

People and Health Overview Committee

28 June 2022

Developing the first Integrated Care Strategy for Dorset

Choose an item.

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): All Ward Councillors

Executive Director: S Crowe, Director of Public Health

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Report Status: Public

Brief Summary: The purpose of the report is to provide the Committee with:

- an overview of the requirements of the Integrated Care Strategy and the opportunities this will bring for integration, collaboration and to do things differently in Dorset;
- an update on the approach being taken to develop the strategy and the progress made to date;
- potential policy and strategy areas that would benefit from overview and scrutiny consideration, arising from the strategy development process;
- Seek support from the Committee to the approach to building the strategy, and identify opportunities for continued engagement.

Recommendation:

- **Members support** the update on the approach and development of the ICP Strategy;

- **Agree** to consider how the People and Health Overview Committee will have oversight of the strategy development process and provide effective policy input to the shared integration agenda for health and care services in Dorset going forwards.

Reason for Recommendation:

The integrated care strategy for Dorset provides a real opportunity to identify medium term priorities for improving health outcomes and experiences of health and care services for Dorset residents. NHS organisations and Councils will both have to pay due regard to this strategy when published. Early engagement of the People and Health Overview Committee in the process for its development will provide opportunities to identify the most important integration and health and wellbeing issues for inclusion in the strategy.

1. Report

- 1.1 Integrated Care Systems are required to develop and agree an Integrated Care Strategy for improving health care, social care and public health across the whole population including tackling wider determinants of health.
- 1.2 This strategy is required by December 2022 and will be approved by the Health and Wellbeing Boards. The Integrated Care Board is required to have regard to the strategy and set out within its 5-year plan how it will support the delivery of the strategy. Further guidance on the ICP strategy is expected from Department of Health and Social Care in July 2022.
- 1.3 This report updates Board members on:
 - (i) Approach and principles to the developing the strategy
 - (ii) Progress to date
 - (iii) Timeline
 - (iv) Next Steps

2 Approach to developing the strategy

- 2.1 The proposal for developing the Integrated Care Strategy was approved by the System Partnership Board on 10 February 2022. This proposal highlighted some principles for how we work in developing a strategy:
 - (i) Recognising the process as an opportunity to do things differently
 - (ii) Importance of basing priorities on population needs and insights

- (iii) Developing a vision for Dorset with aligned priorities and outcomes
- (iv) Co-designed with communities, employees and partners
- (v) Getting it right rather than doing it quickly
- (vi) Continuous review, engagement and refresh, aiming for a live strategy, not something done once and 'left on a shelf'.

3. Progress to date

3.1 A working group from across voluntary, community and social enterprise infrastructure organisations, both Councils, public health and Dorset CCG has been established with Sam Crowe, Director of Public Health as SRO. Three workstreams have been agreed:

- (i) Research insights - summarising the Joint Strategic Needs Assessment and population health insights, understanding opportunities (Paul Iggulden)
- (ii) Engagement insights - public, service users and employees (Kirsty Hillier)
- (iii) Systems Leadership - leadership engagement, design and development, governance (Sam Crowe)

3.2 A workshop has been held to further develop timelines, resource requirements, strategy purpose and content and alignment of plans for the cultural programme to that of the strategy.

Research

3.3 JSNA engagement continues through our two Health and Wellbeing Boards, with a joint development session planned for July to collate the current position in each 'place' and identify potential opportunities to work differently. The output will be expected to identify population health outcomes and inequalities priorities, health and care pathway opportunities, and areas where integration and transformation could make a real difference to outcomes and experience.

Engagement

3.4 Public and patients' engagement plans have been developed, focusing on '100 Conversations'. From June 2022, over 6 months, we plan to interview more than 100 people from all walks of life to understand the 'story in Dorset' and what it means to people to 'live their best life'. We are seeking wide representation across geography, age, sex, protected characteristics, deprived communities, minority communities and disability groups.

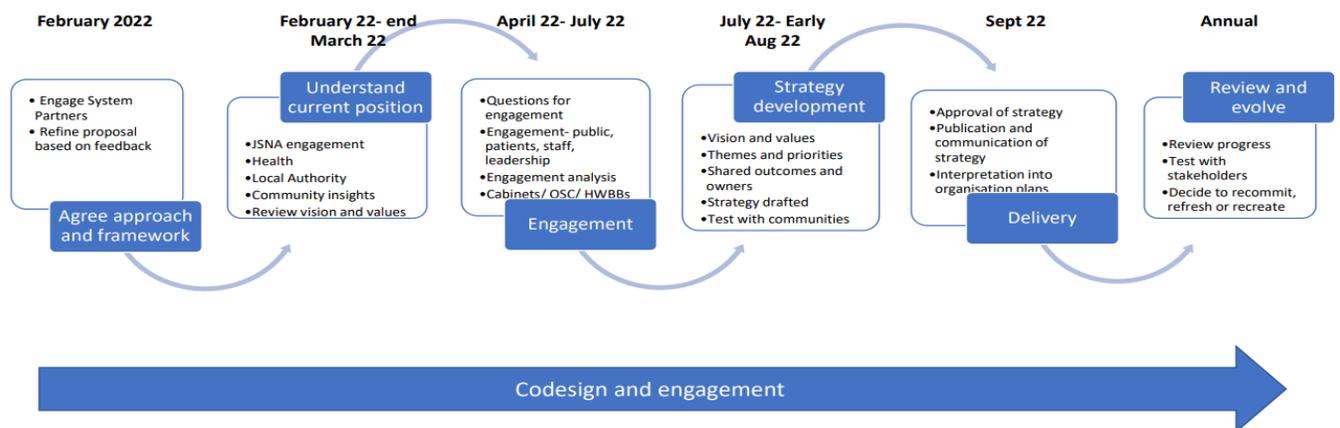
- 3.5 Working together with engagement champions from across the ICS and recruiting additional ones from the community and voluntary sector, we will create a team of 40 interviewers who will receive training and guidance from [Point of Care Foundation](#) in interviewing techniques. All interviewers will be supported throughout the process by colleagues and have access to pastoral care. After every 10 interviews, there will be a feedback/debrief session where we will identify themes and test these back with wider audiences.
- 3.6 This approach will enable us to build future capacity and skills within our organisations. The engagement team is also considering options for using a digital platform to support continuous engagement, which will may require funding in the medium term. In the first year of the strategy, we are planning to use BCP Council's existing community engagement platform, Bang the Table.

Leadership and system engagement

- 3.7 A programme of leadership engagement meetings are underway (see Appendix 1) with our main system groups and organisation's boards, to build engagement and ownership of the strategy with and through our ICS organisations and leaders.
- 3.8 From engagement so far including both Health and Wellbeing Boards it has been proposed that the strategy should set out:
- (i) Population health outcomes that offer opportunities to work differently in each 'place' including inequalities in health;
 - (ii) Health and care pathway opportunities – to inform future commissioning, quality and service improvement programmes;
 - (iii) Transformation opportunities – combining professional and public views and insight to identify where working better together could transform how we support people to live healthier for longer, with less recourse to services

Timeline

- 3.9 The high-level timeline we are working to can be seen below.



3.10 To take forward the development of the strategy the following next steps will take place during the next 2 months:

- (i) Continue JSNA engagement – via the joint development session with our two Health and Welbeing Boards to identify priorities and themes for our places;
- (ii) Continue leadership engagement – seeking views on approach and content, develop engagement opportunities with employees;
- (iii) Recruitment of interviewers and implement training programmes;
- (iv) Finalise costs and identify sources of funding for strategy development
- (v) Hold a workshop with system leaders to develop the over-arching vision and aim of the strategy and outcomes we want to focus on.

4. Financial Implications

No direct implications arising from the strategy development process. Getting a strong strategy in place is however essential for the future sustainability of health and care services.

5. Climate Implications

No direct implications

6. Well-being and Health Implications

The strategy must set out wider health and wellbeing needs of our population, important inequalities in outcomes, and show how the system can address these by working more closely together.

7. Other Implications

There is a legal duty on Councils, NHS organisations and the Integrated Care Board to have regard to the ICP strategy when published.

8. Risk Assessment

8.1 HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: Medium

Residual Risk: Medium

9. Equalities Impact Assessment

Advice is currently being sought from both Councils and the NHS about an appropriate EQIA process to follow as part of strategy development.

10. Appendices

None.

11. Background Papers

None.