

Agenda item 9

DERBYSHIRE HEALTH AND WELLBEING BOARD

**Joined-Up Care Derbyshire (Sustainability and Transformation Partnership)
Update**

**Report of the Director of Joined-Up Care Derbyshire (Derbyshire STP) and the
Director of Public Health**

1. Purpose of the Report

To update the Board on progress made by Joined-Up Care Derbyshire (JUCD) partners, including future requirements as set out in the NHS Long Term Plan (LTP) and the planning to become an Integrated Care System (ICS).

2. Information and Analysis

Every Sustainability and Transformation Partnership (STP) and Integrated Care System is required to develop a five year implementation plan as part of the NHS LTP. This five year plan must set out the local NHS response for implementing the commitments set out in the NHS LTP, with 2019/20 being the transitional year.

Integrated Care Systems will be central to the delivery of the LTP, Integrated Care Systems will bring together local organisations to redesign care and improve population health and wellbeing. An Integrated Care System will also have streamlined commissioning arrangements to enable a single set of commissioning decisions to be made at the system level. This will also enable commissioners to make shared decisions with providers on how to use available resources, design services and advance service integration.

3. Recommendation

That the Board notes and discusses the contents of the JUCD presentation.

Dean Wallace, Director of Public Health, Derbyshire County Council

Vikki Taylor, Director Joined-Up Care Derbyshire

JUCD STP Refresh Approach

April to September 2019



The Requirement:

- Every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) to **develop five-year Long Term Plan implementation plans, covering the period to 2023/24 by Autumn 2019**
- This must form **our response for implementing the commitments set out in the to the NHS Long Term Plan** with 2019/20 as the transitional year
- *‘ICSs will be central to the delivery of the Long Term Plan’*; we must plan to become an ICS by **April 2021**:
 - Brings together local organisations to redesign care and improve population health, creating shared leadership and action
 - Partnership Board established with key role in working with Local Authorities at ‘place’ level
 - Streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. Commissioners will make shared decisions with providers on how to use resources, design services and improve population health
 - Service integration delivered locally through collaborative arrangements between different providers, including Local Alliance contracts, Lead Provider contracts or Integrated Care Provider contracts
 - Be built on strong engagement at all levels

Our Response: Framing The Joined Up Care Derbyshire Strategy Refresh

- Our plan will be outcomes driven so that the citizens of Derbyshire ***‘have the best start in life, stay well, age well and die well’***
- We are not ‘throwing baby out with bathwater’ – this is a ‘refresh’ not re-write
- The Derbyshire ambition to deliver the Triple Aim (better health for everyone, better care for all, and sustainability) will remain at the forefront
- We will learn from the 2016 STP Plan
- We will build on that which we believe still holds true, and test this in our approach
- We will focus on people not patients
- It will include a focus on the wider determinants of health such as housing, education and air pollution management leading to improved outcomes for people in Derbyshire
- In doing so, ALL partners will be involved developing and subsequently delivering our 5 year plan
- We will ensure there is a stronger focus on addressing inequalities and population health management
- The refresh will be informed and developed through strong engagement with people, patients, staff and wider stakeholders – this will drive our approach

What Will Be Different In The Future?

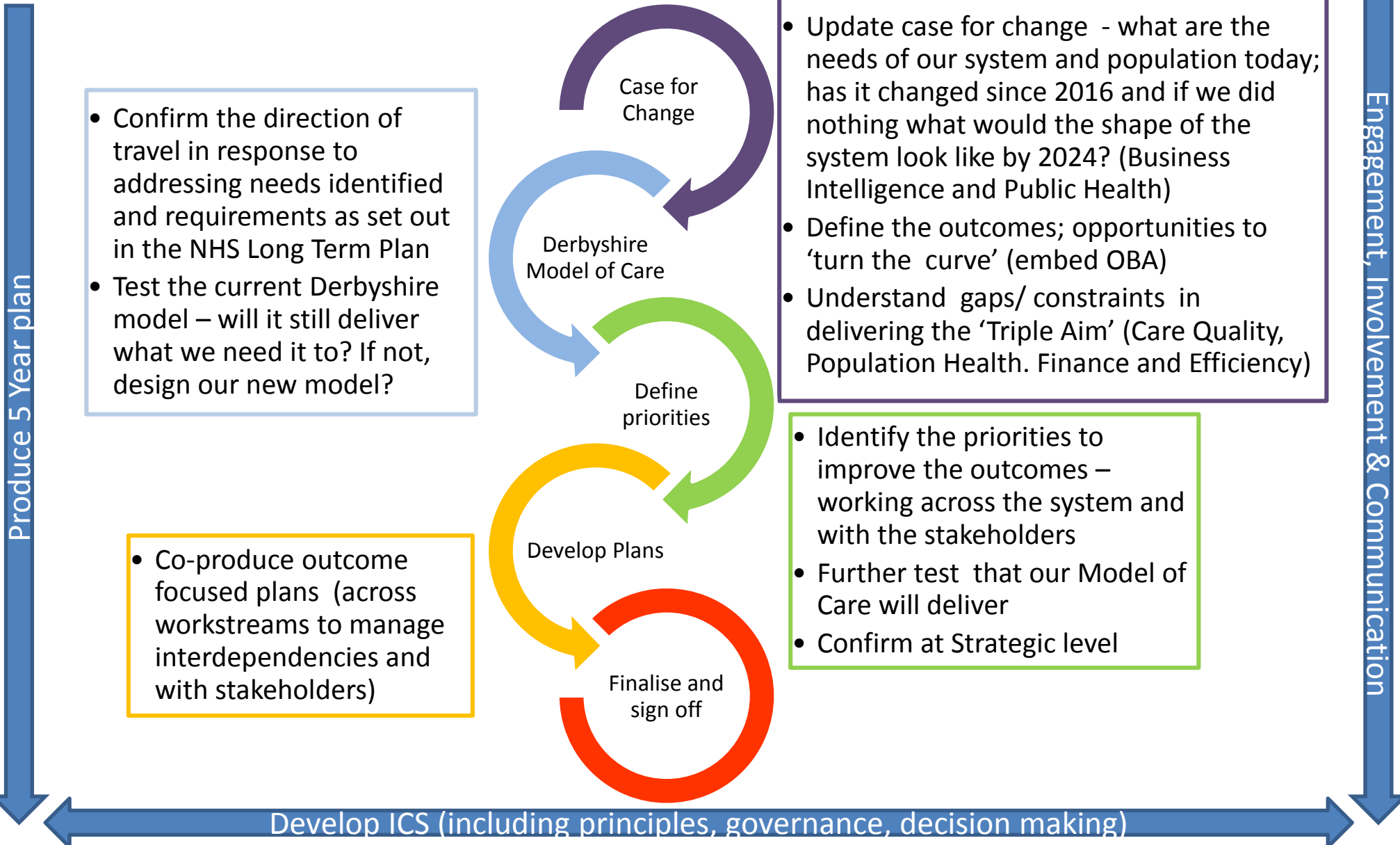
- Our system will jointly plan for the health and social care needs of the population; moving from solely fixing illness to enabling wellness
- The locus of delivery will be Place Alliances rather than organisations where appropriate, supported by strong Primary Care Networks
- We will adopt and implement core principles for how we work and challenge each other to upholding them
- We will establish strong system governance with decision making arrangements agreed
- Commissioners will increasingly move towards an integrated commissioning budget across health and social care to jointly commission at place and make strategic commissioning decisions in the deployment of that budget
- Providers will increasingly move to integrate provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place levels within allocated resources
- We will move towards Provider Alliances being at the heart of Place Alliances to deliver care pathways to meet the local needs of individuals

What Will Be Different In The Future?

This will be delivered through an Integrated Care System whereby:

- NHS organisations, in partnership with local councils and others, will take collective responsibility for managing resources so we live within our means, and improving the outcomes of the people we serve
- The system will better understand data about local people's health, allowing better provision of services that are tailored to individual needs
- For staff, improved collaboration will help to make it easier to work with colleagues from other organisations
- Local services provide better and more joined-up care for people; with organisations working together
- Drawing on the expertise of district councils, local charities and community groups, JUCD can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there
- In return, as an ICS we will gain greater freedoms to manage the operational and financial performance of services in our area

What Are The Key Stages?



Phase 1

- Communications **campaign** on LTP ambitions and STP refresh
- Setting **foundations** for ongoing conversation

Phase 2

- Involving people at **strategic level** (Scrutiny, H&WB Board , JUCD Board) – high level case for change
- **System leaders** engaging on financial, care model and delivery model approach
- Translates into ongoing **open/transparent** approach, eg JUCD Board meetings in public

Phase 3

- **Work stream** level engagement
- Includes **open work stream** meetings to promote involvement in plan development
- **Tailored approaches** determined by priority areas, including **staff engagement**

Phase 4

- Similar approach to Phase 3, but applied to **Place Alliances** and **Primary Care Networks**
- Form the basis of continued engagement at place level

Phase 5

- **Wider stakeholder** involvement at strategic level
- Groups who don't necessarily fit other phases
- Include trades unions and others.

Healthwatch
Derby
Derbyshire

Citizen's
Panel

Patient
Experience
Data

Engagement
Committee

STP Refresh High Level Timeline

Joined Up Care
Derbyshire

Deliverables

April

May

June

July

August

September

STP Refresh/
Production

Review and Update
Case for Change

Complete Case
for Change
Section

Test Model of Care &
define priorities

Confirm
Model &
Priorities

JUCD Board
System Part 1
- Approval

20

Co-produce plans

Complete and finalise outcomes based
plans

JUCD Board
System
Sign Off

15

Organisation Board/
Governing Body/
Cabinet Sign Off

Engagement,
Involvement &
Communication

Phase 1: Informing

Phase 2: Involving - System Level

Phase 3: Involving – Programme/ Outcome Level

Phase 4: Primary Care Network/ Place Level

Health Watch Engagement

Phase 5: Wider Engagement

ICS Development

The transition to ICS status by 2021 will be incorporated into the refresh; for the purpose of this presentation the specific elements however are excluded

1. Is this the right approach? Will it enable a good response to the NHS LTP and will it be sufficiently different from the 2016 approach so that public and stakeholders buy into it?
2. Are we missing anything?
3. How do we make it happen in terms of engagement, co-development of the plan, writing the plan, and implementation?
4. Is the engagement process sufficient for the public, our staff, councils (District and Borough), and third sector?