Joined Up Care Derbyshire

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18 November 2021

Dear Colleague

Joined Up Care Derbyshire Board – November 2021 – Key Messages

The Joined Up Care Derbyshire Board met in public for the final time on Thursday 18 November 2021. We have outlined below the key messages from the meeting and all related papers are available at https://joinedupcarederbyshire.co.uk/about/our-board

Patient Story

The Board heard the story of a gentleman who had been living at home supported by his son and had an established diagnosis of alcohol related dementia. Having been an upstanding member of the community throughout his life, this patient had received a brain injury which has resulted in cognitive impairment and subsequent challenging behaviour, which had put he and his family at risk in the community.

The patient was admitted to the Walton Unit under Section 2 of the MHA. The unit is commissioned for support for adults aged 65+, and therefore not fully geared to provide care for someone younger. Following admission, the patient displayed a wide range of challenging behaviour, including trying to set fires, trying to escape and intimidating staff which resulted in a more to an isolated unit with additional security support. The multi-disciplinary team had differences of opinion on the best course of action, with a clear acknowledgement that this patient's condition didn't fit neatly into existing care pathways. It was also felt that the Covid-19 lockdown and the increase in alcohol consumption may have contributed to this case and may also be a factor in other care requirements in the future.

The Board acknowledged that this wasn't an isolated case and heard that the Mental Health, Learning Disability and Autism Delivery Board has continued to seek solutions to this type of challenge. DCHS, DHcFT and commissioners are working together on managing these challenging situations with such clinical presentations, including at a regional level as this isn't a challenge contained within our area.

Current System Position

1. Activity and performance

Frontline services across Derby and Derbyshire continue to experience high demand and services across Derbyshire - primary care, emergency response, mental health, community and acute – continue to work closely to ensure a robust system response and further improve signposting and referrals between services. The school immunisation team, operated by Derbyshire Community Health Services NHS Foundation Trust, has administered the most jabs to 12 to 15-year-olds of all the providers in the Midlands. The Derby and Derbyshire team has now carried out COVID-19 vaccine sessions at 48 out of the 78 secondary schools in the city and county and have been offering appointments through half-term for those children who were unable to have them when they visited

their schools. Derbyshire's Covid booster campaign continues to perform well and has contributed to the national programme which stands at over five million boosters having been delivered so far: over one million of those being in the Midlands region. The number of hospital beds occupied by confirmed COVID-19 cases (as at 8am 15/11/21) reported to NHS England is at 86 across the system – down from 119 a month ago and a reduction of 2 in the last week . There are 30 cases at Chesterfield Royal Hospital (CRH) with five in an Intensive Care Unit (ICU), 42 at University Hospitals of Derby and Burton (UHDB) with five patients in ICU, one in a facility operated by Derbyshire Healthcare and seven in facilities operated by Derbyshire Community Health Services. Sadly, there have been ten COVID-19 deaths in Derby and Derbyshire over the last week.

2. Latest planning to address the challenge

The system has been compiling its operational delivery plan across all our core services and against the expectations set out by NHSE. What is emerging is an extremely challenging but realistic plan, which sets out a stark position in the system's ability to meet the national targets given the constraints we've got on capacity, backlogs and workforce pressures.

The plan identifies where our risks lie in achieving national expectations and rightly takes full consideration of the need to maintain high quality care as we attempt to deliver against targets. The key issues identified are:

- primary care, where there are complex capacity and demand pressures, balancing the vaccination programme, routine business and urgent care
- mental health, increasing demand in presentations with higher levels of acuity, along with demand on community services to avoid admission remains critically high
- elective care – long waits will continue with current growth in 52ww+ waits
- cancer – increasing demand and therefore continuing 62d+ waits – 60% above target level despite reduction in year
- urgent care – continued 12-hr and ambulance handover delays. Increasing NEL attendances while the community response embeds. Currently there is a deteriorating length of stay, which puts our plan at risk.

3. System Financial Position

Month 6 monitoring shows JUCD finished the first half of the year with a small surplus of £5m, with cautious optimism that we will finish the financial year in a breakeven position. We do still know that the system carries an underlying financial deficit of £41.4million, which has been covered so far by non-recurrent measures and we continue to work to address as a system to resolve on a recurrent and therefore sustainable basis.

Our development journey towards a statutory ICS

1. Creating our Integrated Care Board and Integrated Care Partnership

An engagement process including a half day workshop to inform the development, roles responsibilities and composition of the Integrated Care Board took place on 5 November. The outputs of written feedback and the workshop have informed the proposal submitted to NHS E/I for approval and is available for review as part of today's Board papers on the JUCD website.

Based on the JUCD ICS forward plan, the expectation is to commence the ICB Board and Integrated Care Partnership from January 2022. As a result, the current JUCD ICS formal and developmental Board meetings will cease to run from the end of the year. The formal JUCD ICS Board meeting today will therefore be the final meeting, with a clear plan in place to ensure a smooth transition into the shadow Integrated Care Board. We are also making excellent progress in having a robust Integrated Care Partnership mechanism in place in shadow form from January. Final conversations are being held with key partners on the composition of the partnership, including colleagues in the Health and Wellbeing Boards.

The recruitment process for the ICB CEO designate has progressed. Interviews took place on 13 October 2021, and following a recommendation made to NHS E/I nationally, formal approval has now been received that Chris Clayton be appointed the Chief Executive Designate of the Integrated Care Board (ICB). The process for appointing to the non-executive director roles of the anticipated ICB has commenced with JUCD ICS seeking candidates with skills in community engagement, people, and culture (including diversity and inclusion), quality/performance assurance, financial assurance, audit, and commissioning.

JUCD finance lead Lee Outhwaite will step back from the system role now he has taken up an additional Chief Finance Officer position with DCHS, alongside his role at Chesterfield Royal Hospital. Rich Chapman, Chief Finance Officer at the CCG, will take on the system finance lead role with immediate effect. The Board expressed its thanks to Lee for his work across the system over the last four years.

2. ICS Naming

The ICS Naming Convention was published on 13 October 2021. In discussion with key partners as part of broader ICS development sessions the proposed names outlined below were agreed to most accurately reflected the emerging parts of our system and would be recognised by partners:

- ICB Legal name: NHS Derby and Derbyshire Integrated Care Board
- ICB public name: NHS Derby and Derbyshire
- ICS: Joined Up Care Derbyshire
- ICP: Derby and Derbyshire Integrated Care Partnership

3. Clinical and Professional Leadership

The Clinical and Professional Leadership Group continues to develop thinking to ensure the core objective of building a distributed clinical and professional leadership model for JUCD is created by April 2022. The aim is to embed clinical leadership in all aspects of system decision making and for the group to be available to all elements of system clinical development as a reference group.

This is a very complex and challenging undertaking, but crucially important if we are to achieve our ambition on clinical leadership across our system. Five principles have been established to guide the work of the group:

- **Principle 1:** Ensure that the full range of clinical and professional leaders from diverse backgrounds are integrated into system decision-making at all levels, supporting this with a flow of communications and opportunities for dialogue.
- **Principle 2:** Creating a culture that systematically embraces shared learning, supporting clinical and care professional leaders to collaborate and innovate with a wide range of partners, including patients and local communities.
- **Principle 3:** Support clinical and care professional leaders throughout the system to be involved and invested in ICS planning and delivery, with appropriate protected time, support and infrastructure to carry out this work
- **Principle 4:** Create a support offer for clinical and care professional leaders at all levels of the system, one which enables them to learn and develop alongside non-clinical leaders
- **Principle 5:** Adopt a transparent approach to identifying and recruiting leaders which promotes equity of opportunity and creates a professionally and demographically diverse talent pipeline that reflects the community served and ensures that appointments are based on ability and skillset to perform the intended function

4. People and Culture

The People and Culture Group used its September meeting to explore what the notion of “One Workforce”, as referenced in the ICS design Framework and People Operating Model, means to us in Derby and Derbyshire. Suggestions for what this might contain included:

- as a patient or service user I want to see the ICS manifest itself as Healthy Derbyshire so wherever I have contact I can seamlessly move between offers with disclosure of my needs and choices knowing that standards are universally high
- our staff are our greatest asset and voice.
- our staff say they work for the Derbyshire health and care system, and say it with pride and passion
- to genuinely see our whole workforce as a system asset to be deployed where they can have the biggest impact on prevention, health inequalities and wider determinants of health.
- common workforce planning, integrated system level approach to developing future workforce, coherent engagement with Schools, Higher Education and Further Education
- joined up recruitment and ease of movement around the system, avoiding inter recruitment and exit within the system as far as possible
- career paths which are organisationally agnostic.
- the teams of people that people see/receive care from reflect diversity in its broadest sense and it feels inclusive

This discussion will continue, with a draft vision for our One Workforce close to agreement.

5. Digital and Data Programme

The health and care system in Derbyshire is undergoing a fundamental transformation of service provision. Emphasis is moving from a traditional posture of treating conditions that are already established in the patient to a proactive approach of working to prevent avoidable conditions wherever possible. The current health and care system is typically reactive and characterised by organisation and role boundaries; it must be replaced by a system that is centred on people and communities.

Digital transformation is necessary to support the shift in care from ‘illness to wellness provide the tools and technologies required to transform to new models of care delivery and help address some of the challenges faced across the system. As a health, wellbeing and care system we must make many complex and challenging decisions on who, on what and how we best utilise our resources and provide optimal services for our population. The value of effectively utilising data, intelligence and insight, gives us the best chance of making the best possible decisions that are informed, defensible and transparent.

It is important that data and intelligence, converted to knowledge, is available to support decision-making at different levels and for different purposes. To do this effectively, decisions need to be adequately informed. We must enable knowledge-led decision-making, supporting us to deliver the health and care system quadruple aim. Delivery of the aims will also support progress in other domains identified for improvement within JUCD, including reduction of health inequalities and achievement of maximum impact with population health management programmes.

Outlining a series of 'I' statements within the strategy, from the perspective of citizens, practitioners, service planners, strategic leaders and data professionals helps to articulate how the digital approach will deliver the improvements desired across our system.

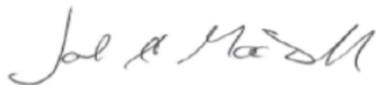
Overall, our vision arising from the digital strategy is:

- We will use technology and data to facilitate system transformation and empower our citizens to take control of their health and care, reduce inequalities and improve outcomes.

- We will ensure appropriate and accurate data and intelligence is available and accessible to our citizens and their professional care providers, supporting them to make informed, reasonable and transparent decisions in the delivery of joined-up care

As this was the final Joined Up Care Derbyshire Board meeting in public, we thanked all board members for their contribution in this forum as we transition to the first shadow meeting of the NHS Derby and Derbyshire Integrated Care Board from January. The date and time for this meeting is to be confirmed.

Yours faithfully,



John MacDonald
Independent Chair

Dr Chris Clayton
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