

Annex A

Supporting material for the statutory duties relating to the Derby and Derbyshire NHS Plan

July 2023

Guidance on development of the joint forward plan - Supporting materials (January 2023)

The following extract is taken from this guidance

- *In preparing the joint forward plan (JFP) guidance, NHS England has developed a suite of supporting materials that integrated care boards (ICBs) and their partner NHS trusts and foundation trusts (partner trusts) can draw upon where it is helpful to do so. These resources provide further recommendations and suggestions for content in relation to the statutory duties and content areas listed in tables 1 and 2 of the annex of the JFP guidance.*
- *Please note that content included within these supplementary materials is advisory only and is intended to support local thinking around what may be considered when preparing a robust JFP. As such, ICBs and their partner NHS trusts and foundation trusts should develop their plans in accordance with local circumstances, building on existing work at system and place.*

The content included in this document covers;

- The Derby and Derbyshire response to the statutory duties included in the guidance – please refer to slides 5 to 29.
- Further information on the issues systems are encouraged to consider within the Plan guidance. Much of these areas form sections with the Derby and Derbyshire NHS Plan, but additional information is included within this document, where relevant to do so.

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Duty to promote integration

Summary Requirement

JFPs must set out how ICBs intend to discharge their statutory duty to provide health services in an integrated way, including with other health-related services or social care services. The JFP should explain how this will improve the quality of services and reduce inequalities in access and outcomes.

Derby and Derbyshire position

There are many examples of where we plan, deliver and evaluate care in joint and integrated ways especially where there are shared functions. We have nationally approved BCF plans, for City and County with a single system narrative. We are strengthening our local integrated team working with standardised system expectations that can be responded to, with locally adapted models of integrated care.

The following forums play a key role in developing and overseeing integration and integrated care

- | | |
|---|--|
| • Integrated Care Partnership | Derbyshire Health & Wellbeing Board |
| • Integrated Place Executive | Derby Health & Wellbeing Board |
| • Derbyshire Place Partnership Board | Better Care Fund Programme Board |
| • Derby Place Partnership Board | Local Place Alliances |
| • ICB Board | * multiple programme forums where relevant partners work together to |
| • Population Health and Strategic Commissioning Committee | plan and deliver integrated services. |

Please refer to the Derby and Derbyshire Integrated Care Strategy (April 2023) for further information on the duty to promote integration and the development of integrated care and also the main document of the NHS 5 year plan, for information on implementation of the key areas of focus included within the Strategy.

Duty to have regard to the wider effect of decisions

Summary Requirement

JFPs must set out how ICBs intend to discharge their duty to have regard to the wider effect of decisions made about the provision of health and care. Known as the 'triple aim', the duty aims to foster partnership working, with local health and care organisations working collaboratively in the interests of the populations they serve.

Derby and Derbyshire position

The delivery of this duty is supported by collaborative working between patient experience teams and patient engagement teams with system partners improving connectivity and alignment. Oversight is provided through the System Quality Group and System Quality & Performance Committee with representation from all Health & Social Care partners. Improvements are delivered through System Delivery of Strategy and Transformation, delivered through established Delivery and Transformation Groups/Boards. Please see later sections for further information on sustainable and efficient use of resources.

Derby and Derbyshire ICB is committed to delivering high-quality, person-centred care based upon:

- Safety: people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
- Effectiveness: people's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.

Examples of what we do to meet the duty include;

- Bringing together system partners to align quality and equality impact assessments (QEIA) to develop care services that meet the needs of our population.
- In collaboration with system partners, NHSE, and the Kings Fund, we are a pilot system in leading a project to look at experience of care across an ICS.
- Quality permeates everything we do – from the way we plan and commission care, to the way we work with services to drive improvement and innovation.

Areas of planned, further development;

- Building upon the NHS Shared Planning Guidance priority areas the DDICB Integrated Care Strategy:
- People with Learning Disabilities: Bringing together health & social care partners to review and implement learning from LeDeR reviews.
- Mental Health: Delivery of the mental health access and quality standards
- Elective Care: Implementing the national maternity services review, Better Births
- Urgent and Emergency Care (UEC): Reducing Ambulance delays at ED to assist delivering the four-hour A&E standard, and standards for ambulance response times
- Primary Care: Reducing health inequalities for people with Learning Difficulties by bringing together system partners to increase the use of annual health checks with their local GP service
- Progress will be monitored through the individual Delivery & Transformation Boards providing system oversight and delivery of joined up services

Financial duties

Summary Requirement

There is collective local accountability and responsibility for delivering system and ICB financial balance. The Health and Care Act includes provisions which are designed to ensure that ICBs and trusts are collectively held responsible for their use of revenue and capital resources

Derby and Derbyshire position

The following forums/ leads oversee this duty:

- | | |
|--|-----------------------------------|
| • ICB and Provider Chief Finance Officers / Directors of Finance | |
| • ICB Board | |
| • JUCD Provider Collaborative | Primary Care Collaborative |
| • JUCD Programme Delivery Boards | Place Partnership Executive |
| • System Finance and Estates Committee | Audit and Governance Committee |
| • Population Health and Strategic Commissioning Committee | People and Culture Committee |
| • Quality and Performance Committee | Public and Partnerships Committee |
| • JUCD NHS Executive | Primary Care Networks |
| • Local Estates Forum | One Public Estate |
| • Derby Digital and Data Board | |

Summary position:

- In 2022/23, the system delivered a £31.7m deficit revenue position which was acknowledged by NHSEI .
- The Capital position for 2022/23 was breakeven against plan.
- For 2023/24, a balanced Financial Plan was submitted after the delivery of 4.4% efficiencies.
- The system has a balanced capital plan for 2023/24 but includes a level of risk that will need to be managed

Examples to support how we comply with the duties:

- Monthly reporting to the Committees and Boards referenced above providing details of the current years financial performance on Revenue and Capital expenditure, along with details of delivery of Efficiency plans and Planning for future years.
- The development of a 5 year System financial plan.
- The production of an triangulated workforce, activity and finance plan for 2023/24.
- Established an ePMO to support and drive the Transformation, productivity and efficiency agenda.
- Transformation Board established to sits alongside the ePMO and Provider Collaborative.
- Work closely across local ICB networks / National NHSEI team networks / HFMA / NHS Confederation / NHS Providers.
- Excellent relationships with KPMG (External Audit) and 360 Assurance (Internal Audit)
- The ICB and System partners continue to ensure that the financial duties are collectively owned and acted upon by all Executive teams.
- Comprehensive systems of appropriate levels of financial governance and controls are in place to support this and are regularly reviewed

Areas for further development:

- Development and refinement of the 5 year system financial plan to include links to workforce, activity and overall productivity. Building on the systems underlying financial position
- Detailed understanding of the triangulation with activity, workforce and finance to support risk management and efficiency delivery.
- Understanding the implications of the 2023/24 system capital plan on productivity and efficiency as well as future calls on capital.
- The JUCD Provider Collaborative and the Programme Delivery Boards that support it, will need to take the responsibility to develop recurrent transformational efficiency plans and increase productivity to deliver long term recurrent financial sustainability.

Issues to manage:

- There are national issues such as inflation that will continue to impact, e.g. the cost of medicines
- The ICB is subject to an annual convergence reduction on the allocation given to the ICB. This has seen a reduction in allocations of £33m in the last two years, and we expect to see a further reduction of £25m in 2024/25.
- Delivery of recurrent efficiencies to support long term financial sustainability is a risk but the system remains committed to deliver a breakeven position

These areas will be taken forward through the forums/ leads referenced on the previous slide and by:

- A working group has been developed to review and monitor productivity across the system, supporting the triangulation of activity/workforce/finance.
- Twice weekly CFO / DoF meetings will take place to review progress and resolve any issues.
- Meetings with HRDs and COOs will take place to ensure a common position on workforce, activity and finance.
- CFO / DoF attendance at Delivery Boards to ensure appropriate ownership and to help direct the efficiency and productivity requirement.

Duty to improve the quality of services

Summary Requirement

JFPs must set out how ICBs intend to discharge their duty to continually improve the quality of care and outcomes.

Derby and Derbyshire position

The delivery of this duty is supported through the System Quality Group and System Quality & Performance Committee with representation from all Health & Social Care partners. Improvements to quality are delivered through established Delivery and Transformation Groups/Boards. Please see the main document of the Derby and Derbyshire NHS Plan for more information on quality improvement priorities and the framework referenced below.

DDICB has an approved Quality Improvement Strategy to ensure that services provided are safe and of high quality, and that all organisations that provide health services have systems in place to check the quality and safety of care provided, and the annual **Quality Improvement Framework** has recently been agreed and is found below, this includes information on how we will progress our strategy and plans for quality improvement.



Microsoft
PowerPoint Presentat

In line with NHSE guidance, system partners have a shared understanding of what quality means to provide safe and effective care and treatment, that takes into account needs and feelings of patients (experience).

As an ICS we work together to make sure that we provide high quality and safe services through collective accountability to ensure services are joined up. Through engagement we will listen to what is important to our people and communities and use this feedback to continually improve quality of services. We have established links with regulators to work together to support our hospitals, GP practices, optometrists, community pharmacies and dental surgeries to improve their safety.

Examples of routes for ensuring we meet the duties include:

- Established mechanisms for escalation of quality concerns through the DDICB Integrated Care System Quality Risk Escalation Policy
- Formal routes to discuss/oversight of quality through System Quality Group and System Quality & Performance Committee with agreed Terms of Reference and Agendas.
- Delivery & Transformation Boards providing system oversight and delivery of joined up services
- Joint working/assurance include Maternity, Host Commissioner working with Independent Hospitals, Infection Prevention Control and joint working with Local Authorities within Care Homes

Duty to reduce inequalities

Summary Requirement

JFPs must set out how ICBs intend to discharge their duty in relation to health inequalities including how this will reduce inequalities in access, experience and outcomes. ICBs and partner NHS trusts and foundation trusts may also wish to describe how the implications for health inequalities have informed the choices and decisions being made across the system. A dedicated health inequalities plan, developed within the overarching JFP, will support ICBs in fulfilling their health inequalities duties under the Health and Care Act 2022.

JUCD goal

To reduce health inequalities throughout Derby and Derbyshire communities by working with partners to address the factors influencing people's health

A strategic approach to draw together the strands of health inequalities, prevention and population health management is currently being developed, given the inter-relationship between these fields.

Activities to help achieve the stated goal to reduce health inequalities are taking place throughout the programmes of work described in the Derby and Derbyshire NHS Plan. There is an agreed Core 20 Plus 5 approach, in line with national NHS guidance and the information below covers the "Plus 5" indicators agreed for both adults and children and young people.

Adults

JUCD has identified additional indicators to reduce specific inequalities in the system drawing on local data and NHS recommendations*. See below for the "Plus 5" indicators selected (clinical areas of focus which require accelerated improvement). Some of these indicators are also referenced in the improvement aims described in the previous sections

- **Maternity:** ensuring continuity of care for 75% of people from Black, Asian and minority ethnic communities and from the most deprived groups.
- **Severe mental illness (SMI) and Learning Disabilities:** ensuring annual health checks for 60% of those living with SMI or learning disabilities.
- **Improving Vaccination uptake:** reducing inequalities in uptake of life course, COVID, flu and pneumonia vaccines
- **Early cancer diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.
- **Hypertension case-finding:** to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

* <https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>

Duty to reduce inequalities

Examples of work being undertaken to address the adult indicators

Hypertension case finding

See NHS Derby and Derbyshire Plan for more information.

Improving vaccination uptake

JUCD has an established inequalities agenda for both its COVID-19 and Influenza vaccination programmes. The comprehensive programme of work is overseen by the JUCD Vaccine Inequalities Group, which is chaired by Public Health. A long-term inequalities strategy for all vaccination programmes has been created and an associated annual delivery plan has been written for how the aims and objectives in the strategy can be worked towards within 2023/24 largely in relation to COVID-19 and Influenza, the delivery plan for 2024/25 will broaden to include the wider programme for vaccinations accordingly with the delegation from NHS England.

The aim for this work is to reduce inequalities in uptake of the vaccination offer for individuals in Derby and Derbyshire across the life course. It aims to achieve equitable access to vaccination programmes and ensure that individuals are provided with accessible information that supports informed decision making.

Objectives:

- Understanding inequalities in vaccination uptake and communicating these with stakeholders
- Advising vaccination stakeholders on actions to improve equity and uptake
- Leading the delivery of targeted interventions and specific strategies to increase uptake
- Supporting collaboration with the public and system partners on all aspects of the programme including delivery models
- To understand and address issues influencing vaccine decision making across all communities within Derby and Derbyshire

Early cancer diagnosis


- Implementation of Derby City Prostate Case Finding Pilot
- Development of plan prioritising places with highest lung cancer mortality for both 2023/4 and 2024/5
- Work with PCN's to understand their ideas for targeted interventions based on areas of need and the intended impact with a view to exploring which interventions could be scaled up
- Work with stakeholders to co-design and disseminate local campaigns and support community engagement and targeted interventions
- Review Direct Access provision to ensure we have ideal and accessible pathways for patients

Duty to reduce inequalities

Children and Young People

Please see below for a summary infographic that captures our CYP 'plus 5' indicators.

Our Position: 5 Clinical Priorities At A Glance within LTP

Location	Hospital admissions asthma (<19 yrs)	Hospital admissions diabetes (<19 yrs)	Hospital admissions epilepsy (<19 yrs)	% 5 year olds with dental decay	% school pupils with SEMH needs
Derby City					
Derbyshire					

Locally we are: Compared to England: ● Better 95% ● Similar ● Worse 95% ● No data

Our proposed +5 Locally:
SEND, LGBTQ+, Children who are looked after, Ethnicity,
Speech, Language and Communication Needs

Our Start Well priority is now a key priority in the ICS strategy and the CYP Delivery Board (system wide representation) is operationalising delivery of the ambition to improve school readiness in children

1. Benchmarking: local prevalence of asthma and areas of poor air quality with links to higher rates of hospital attendances
2. Action plan which is system wide, with clearly defined deliverables for each organisation including housing and air quality.
3. Piloting the asthma friendly school approach in two identified inner city schools where asthma prevalence is 5x higher than local average
4. Implementation of the CYP asthma bundle steered by the Derby and Derbyshire CYP asthma network

System working is crucial for success

1. Benchmarking local prevalence of Diabetes in children and young people
2. Linking work around diabetes to that of obesity and community engagement pilot on encouraging moving more in some of our least active communities.
3. Part of the editorial group on best practice for children diagnosed with diabetes
4. Ensuring that areas of deprivation that under-utilise CGMs are understood and clear system wide actions for improvement.
5. Participating in a nationwide CYP pilot at UHDB to improve paediatric transition to adult services.

1. Benchmarking local Audit 12 data and development of action plans
2. Supported national work in the development of the CYP Epilepsy Bundle
3. Creation of CYP system network for Epilepsy
4. Reviewing service specifications to ensure smooth clinical pathways which meet quality standards outlined in NICE refreshed guidance.
5. Understanding where inequalities in health impact children locally and acting on how we can reduce any barriers to care
6. Reducing local variation in access to care, particularly around accessing mental health support and interventions.
7. Targeted interventions and clear pathways of care for children who also have co-morbidity such as SEND and/or ND

In transition from NHSE – led through primary care

1. We continue to roll out Mental Health in schools teams as Wave 10 mobilises, we are also planning for Glossop
2. Our MH2K young people are helping us with focus groups on digital pathways and recommendations for the emotional health and wellbeing website, guidelines for professionals for using digital platforms for messaging and to better reach CYP
3. MH2K focus groups and survey continue to better understand inequalities in our pathways, plans to follow
4. We are rolling out our ND community support hubs and community facing assessment pathways
5. As we plan for the new financial year we are developing plan to tackle CAMHS waiting lists with a focus on early support and help and community facing alongside Primary Care mental health roles planning.

Duty to promote the involvement of each patient (Personalisation)

Summary Requirement

JFPs must set out how ICBs will fulfil their duty to promote the involvement of each patient in decisions about their care or treatment.¹ Personalised care means tailoring an individual's care and support to their needs and circumstances by working directly with that person and their family. The JFP provides an opportunity to set expectations for how the ICB and its partner NHS trusts and foundation trusts will work with wider partners in health and social care to give people choice and control over the way their care is planned and delivered.

Derby and Derbyshire current position

The delivery of this duty is supported by the JUCD Personalised Care Delivery Board with workstreams that reflect the Universal Personalised Care components.

The following examples illustrate some of the ways in which we are currently meeting the duty:

- Personal care and Support Planning – rolled out in many areas – e.g., Maternity, Cancer services, Mental Health - with expansion using the learning from these.
- Social Prescribing – we have a Social Prescribing Advisory Group – 40 SP link workers in place at PCN level- including (2 MSK Link workers and 3 children and young people's workers)
- Personal Health Budgets – we are on track to achieve the trajectories agreed with NHSE, with plans on how to expand our local offer. We have a PHB policy in place. Although options for expansion of the local PHB offer have been developed these have not been implemented – decision on funding arrangements will help determine progress, given that the national funding to support the personalisation agenda ended 31st March 2023.
- 'Quality Conversations' Programme in place – supporting practitioners to listen more effectively, engage more meaningfully, make care more personalised and co-produce from an individual to a system level. Over 1500 staff across Derby & Derbyshire have received QC training.
- In accordance with NHS Choice Framework eligible patient can choose which hospital or service they wish to be referred to rather than the one most local to them

Progress to date

Delivering more personal care is a core part of the Derby and Derbyshire Health Care System's strategy to give people the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life. We have made good progress over the recent period with:

- c. 2,700 people receiving a personal health budget
- c. 33,000 people whose care has been discussed as part of a shared decision-making process
- c. 23,000 people having been referred to a social prescribing service since April 2019

This represents good progress, and the Derby and Derbyshire Health System will continue to take the action that is necessary to increase their uptake and usage.

Ambitions included in the Derby and Derbyshire NHS Plan

Please refer to the Derby and Derbyshire NHS Plan for information on our planned, focussed work to establish a set of coherent, scalable, evidence-based actions to advance the following aspects, across all areas of provision, in line with our guiding policy to “Give people more control over their care”.

Duty to involve the public

Summary Requirement

JFPs must set out how ICBs intend to discharge their duty regarding public involvement. ICBs and their partner NHS trusts and foundation trusts, may demonstrate they have met their public involvement duties by describing:

- how the ICB will work with people, their carers and representatives and communities to identify local priorities and achieve the four key purposes of the ICS
- how they intend to discharge their involvement duty by working with ICS partners (e.g. other NHS bodies, local authorities, the voluntary, community and social enterprise [VCSE] sector, Healthwatch, etc)
 - NHS trusts have an equivalent involvement duty (the Section 242 duty to involve), and there should be a strategic approach to joint activity wherever possible, so that all partners can meet their duties. This will be more efficient and will reduce the need for people and communities to share their experiences and insight multiple times
- governance – how the ICB's board will be assured the duty has been met and can demonstrate that commissioning decisions have been informed by working with people and communities
- how the ICB's strategy on working with people and communities will be applied, reviewed, and updated
 - people, their carers and representatives and communities should be involved in reviewing and updating the strategy
- how the ICB will assess the diversity and inclusivity of its work with people, their carers and representatives and communities as a core part of reviewing the strategy
 - this must inform actions to build connections and networks that enable greater input by people who experience the greatest health inequalities.

Derby and Derbyshire position Strategy

Our engagement strategy sets out a substantial evidence-based approach to securing patient and public involvement in our work. The ambitions of the strategy are:

- To embed our work with people and communities at the heart of planning, priority setting and decision-making to drive system transformation work, ensuring the voices of patients, service users, communities and staff are sought out, listened to, and utilised resulting in better health and care outcomes for our population.
- To recognise that relationship building is important to increase trust and improve involvement and needs to be considered on a planned, systematic, and continuous basis, with the required investment of time.
- To ensure our continuous engagement that reflects this new relationship with the public, capitalises on those emotional connections and brings people and communities into the discussion rather than talks to them about the decision.

We believe the strategy supports compliance with legal duties in service transformation as well as moral duties on citizen involvement.

Duty to involve the public

Working in Partnership

It is essential for both reasons of alignment and good practice, but also to ensure that the population's views and experiences are sought and responded to in a systematic way that reflects their priorities, that there is a system wide approach to public involvement.

Moreover, this approach is led by the desire to develop a culture within our system that promotes decisions underpinned by patient and public insight at all times.

To support this approach we have developed a number of different frameworks, with the express aim of:

- Collecting, understanding and acting on insight within the system.
- Promoting buy in from system partners to use insight in decision making.
- Reducing over-surveying and consultation fatigue of local residents.
- Supporting collaboration between organisations around gathering insight.
- Moving away from seeing residents as patients, service users, or communities, depending on which organisational perspective you hold, and see them as people who need to be put at the heart of decision making across the system, as despite having multiple public sector partners, we have one Derby and Derbyshire population.
- Support the use of a variety of methods for gathering insight, moving from an over reliance on surveys to methods that nurture and use existing relationships.

Our NHS Trusts, local authorities, VCSE sector and Healthwatch colleagues are all embedded in this approach.

Governance

This is all contained within our Engagement Strategy.

Our PPI Governance Framework includes:

1. Public Partnership Committee (PPC)
2. Guide to Patient and Public Involvement in our ICS
3. Patient and Public Partner Programme
4. Engagement Framework
5. Co-production Framework
6. Insight Framework

Engagement Strategy Review

Overseen by Public Partnership Committee. The various elements of the strategy, including our frameworks, are being developed and implemented by a partnership group that includes VCSE, Healthwatch, The Kings Fund and other partners.

Duty to involve the public

Diversity

Our statutory engagement approach is intrinsically linked to the Quality & Equality Impact Assessment process, where the EIA element helps to identify target audiences for our engagement work. We have developed a Senior Public Equality and Diversity Manager role to progress work on community profiling to further support our understanding of communities; we are also well linked to local public health partnerships within our local authorities and utilise their existing strong links and expertise in working with communities to support our engagement.

We have recognised the need for greater diversity in our governance processes and will progress this in 2023.

Ten Principles of Working With People and Communities

These are central to our engagement strategy and mapped easily to the existing principles being used by JUCD in developing our strategic approach. The principles are embedded in the Public Partnership Committee Terms of Reference, to assure compliance.

Further information:

Examples of approaches to taken to support implementation of the duties;

- Public Partnership Committee
- System Insight Group and Insight Framework Development
- Roll Out of PPI Guide and Engagement Model, including to Foundation Trusts

Further steps:

We haven't yet commenced the planning for securing citizen involvement in the JFP. This will take time if it is to be meaningful and planning needs to commence urgently as part of the planning group arrangements. We continue to implement the various frameworks outlined in the strategy. Progress is assured through the Public Partnership Committee. We will need to identify the process through which we continue to develop the strategy in discussion with local communities.

Progression of approach to diversity in governance is also a focus.

We have a significant and detailed programme of work underway to deliver the aims set out within our strategy. There has been significant short and medium term progress, with other elements requiring by nature a longer implementation period, given the complex nature of the programme and the requisite time to ensure trusts and relationships are built with partners and communities.

Signposting to existing information / evidence to support in this area - <https://joinedupcarederbyshire.co.uk/involving-people-communities/>

Duty as to patient choice

Summary Requirement

JFPs must set out how ICBs intend to discharge their duties in relation to patient choice. Patient choice has both constitutional and legal commitments which are embedded in key policy drivers within the NHS, including the NHS Long Term Plan and Universal Personalised Care. Choice is also highlighted as a key enabler of elective care recovery within the Delivery Plan For Tackling the COVID-19 Backlog of Elective Care.

Derby and Derbyshire position

- Where contractual arrangements are in place adherence to NHS Choice Framework (The NHS Choice Framework: what choices are available to me in the NHS? - GOV.UK (www.gov.uk)) is incorporated within The NHS Standard Contract of which Service Condition 6 outlines the provisions relating to Choice and Referral.
- Service Condition 6.8 requires that providers must accept all referrals / presentations which give effect to a patient's legal right of choice or which are for emergency treatment – even where the patient's responsible commissioner is not a direct party to the provider's contract. Service Condition 6.13 then makes clear that, in other circumstances, a provider has no entitlement to be paid for providing services to patients whose responsible commissioner is not a party to the contract (i.e. on a “non-contract activity” basis). For the legal right of choice to apply to a particular service, the provider must have been commissioned to provide that service by at least one ICB.
- There is a specific requirement via Service Condition 6.2 which places an onus on providers to ensure the correct listing of services via eRS. There are two menus;- “secondary care menu”, for services to which the legal right of choice applies under the NHS Choice Framework; and “primary care menu” for services outside the scope of the legal right of choice, which have been commissioned specifically by one or more ICB and which must be made available to referrals from those ICBs only.
- NHS DDICB has a web page that can be referred to - NHS Choice Framework guidance Department of Health and Social Care Guidance – the NHS Choice Framework > ICB Intranet (ddicb-nhs.uk)
- Statement included in the Derby and Derbyshire NHS Plan - Our objective to reduce elective waiting lists over the next 12 months and give people more choice over where they receive their care, go hand in hand. To that end, the Derby and Derbyshire Health Care System will continue to ensure that people are given a legitimate and substantive choice about where they receive their care, with either an NHS or Private Provider.

Examples to illustrate how we comply with the duties:

- Services contracted via the NHS Standard Contract are underpinned with the requirement to comply with The NHS Choice Framework.
- For tackling the COVID-19 backlog of elective care via the increasing capacity framework NHS DDICB secured contractual arrangements with 3 additional providers (Newmedica, Spa Medica and Optegra) to address the cataracts backlog. The ICB have noted an increase in demand in this specialty and via the additional 3 contracts patients are now able to make an informed decision in respect to which provider to access their care (based on waiting time information).
- Adult ADHD/ASD assessment guidance –There has been a national increase in the amount of people being referred for an adult ADHD/ASD assessment. This increase has significantly impacted on the waiting times on services commissioned by NHS DDICB. NHS DDICB have developed clinical guidance to assist and support primary care clinical decision making when considering referring patients for an Adult ADHD assessment to an on-line diagnostic provider under the choice agenda – see link: [Adult ADHD assessment guidance > ICB Intranet \(\[ddicb-nhs.uk\]\(http://ddicb-nhs.uk\)\)](#)

Duty to obtain appropriate advice

Summary Requirement

JFPs must set out how ICBs intend to discharge their duty to obtain appropriate advice from persons who (taken together) have a broad range of professional expertise in

- a. the prevention, diagnosis or treatment of illness, and;
- b. the protection or improvement of public health.

Derby and Derbyshire position

Governance structures and processes are in place with membership including all key players identified below. Co-ordinating functions are in place within the D&D Clinical and Professional Leadership Group and Population Health and Strategic Commissioning Committee of the ICB. There is an overall strong meeting of the duties, with work supported by the various Transformation Delivery Boards.

Leads and key forums involved

Chief Medical Officer (ICB), Chief Nursing Officer (ICB). Directors of Public Health (Derby City LA and Derbyshire CC). Clinical Professional Leadership Group, GP Provider Board, GP Clinical Leads, Medical and Nursing Directors of Chesterfield Royal Hospital NHS FT, University Hospitals of Derby and Burton NHS FT, Derbyshire Community Health Services NHS FT, Derbyshire Healthcare NHS FT, with specialist support from expert clinicians in specific pathways, with links in place with UK Health Security Agency.

Examples of compliance

Minutes of Clinical and Professional Leadership Group discussions in relation to service development discussions demonstrate discharge of the duties. Examples include early development of secondary prevention approaches for cardio-vascular disease through pharmacies, planned work in relation to secondary prevention of COPD (for further development this year).

Further work

A strategic approach for obtaining appropriate advice is currently under development.

There is a recognised need to strengthen our approach to the use of Population Health Management, making linkages through to primary and secondary prevention agenda alongside the improved targeting of health inequalities, linking through the system's Strategic Intelligence Group. Please see Derby and Derbyshire NHS Plan to which this Annex relates for more information on plans to develop PHM and intelligence.

Derby & Derbyshire has developed a devolved leadership model and built this into the governance structures of the ICS in order to draw upon a wide body of expertise to drive improvements in diagnosis, treatment and prevention approaches.

Duty to promote innovation and research

Summary Requirement

Innovation

JFPs must set out how ICBs intend to discharge their duty to promote innovation. They provide an opportunity to plan for how the ICB and its partner NHS trusts and foundation trusts will work with wider partners in health and social care, including academic health science networks (AHSNs)

Research

JFPs must set out how ICBs intend to discharge their duty to promote research. The Life Sciences Vision and National Clinical Research Vision (Saving and Improving Lives: The Future of UK Clinical Research Delivery) set out the health sector's collective commitment across the UK government, the NHS, regulators, industry and the third sector to create a pro-research health and care environment.

Innovation

- This agenda is linked to the work of the research agenda and through the research structures.
- The third guiding policy for the Derby and Derbyshire NHS Plan – “Give the teams working in our localities, the authority to determine the best ways to deliver improvements in health and care delivery for local people”, will encourage local teams to (safely) innovate, working with multi-professional and multi-organisational colleagues in an environment where new ideas are welcomed. The strength-based approach to developing community services is a good example of local innovation that can be developed into other areas.
- Each D&D organisation will oversee a schedule innovations, and information on how they support and incubate innovation linking with organisations such as the East Midlands AHSN.

Research

The Derbyshire Research Forum is chaired by the ICB Deputy Medical Director. Research Leads from NHS provider organisations, Primary Care and Local Authorities alongside Research Delivery Infrastructure organisation, Clinical Research Network East Midlands and local Higher Education Institution, University of Derby come together regularly to consider the role of research in JUCD initially focusing on establishing governance and reporting arrangements. Its joint research forward plan provides an opportunity to embed research as an integral part of the ICS operational plans. The requirements will be taken to the Derbyshire Research Forum to contribute to the forward plan development and delivery including identifying any capacity and capability requirements and gaps. There will be a need to engage with other leads and ICS structures to make joined up plans.

Further governance structures for effective two way feedback and accountability are still being established. Resources to build research capacity and capability, lead responsibilities and model for delivery at system level require review.

It is recognised we need to develop joint plans and use our collective scale/ assets more efficiently, in order to expand the R&D programme, whether that be locally or in conjunction with partners with dedicated facilities / larger research budgets in neighbouring systems. There is a great potential to significantly increase the number of patients, carers and service-users who participate in research studies and clinical trials, contribute to answering crucial research questions and provide evidence to support improvements to care and treatment especially for under-served and minority communities and so improve the quality of services and patient outcomes.

Duty to promote innovation and research

We also need to attract and recruit new employees who have existing research track-records, develop research skills, and provide opportunities for existing staff to develop research knowledge and experience.

Research is well established in some JUCD partner organisations and research leadership is connected at East Midlands regional level offering shared learning opportunities and support structures.

Examples of how we meet the duties

- Supporting all staff who want to get involved in research activity, starting in primary care where we have identified gaps, through re-investment of £20K Research Capability Funds via an Expression of Interest call to increase primary care clinical research delivery.
- Promoting engagement with patients and the public from all communities has started focusing initially on underserved communities/CORE20Plus5 Health Inequalities groups following successful £100K NHSE funding application for Community Research Engagement Network Development
- Contributing to East Midlands Outline Business Case for sub national Secure Data Environment for Research which is planned to include commercialisation models. In the Data Saves Lives Strategy, NHS England (NHSE) committed to implementing Secure Data Environments as the default way to access NHS health and social care data for research and analysis

Areas for further development

A systematic approach is needed to prioritise and plan delivery for all areas in respect of research with specific focus in following areas :

- Ensuring an appropriate skill mix at board-level and across registered professional leads to promote research, support, collaboration and ensure reporting and accountability, including against the research metrics when in use.
- Ensuring research across local systems addresses ICB's health and care priorities
- Systematically using research evidence, including making evidence accessible to decision makers
- Ensuring the research workforce is recognised in workforce planning and time for research is included in modelling for healthcare staff
- Include a focus on the requirement to support research and innovation and attracting investment into the region for wider social and economic development.

Duty to promote education and training

Summary Requirement

JFPs must set out how ICBs intend to discharge their duty in relation to education and training.³ The JFP provides an opportunity to articulate how education and training plans relate to wider actions in their workforce plans to deliver the recovery, reform, and resilience of services in the short (1-2 years), medium (3-5 years) and long-term,

Derby and Derbyshire position

We have programmes in place to provide statutory and continuing professional development and development for staff at organisational and system level

Individuals / groups / organisations who support delivery of this duty

- ICB Chief People Officer (CPO)
- Trust HRD's/CPO's
- Trust Education Leads
- ICB People and Culture Committee
- People Services Collaborative Delivery Board
- HRD's Group
- Workforce Development Steering Group
- NHSE Workforce, Training and Education Directorate
- Health Education England
- Derby and Derbyshire Primary Care Training Hub
- GP Task Force
- Advanced Practice Faculty
- AHP Faculty
- Pharmacy Faculty

Examples to support our compliance with the duties

- ePMO report on Workforce Development work programme
- Returns to NHSE and HEE giving assurance on how investment for workforce development and CPD has been utilised.
- Training offers on organisations intranets
- We have aligned and agreed the 11 mandatory subjects to reflect the CSTF across the four NHS organisations. This will support staff movement across the system, reduce duplication of training thus saving time and training costs, and allow benchmarking of compliance.
- Derbyshire Advanced Practice Strategy
- Pharmacy Workforce Strategy

Duty to promote education and training

Improvement aims

- Use and deployment of alternative roles such as Acute Care Practitioners, Physicians Associates, Nursing Associates and non-medical prescribers to provide resilience and additional support into multidisciplinary teams
- Opportunities for more local recruitment 'growing our own' e.g. apprenticeships, nurse associates etc.
- Prioritisation of investment in training and development in prevention, personalisation, PHM and health inequalities
- Developing digital skills amongst the workforce to embrace the changing digital technology in healthcare and virtual wards including increased simulation training in undergraduate programme for healthcare professionals, virtual placements and working with HEIs to embed genomic within programmes
- Expanding clinical placement capacity across all professional groups to meet future workforce demand and corresponding development of our educator workforce
- Developing the Derbyshire Academy which will help to make transparent our workforce and education workstreams and governance and enable us to engage more with educational stakeholders within our faculties to deliver flexibly and timely education programmes for now and the future
- System co-ordination of our apprenticeship levy to support growing our current and future workforce into new roles and through upskilling to work differently. Also expand on our levy gifting to PVI to support the development of the workforce including leadership, Nursing Associates, Pharmacy Technicians and Care support workers
- Combined leadership training to promote aligned cultures and values over time

Development plans

Developing the Derbyshire Academy which will help to make transparent our workforce and education workstreams and governance and enable us to engage more with educational stakeholders within our faculties to deliver flexibly and timely education programmes for now and the future.

System co-ordination of our apprenticeship levy to support growing our current and future workforce into new roles and through upskilling to work differently. Also expand on our levy gifting to PVI to support the development of the workforce including leadership, Nursing Associates, Pharmacy Technicians and Care support workers.

Duty as to climate change

Summary Requirement

JFPs must set out how ICBs intend to discharge their duty in relation to mitigating the impact of Climate change. The JFP should describe how the ICB and its partner trusts will deliver against the targets and actions in the Delivering a Net Zero NHS report.

How the duties are currently complied with

The Joined Up Care Derbyshire ICS Green Plan for 2022 to 2025 sets out our response to the above, by establishing the system-level strategy for sustainability at Joined Up Care Derbyshire ICS. It presents our regional-level carbon footprint data and outlines our commitment to sustainability. It summarises our organisation-level Green Plans, including our carbon hotspots and the sustainability strategies employed to address them. Organisations across the Derbyshire ICP stand ready to tackle the causes of climate change and are collectively committed to improving our sustainability credentials. Our Green Plan provides the framework and pathway to embed sustainability at an ICS level and delivering these partnership actions, alongside individual organisational commitments, must be a shared priority.

Individuals / groups / organisations who support delivery of this duty

- Executive Director of Corporate Affairs
- Head of Governance
- NHS Provider Sustainability Leads
- NHS Midlands Greener Board/ Derbyshire ICS Greener Delivery Group

Reports

- Quarterly Review Meetings are undertaken with the ICB and NHS Midlands.
- Monthly Highlight Reports are reported to NHS Midlands Green Team.
- Quarterly Data Collections are reported to NHS England.
- The Net Zero/ Green agenda is reported to the ICB Audit and Governance Committee and to the ICB Board.
- The Derbyshire ICS Green Plan was approved by the Derbyshire Provider NHS Boards and the ICB Board.

Duty as to climate change

Current aims, progress and challenges

The Net Zero NHSE National and NHS Midlands regional Priorities are set out in annual Memorandum of Understandings. The ICS is required to achieve the National Targets and Regional Targets. Specific workstream areas of progress and development are Medicines, Travel and Transport, Supply Chain and Procurement, Estates and Facilities, Data and Digital Transformation and Primary Care.

Estates and Facilities

- The Local Estates Forum have established a Derbyshire ICS Estates Working Group which meets quarterly, this reports to the Derbyshire Estates Forum.

Medicines

- Green Inhalers Footprint has reduced by 9% and continues to reduce. Work is ongoing to switch to Salamol and significant downward trend is expected to continue.
- Developing a Primary and Secondary campaign for patients to educate and promote the switch to first-line use of dry powder inhalers (DPIs)
- Potential recycling scheme consideration once toolkit is available from Leicestershire pilot scheme
- Desflurane – CRH usage is intermittent depending on individual clinical practice. Continuing engagement with Consultant anaesthetist colleagues to review position
- UHDB have a general consensus to remove desflurane in all but a few theatres - this should reduce usage to <5%

Procurement and Supply Chain

- Development Walking Aid scheme in DCHS.
- CO2 Analysis report undertaken across the Derbyshire Trusts and action plan in place.

Travel and Transport

- Development of Liftshare Scheme agreed for 2 years. A Working Group has been established and meets fortnightly to implement the scheme with a proposed launch date of 1st April 2023. A Liftshare Policy is in development for the Derbyshire ICS and a communication campaign is in development as part of the project working group.
- Continue to pursue inclusion in EV charging infrastructure, and continued discussions at ICS level regarding the potential to develop shared EV infrastructure and functions.

Implementation of an Air Quality Project in Derbyshire and working with 2 schools in Derbyshire.

- Engage special schools in impactful programmes to improve air quality. Reducing vehicle idling- where cars leave their engines running when stationary, is a strategy which may have a dramatic impact on air quality which is highly relevant to schools which rely heavily on vehicle transport.

Data and Digital Transformation

- Building a network of accountable trans-departmental figures to investigate, monitor, and collate carbon data associated with the ICS's activities.
- Collectively utilise and share digital platforms and applications to increase the efficiency of working practices and care.
- Development of an ICS-wide forum for discipline-specific collaborative professional networks.

Primary Care Development

The ICB Medicines Management Team are working with Primary Care Network Pharmacy Teams delivering training sessions and 'drop in' training to Practice Nurses, GP's and Practices staff to promote the switch of high carbon inhalers to low carbon alternatives. Respiratory newsletters are published and distributed to all General Practices. A communications campaign is in development for Primary Care and Secondary Care to engage with staff and patients on the switch to green alternative inhalers.

The Derbyshire ICS Green Delivery Group have identified Medicines and General Practice workstream leads on the membership. The NHSE Midlands Green Team have established a Primary Care Development Working Group and developed a Primary Care Practice Toolkit and will support the ICB in the development of Primary care and the implementation of their Green Plans.

Risks and Issues

Estates and Facilities

- A Net Zero/ Green Quality Impact assessment is to be developed to support all business cases and programmes within Derbyshire.
- Any projects undertaken prior to publication of the Standards will not comply. Current projects include an evaluation of decarbonisation / net-zero.
- Available capital investment to support projects.

Medicines

Greener Inhalers:

- Lack of capacity in ICB and General Practices/PCNs to undertake patient reviews and make switches to inhalers
- Patients may not always be willing to switch inhalers especially if their condition is well-controlled
- Inhaler recycling scheme is not currently available nationally, the ICB are proposing to develop a local scheme.

Medical Gases

- Anaesthetic machines are connected to piped nitrous oxide and alarmed if pressure drops. Need to understand how they will respond to cylinders.
- Some areas at UHDB may remain on piped nitrous oxide due to risk of running-out mid-procedure where it's clinically indicated
- Supply chain of nitrous oxide cylinders are unknown.
- Travel and Transport
- Derbyshire does not currently have sufficient charging infrastructure at sites for all fleet vehicles to LEV/ULEVs

Addressing the particular needs of children and young people

Summary Requirement

JFPs must set out the steps ICBs intend to take to address the specific needs of children and young people. The JFP provides an opportunity to set out how the physical and mental health of children and young people will be improved by joining up services within the NHS and across public health, social care and education over the next five years. It is also an opportunity to set out how inequalities will be tackled and improvements will be targeted across different groups of children and young people.

Individuals / groups / organisations who support delivery of this duty

The ICB's Chief Nursing Officer and Deputy Chief Executive is the Executive Lead for Children and Young People and Special Educational Needs and/or Disabilities (SEND). The ICB's SRO is the Director of Quality. This duty is delivered through oversight within the Integrated Care System through the Children and Young People's Delivery Board (CYPDB).

How we currently meet the needs

With regards to our statutory duties

The Board acknowledges the links across the wider system governance including: The Paediatric Expert Advisory Forums for Planned and Urgent Care which is clinically led and accountable via clinical governance, The Mental Health, Learning Disability, Autism and Childrens System Delivery Board (MHLDACYPDB), Derby City and Derbyshire County Council Health and Wellbeing Boards including SEND governance and safeguarding partnerships. Derby and Derbyshire Safeguarding Children Partnership and the Adult Safeguarding Boards.

The CYPDB is an active partner in these groups and boards strategically and the ICB operational leads are key contributors to the delivery of their plans.

With regards to joined up services

We have in place jointly commissioned services, these arrangements work well, and relationships are well established with our partners across the NHS, public health, social care and education colleagues. We have wider ambitions and plans build on the foundations created in these existing relationships.

With regards to tackling inequalities, transitions and life course approach

We have embraced the Core20PLUS5 approach for children and young people and this is embedded in our strategy and plans. Our latest Children and Young People's Transformation Programme - System Delivery Tracker indicates our plans are on track. This includes a focus on transitions. Our approach to transformation and change always is from the perspective of whole pathways across the system and through to adulthood ensuring we adopt all age pathways where this is possible and where it isn't that transition into adult services will be seamless.

With regards to how we co-produce and engage children, young people and their families

Co-production and engagement is embedded in our approach.

The attached document and appendices gives further details (see final line on next page)



Microsoft Word
Document

Addressing the particular needs of children and young people

Further development requirements

In considering our priorities for the next 5 years the CYPDB have considered national policy context via the NHS Long term plan and locally our Derby and Derbyshire Integrated Care Strategy Framework.

Our plans

- We have a clear co-produced vision and our plans and priorities are based on outcomes.
- Broadly our CYPDB plans cross three core areas: Delivering our statutory duties and those duties required of us from other from other Boards, Ensuring we deliver our national performance targets and finance targets (as submitted in the ICB's wider operational and financial information within the remit of the NHS Planning submission) Delivering Transformation change aligned to our vision and JUCD's ambition.
- Need to mitigate the risks linked to staff wellbeing, recruitment and retention, through a separate CYP Workforce programme and with the support of Health Education England have secured a CYP Workforce planning lead.

Addressing the particular needs of victims of abuse

Summary Requirement

JFPs must set out how ICBs intend to discharge their duty to address the particular needs of victims of abuse. 'Victims of abuse' is not defined in the Act, but reference is made to victims of domestic abuse and sexual abuse, as is the need to consider child and adult victims. The plan should therefore cover these needs specifically.

Subsequent to JFP guidance being issued the PR00518 Sexual safety of NHS staff and patients letter issued by NHS England on 23 June 2023

Individuals / groups / organisations who support delivery of this duty

- ICB Assistant Directors for Safeguarding Adults and Children are members of the newly formed Derby and Derbyshire Serious violence Board and our main health providers are also members of the Board (DCHS, CRH, UHDB and DHCFT).
- ICB Assistant Directors for Safeguarding Adults and Children are members of the Derby and Derbyshire Domestic and Sexual Abuse Strategic Board.
- The ICB are required to have a Senior Responsible Officer (SRO) for ICB delivery of the duty– Brigid Stacey Chief Nurse is the Executive Lead for Safeguarding for the ICB.
- The ICB are working with our other specified Authorities to delivery on this duty as this work requires a partnership approach.

The PR00518 Sexual safety of NHS staff and patients letter issued by NHS England on 23 June 2023 asks Chief Executives of ICBs and trusts to appoint Domestic Abuse and Violence leads. In line with the information above the SRO is the Executive Lead.

It also asks for a review of policies and support: To support staff and patients who experience these crimes in the course of contact with your organisation and for organisations to sign up to the DASV Future NHS Collaboration Platform for useful resources. These actions will be undertaken.

How we currently meet the duties set out

- The Derby and Derbyshire Serious Violence Board has a number of subgroups one of which has been working on the local Strategic needs assessment which is a requirement to be produced – this is being finalised for the end of June 2023. The SNA will provide robust qualitative and quantitative population-based data, including an assessment of prevalence of abuse in our areas.
- The Serious Violence Board are also required to develop a serious violence strategy which includes a clear implementation plan on how partners will be working together to reduce serious violence / commission services etc. – an initial version has been produced but will be updated once the strategic needs assessment has been produced
- The Derby and Derbyshire Domestic abuse and sexual abuse Partnership Board and its subgroups are driving forward the DA and SA partnership actions/ requirements / strategy

Addressing the particular needs of victims of abuse

Examples to support our compliance with the duties

- Cresta Advisory have been commissioned by the Home Office to provide local area support for all Serious violence duty holders. Support offered will include workshops and bespoke support sessions for local areas. Derby and Derbyshire Serious Violence Board have been approached and are in the process of setting a meeting with Cresta Advisory in February 2023. Responsible partners will be interviewed by Cresta in the following weeks to gain a baseline assessment of where are in fulfilling this duty.
- DDICB are also key statutory partners of the Derby and Derbyshire Safeguarding Children Partnership and Derby Derbyshire Safeguarding Adult Boards and the subgroups of these boards. DDICB take an active role in driving forward the safeguarding children and adults' agendas, national and local priorities.

Areas that require further development

- DDICB are engaged in working with our partners in addressing this duty but recognise that in order to drive forward the requirements the ICB needs to be working collaboratively with our other responsible agencies/ organisations and the public.
- The ICB and its health providers need to be fully committed to the strategic boards and safeguarding Partnerships/ Boards and take advice and direction from the Cresta Advisory Team on areas that the ICB and the other responsible agencies need to develop, commission, and progress.
- The ICB will need to work with responsible partners/ specified authorities to develop comprehensive training on issues relevant to the support, safeguarding of, and health inequalities, access issues faced by, victims of abuse, and dealing with early harmful behaviours and perpetrators.
- The ICB will need to work with responsible partners in commissioning services that specifically address the needs of victims of abuse within existing funding allocation and focus on early intervention and prevention

The ICB will work alongside responsible partners need to focus on lived experience and involve local stakeholders, people and communities, to identify need and priorities and help inform commissioning and service design decisions including prevention services.

Other pertinent information

- Clear lines of accountability and governance need to be clearly defined and methods of measuring impact need to be developed.
- The Serious Violence Board have now received the feedback from the Cresta Advisory service and will be addressing the recommendations made by the service to ensure that we are implementing the serious violence duty.
- The Domestic Abuse and sexual violence Strategic Board have produced a Derby and Derbyshire Domestic abuse and Sexual abuse strategy – 2023-2026 which will help focus and drive forward this agenda
- The ICB continue to remain highly committed alongside its other statutory partners in driving forward the adult and children safeguarding priorities

**Further information on the
issues systems are
encouraged to consider within
the guidance**

Summary Opportunity

The JFP provides an opportunity to plan for how the ICB and its partner trusts will work with partners in adult social care, local government, the VCSE sector and local volunteers to support and empower the 'one workforce' to make the local area a better place to live and work, as set out in Building strong integrated care systems everywhere: guidance on the ICS people function (2021).

Vision

The vision for the JUCD workforce is:

“Anyone working in health and care within Derby and Derbyshire feels part of one workforce which is focused on enabling our population to have the best start in life, to stay well and age well and die well. Our workforce will feel valued, supported and encouraged to be the best they can be and to achieve the goals that matter to them wherever they work in the system.”

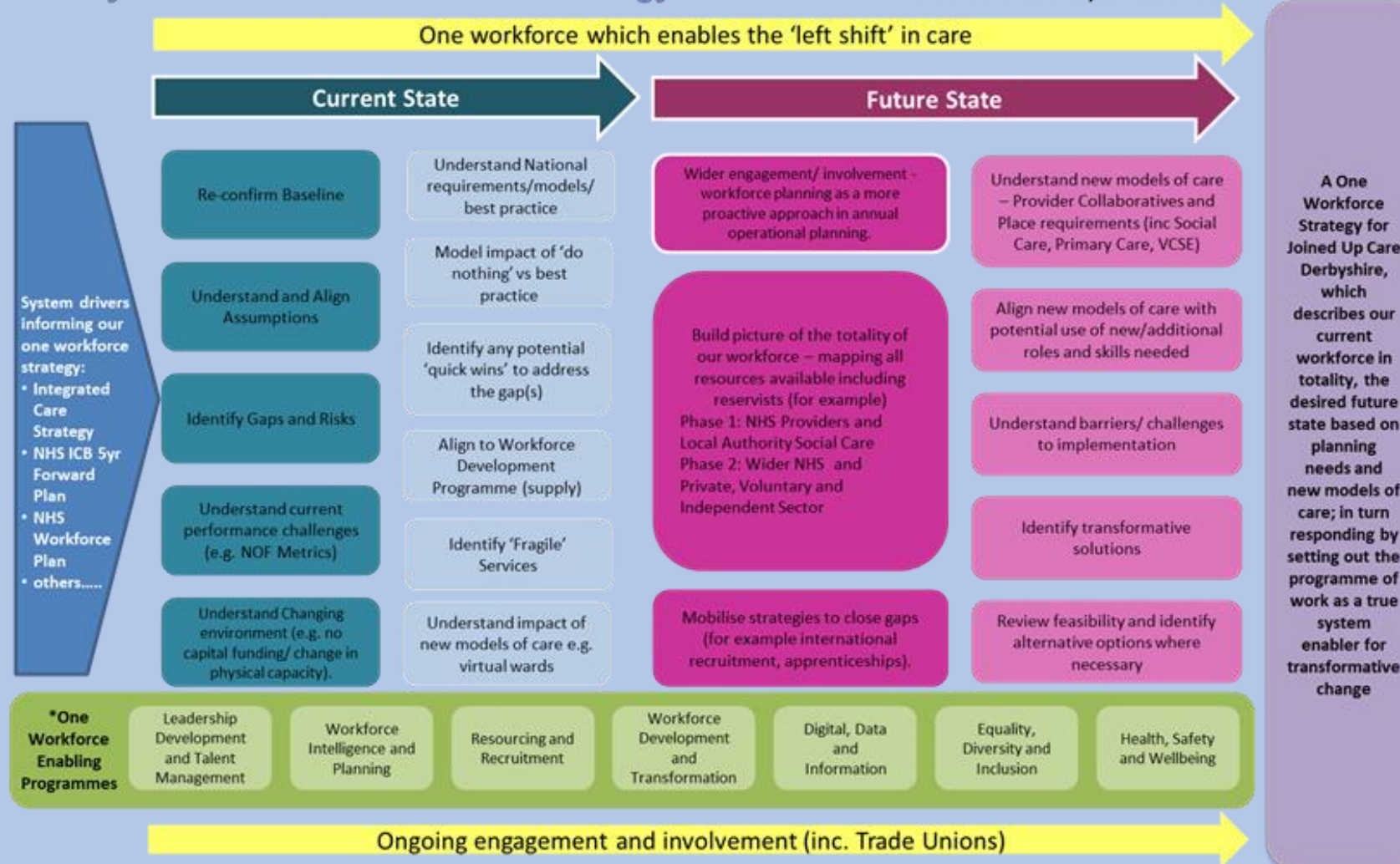
Key enablers to achieving the vision include

- A single point of access for new recruits, with a “no wrong door” approach to seeing people as a system asset, to be deployed wherever their skills fit best
- An integrated system rather than organisational approach to assessing workforce supply requirements
- Unified approach to leadership and talent development and organisational development (OD)
- An inclusive talent approach as the driver for recruitment and development
- Consistency of People Services offers, regardless of employing organisation - “One People Service across all places”
- Use of technology to enable ease of movement between organisations and reduce non value adding processes
- Clearer sense of common purpose and agreement on priorities for where we can work together, share resources
- Prioritisation of investment in training and development in prevention, personalisation and health inequalities
- Current areas of focus therefore include delivering the conditions that will enable a JUCD ‘one workforce’ spanning health and local authority organisations; leadership development at a system level; the Joined Up Careers initiative; and the ‘Quality Conversations’ training programme which develops a strength based, personalised care mindset for health and care staff.

Framework for developing the JUCD 'One Workforce' Strategy

Framework for Developing the Joined Up Care Derbyshire ICS 'One Workforce' Strategy

* Our current 7 areas of focus will be reviewed and to ensure alignment with the key areas of the one workforce strategy which are relevant to the system as a whole



People Services Collaborative

The scope of the Collaborative covers People Services functions in the four providers and the ICB, VCSE, County and City Councils, GP Alliance have open invitations to participate in initiatives which are of interest to them. It has the following strategic objectives;

- To deliver the 10 People functions for an ICS
- To enable the ICS to develop a “One Workforce” approach
- To increase productivity and achieve efficiencies through delivering services at scale
- To improve quality and performance through sharing and spreading good practice and innovation

Workforce priorities

The JUCD HRDs have agreed the following priorities:

1. Improving workforce supply, which includes reducing absence, improving retention, reducing vacancies and improving workforce optimisation
2. Managing our pay costs to plan, which includes reducing the cost of temporary staffing, especially agency costs
3. Agreeing and delivering a plan on scaling of people services and digital transformation, which are key enablers to the above

Work is currently underway to map the People Services programmes of work to the priorities and develop them further, including more granular objectives and scaling options.

Summary Opportunity

Digital transformation is an integral part of ICS planning. The JFP is an opportunity to set out how the local system will digitise services, connect them to support integration and, through these foundations, enable service transformation. This will enable new ways of working that can increase efficiency, improve patient experience and outcomes, plus reduce workforce burdens, and help to address health inequalities.

Our digital and data aims, and delivery priorities will support and enable the JUCD System to realise strategic aims and desired population outcomes through:

- The ability to share citizen/ patient information to support care delivery across health and social care, including;
 - Derbyshire Shared Care Record (DSCR). The deployment of the DSCR will be expanded to include hospices, care homes, community pharmacies and other commissioned health and social care providers. The DSCR provides clinicians and professionals with the most up to date patient/ citizen information to support the delivery of optimal care
 - Front line digitisation; Electronic Patient Record (ePR). To enable collaborative working, faster care, pathway redesign, reduced clinical risk and population health management a new ePR will be deployed across our acute hospitals
 - Digitising in Social Care (DiSC) – including the implementation of digital social care records for care homes and domiciliary care providers, technology to support falls prevention, and other technology to enable citizens to be supported in the place they call home
 - Integration of data and information to support East Midlands Ambulance Service triage and on scene care delivery
- A data architecture to enable population health management to be embedded across the system to inform service planning and delivery. The ambition is to create a holistic view of citizens that incorporates wider determinants of health to improve physical and mental health outcomes
- Digitally enabled care delivery, using tools and technology to improve citizen's knowledge and understanding, and enable them to take greater control of their health and care
- Digital and data innovation to support technology enabled care pathways to augment care delivery, efficiency, and citizen/ patient/ staff experience
- Digitisation of the wider health and social care economy to improve care, and opportunity for future interoperability and data sharing
- Supporting and developing our citizens and workforce in the use and adoption of digital services
- Ensuring an inequity is not created for those that are impacted. As we push our 'digital by default' vision we must ensure an inequity is not created for those that are impacted by the following barriers:
 - access issues
 - equipment, broadband connectivity, wifi, affordable data packages

This activity will be informed and prioritised through a systemic use of the nationally mandated and benchmarked 'Digital Maturity Assessment' and 'What Good Looks Like' tools.

Please refer to JUCD Digital and Data Strategy <https://joinedupcarederbyshire.co.uk/download/digital-data-strategy>

Summary Opportunity

The JFP provides an opportunity to set out the steps ICBs and their partner trusts will take to create stronger, greener buildings, enable smarter, better health and care infrastructure, and use system resources fairly and more efficiently. Estates encompasses physical infrastructure, digital and large-scale equipment, and is critical to the successful delivery of high-quality, safe health and care.

By having the right kind of environments we can help to tackle health inequalities, promote a sense of wellbeing from being in well-designed spaces, reduce the carbon footprint involved in constructing, running and maintaining buildings, and ensure we are meeting our targets on sustainability.

The estate is a key enabler in delivery of the NHS Long-Term Plan; helping the System to transform by optimising the use of the estate, which can adapt to changing service models, and promote co-location and multiple occupancy of buildings with patient, people, places and partnerships as key drivers.

The main priorities for the Estates Strategy are:

- Transform places and services - prioritise & maximise the use of the best quality estate, which is modern, agile and fit for purpose to support patient care
- A smaller better, greener public estate - Create an estate which is more efficient, effective and sustainable through optimisation
- Partnership approach - Work with our partners to strengthen collaboration and benefit from multi agency working

The above priorities need to incorporate an equitable focus on primary care estate.

The missions are as follows:

Mission One	<i>Transform places and services</i>	To prioritise & maximise the use of the best quality estate which is modern, agile and fit for purpose to support patient care
Mission Two	<i>A smaller better, greener public estate</i>	Create an estate which is more efficient, effective and sustainable through optimisation
Mission Three	<i>Partnership approach</i>	Work with our partners to strengthen collaboration and benefit from multi agency working

Procurement/supply chain

Summary Opportunity

The JFP provides an opportunity to set out the approach to all common procurement activities across ICBs and their partner trusts (excluding those reserved to the ICB as a commissioner in accordance with the forthcoming provider selection regime and existing rules up to that time).

NHS Arden & GEM CSU offer advice and guidance to the ICB regarding compliance with legislative requirements including the Procurement, Patient Choice & Competition Regulations (2) 2013 (Clinical spend only) and the Public Contract Regulations 2015 (Clinical and Non-Clinical spend).

The same will continue as and when the Provider Selection Regime (Clinical only) comes into effect in 2023. This advice and guidance is offered verbally and in writing via formal advice papers or emails in response to queries raised. Risks and non-compliance are recorded in monthly highlight reports and reported to Governance Committee.

NHS wide policies - The procurement team ensures on-going best practice and legislative compliance is incorporated into procurement processes, this includes Modern Slavery and the Green Agenda. These are primarily covered in the Qualification envelope which focuses on legislative compliance but Social Value and the Green Agenda are also included in Technical envelope / Service delivery questions which focus more on the 'how' element of service delivery and the benefits that brings to Derbyshire.

Technology / System - The CSU use the Atamis procurement system which is now used across the NHS. This system also facilitates spend analytics, contract management database as well as a tender management tool. All procurements going forward will be undertaken using the Atamis procurement platform.

Governance - Following a procurement process the outcome report is sent to the Commissioner to progress through the relevant authorising committee in line with ICB governance process and procedures. The CSU only moves forward once the appropriate approval is obtained. This also applies to pre-procurement and ensuring commissioners have appropriate approval to proceed.

Reporting - Progress on procurement activity and pipeline transition is reported to the ICB on a monthly basis via the Procurement Highlight Report. Category Management - AGEM CSU is currently implementing a category management approach for its clinical procurement portfolio. This will ensure in-depth market knowledge and best practice is incorporated during the pre-procurement stage thus increasing the quality of the procurement and success factor from the early stages. Where there is scope to consider joint-procurements / collaboration with the wider NHS system such as other ICB partners this will be explored.

Plans - The East Midlands Joint Commissioning Committee for delegated functions will consider opportunities in the coming year, with further exploration of opportunities for joint commissioning.

Population Health Management

Summary Opportunity

The JFP provides an opportunity to set out how the ICB and its partner trusts are supporting the implementation of a population health management (PHM) approach that puts data-driven decisions at the centre of the transformation of health and care services. The JFP presents a valuable opportunity for all levels of the system to build on existing ways of working to better use data and insights to identify, understand and mitigate the causes of health inequalities in communities through the development of preventative population-based care model design.

Please refer to Section 3 of the Derby and Derbyshire NHS Plan

System Development

**Summary
Opportunity**

The JFP provides an opportunity to build on previous system development plans to outline the ICB’s development journey from establishment into a mature, thriving, learning system. As systems mature and relationships strengthen, the system architecture will evolve and the JFP provides the opportunity for ICBs to articulate how their system will develop over time to meet the strategic goals of the system and all partners.

System development is a key, underlying element of the Derby and Derbyshire NHS Plan. **Please refer to the main document.**

Supporting wider social and economic development

Summary Opportunity

The JFP provides an opportunity to describe how ICBs and their partner trusts will work with other partners across their system to address local social, environmental and economic conditions, which impact on health and wellbeing outcomes. This includes identifying how the NHS's assets can be deployed in a way that maximises the generation of wider social, environmental and economic benefits through investment in healthcare delivery.

Derby/ Derbyshire Anchor Partnership

The work of this partnership needs to be incorporated into the delivery plans for the JFP. The two local authorities, local NHS organisations and JUCD, Derby County Community Trust and the University of Derby are signatories to an Anchor Charter, and together with Rolls Royce, are members of Derbyshire's founding Anchor Partnership.

The Partnership has agreed to initially focus its combined influence and actions on the following two impact areas:

- Workforce and access to work
- Social value in procurement

Please also refer to the **Climate change section** in this document and to the **main Derby and Derbyshire NHS Plan** for further information.