 2028 we will have: decreased the % of households that experience fuel poverty by xx%, reduced the number of admissions following an accidental fall by xx%</i></p>
<p>Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place <i>By 2028 we will have: increased the number of people dying in their preferred place by xx%</i></p>
<p>Everyone in Devon will be afforded protection from preventable infections. <i>By 2028 we will have: increased the numbers of children immunised as part of the school immunisation programmes by 10% and the number of people receiving COVID and flu vaccinations by 10% and reduced the number of healthcare acquired infections by xx%</i></p>

<b>Enhancing Productivity and Value for Money</b>
<p>Everyone living and working in Devon will be aware of what services they can access and where. <i>By 2028 we will have:</i></p>
<p>One Devon will make the best use of our funds by maximising economies of scale and increasing cost effectiveness <i>By 2028 we will have: a unified approach to procuring goods, services, and systems across sectors.</i></p>
<p>People will only have to tell their story once and clinicians will have immediate access to the information they need through a shared digital system across health and care. <i>By 2028 we will have: provided a unified and standardised Digital Infrastructure</i></p>
<p>One Devon will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable manner. <i>By 2028 we will have: vacancies amongst the lowest in England in the health and social care sector</i></p>
<b>Helping the NHS support broader social and economic development</b>
<p>People in Devon will have access to affordable, regular, and accessible transport and active transport choices. <i>By 2026 we will have: created and promoted a publicly funded network of public transport, along with joined up policy and infrastructure that supports active travel across Devon</i></p>
<p>People in Devon will be provided with greater support to access and stay in employment. <i>By 2028 we will have: increased the number of people living with a diagnosis of severe and enduring mental illness, learning disability and neurodiversity and physical disability in employment by xx% and decreased the number of 16-17 year olds not in education, employment, or training (NEET) by xx%.</i></p>
<p>Local and county-wide businesses, education providers and the VCSE will be supported to develop economically <i>By 2028 we will have; directed our collective buying power to invest in and build for the longer term in local communities and businesses</i></p>
<p>Local communities and community groups in Devon will be empowered and resilient, to support the health and wellbeing of local people <i>By 2028 we will have: positioned them as equal and trusted partners</i></p>

## 7. Next Steps

- Test the strategic goals with a wider group of representatives including:
  - Healthwatch
  - VCSE assembly
  - Local Care Partnerships
  - Citizens panel
  - Representatives from faith groups and diverse communities
- Agree metrics for measurement of strategic goals
- Submit to One Devon Partnership for review on 1<sup>st</sup> December
- Publish by 19<sup>th</sup> December.

## 8. Conclusion and Recommendations

The Devon Scrutiny Committee is asked to:

- Note the progress to date.
- Review the proposed strategic goals, based on the needs analysis and involvement feedback and comment on any perceived gaps.
- Note the next steps in terms of engagement with wider representatives and advise on any missing representative groups.