

INTEGRATED CARE PARTNERSHIP

08 February 2023

ITEM 06

Report sponsor: Chris Clayton, Chief Executive Officer, NHS Derby and Derbyshire
Report author: Chris Clayton, Chief Executive Officer, NHS Derby and Derbyshire

Update from the Integrated Care Board

Purpose

- 1.1 To update the Integrated Care Partnership (ICP) on current priorities of NHS Derby and Derbyshire Integrated Care Board (ICB) and broader policy matters affecting the NHS.

Recommendation(s)

- 2.1 The ICP is requested to receive the report for information and assurance.

Reasons

- 3.1 The ICB is a key partner within the ICP and matters affecting policy or performance will have implications for local service delivery. The report aims to keep ICP members sighted on relevant matters, to inform the broader discussion.

Supporting information

4.1 [NHS England 2023/24 priorities and operational planning guidance](#)

NHS England's 2023/24 priorities and operation planning guidance reconfirms the ongoing need to recover core services and improve productivity, make progress in delivering the key Long Term Plan ambitions and continue to transform the NHS for the future. Further technical guidance and templates are expected soon and we are reviewing the detail to inform the system's response. Below are links to the other items shared alongside the planning guidance:

- [Commissioning for quality and innovation: 2023/24 guidance](#)
- [NHS Payment Scheme consultation \(closes Friday 27 January\)](#)
- [NHS Standard Contract 2023/24 consultation \(closes Friday 27 January\)](#).

In addition, NHS England has issued guidance on the preparation of the ICB's [Joint Forward Plan](#) (JFP). As a minimum, the JFP should describe how the ICB and its partner NHS trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. This should include the delivery of universal NHS commitments, address ICSs' four core purposes and meet legal requirements

ICBs and their partner trusts have a duty to prepare a first JFP before the start of the financial year 2023/23 – i.e. by 1 April. For this first year, however, NHS England is to specify that the date for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Well-being Boards (HWBs), is 30 June 2023.

Three principles describing the JFP's nature and function have been co-developed with ICBs, trusts and national organisations representing local authorities and other system partners.

Principle 1: Fully aligned with the wider system partnership's ambitions.

Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.

Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate.

The ICB will provide further updates and opportunities for engagement in the production on the JFP in due course, and this plan will align with the integrated care strategy priorities.

4.2 **Hewitt Review**

The government has announced through the Chancellor's autumn statement that a new independent review into oversight of Integrated Care Systems (ICSs) to reduce disparities and improve health outcomes across the country, will be completed. The review is being led by former Health Secretary the Rt Hon Patricia Hewitt who is currently Chair of NHS Norfolk & Waveney Integrated Care Board, and is exploring how to empower local leaders to focus on improving outcomes for their populations.

The review is considering how the oversight and governance of integrated care systems (ICSs) can best enable them to succeed, balancing greater autonomy and robust accountability with a particular focus on real time data shared digitally with the Department of Health and Social Care, and on the availability and use of data across the health and care system for transparency and improvement. It will cover ICSs in England and the NHS targets and priorities for which integrated care boards (ICBs) are accountable, including those set out in the government's mandate to NHS England.

In particular it will consider and make recommendations on:

- how to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending
- the scope and options for a significantly smaller number of national targets for which NHS ICBs should be both held accountable for and supported to improve by NHS England and other national bodies, alongside local priorities reflecting the particular needs of communities
- how the role of the Care Quality Commission (CQC) can be enhanced in system oversight

The review will report to the Secretary of State for Health and Social Care, with a first draft by 31 January 2023 and a final report by no later than 15 March 2023.

4.3 Addressing inequalities in mental health care

Two population groups have been identified by the Mental Health, Learning Disability and Autism Delivery Board for focus of local efforts to reduce inequalities in mental health care. This includes people who are Deaf and those from a Black background, given the multiple barriers and poorer outcomes faced by people in these communities. The Delivery Board has discussed plans to undertake a Health Needs Assessment (HNA) to better understand the mental health needs of Black and Deaf communities in Derby and Derbyshire. This work will also seek to access a range of data and information relating to the population of Derby and Derbyshire and their access to, use of and outcomes from community and mental health services. This will include whether there are differences in access, use and outcomes in Black and Deaf communities.

The HNA will also engage with people in these communities to understand views and experiences relating to mental health and mental health care. This will include drawing on the expertise of local community and voluntary services. The intention is for the process to result in tangible recommendations for change, the delivery of which will reduce inequalities in mental health in these priority populations. This will build on the event held with the Deaf community this summer to understand issues and challenges.

4.4 Industrial action winter 2023

A number of NHS trade unions in England have balloted their NHS members to take part in industrial action. As a result, members of the GMB and UNISON (ambulance staff) took part in industrial action on 11 January 2023, members of the Royal College of Nursing on 18 and 19 January 2023, members of UNISON (ambulance staff) on 23 January 2023 and members from the Chartered Society of Physiotherapy on 26 January 2023. Further dates are planned into February and

March. The system has continued to make fully collaborative preparations for the periods of industrial action.

4.5 **Working Together to Reduce Ambulance Delays**

East Midlands Ambulance Service (EMAS) in collaboration with Derby and Derbyshire Integrated Care Board (DDICB), University Hospitals of Derby and Burton (UHDB), Derbyshire Health United (DHU), Derbyshire Community Health Services (DCHS) and Derby and Derbyshire Adult Social Care joined forces recently to take part in a 'Rapid Improvement Fortnight', to explore whether a 'Single Point of Contact' could assist with reducing ambulance delays.

The aim was to reduce ambulance conveyances to A&E where an better alternative was available. Alternatives would include hospital wards and services such as Medical Assessment Units (MAU), Surgical Assessment Units (SAU), Same Day Emergency Care (SDEC), on site and community Urgent Treatment Centres (UTC), Nursing and Occupational Therapy Teams and Primary Care, among others. The initiative involved setting up a Single Point of Contact for any clinician to call to get support in finding alternative locations for conveyance.

It was found that during this period, despite EMAS dealing with a similar number of incidents as normal, and the number of calls being assessed for conveyance being similar, handover delays reduced by up to 50% and lost hours, i.e., the hours ambulances wait with patients waiting for handover to an Emergency Department (ED), went from being between 200-400 hours to between 18-45 hours, indicating that the Single Point of Contact had a huge impact.

In addition, the Single Point of Contact team found that with the support of different teams across Derbyshire, it was possible to greatly improve the chance of positive outcomes for patients over 70 – who make up 56% of normal ambulance conveyances to ED - by ensuring they were put on a more appropriate pathway than ending up at the ED.

More information on this project is available in the [January edition of the Joined Up Care Derbyshire newsletter](#), which contains a wide range of information about other partnership initiatives taking place across Derby and Derbyshire.

4.6 **Recognising the work of system health and care staff**

The pressure being faced by the NHS and our partners in social care is well-publicised at a local and national level, and reports elsewhere on the ICB Board agenda reflect the detail that lies behind that with Derby and Derbyshire. What is more difficult to reflect is the significant effort that our staff across health and care continue to make to ensure our citizens receive the best possible care at this time.

As well as being employees of health or care organisations, our staff are also often patients themselves, or carers of family members or friends who use our services, and members of the public in the broadest sense. We mustn't forget that our staff are human, have limits to their endeavours the same as everyone in society, and are affected by the same illnesses and challenges of life that affect us all. It is in this context that it is all-the-more necessary to thank everyone who continues to work across our system to support our citizens, whilst at the same time juggling the challenges of everyday life. The efforts are fully recognised, we are very grateful and we must continue to ensure we look after our teams through this prolonged period of challenge for the health and care system.

- 4.7 ICB Board meetings take place in public bi-monthly. They are held on Microsoft Teams and streamed live via YouTube. To read papers for the meetings and to access the link to watch the meeting, please [visit the ICB's website](#).
- 4.8 **Other Items of Interest**
[NHS expands mental health crisis services this winter](#) – 8 December 2022
[Thousands of beds taken up every day as NHS contends with 'perfect storm' of winter pressures](#) – 1 December 2022
[NHS delivers on winter plan as system control centres go live](#) – 1 December 2022
[NHS launches NHS 111 online campaign ahead of winter](#) – 24 November 2022
[NHS cuts 18-month waits as staff contend with busiest October ever](#) – 10 November 2022
[NHS catching more cancers earlier than ever before](#) – 10 November 2022

Public/stakeholder engagement

- 5.1 The ICB is continuing to define the role of its Public Partnership Committee, which will oversee assurance on the delivery of our Engagement Strategy. This involves partnership working with a range of organisations across the health and care system.

Other options

- 6.1 None arising from this report.

Financial and value for money issues

- 7.1 None arising from this report.

Legal implications

- 8.1 None arising from this report.

Climate implications

- 9.1 None arising from this report.

Socio-Economic implications

- 10.1 None arising from this report.

Other significant implications

11.1 None arising from this report.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal		
Finance		
Service Director(s)		
Report sponsor	Chris Clayton, ICB CEO	31/01/2023
Other(s)		

Background papers:

List of appendices: