HEALTH AND WELLBEING BOARD 19th March 2020



Report sponsor: Vikki Taylor, Derbyshire STP

ITEM 07

Director

Report author: Sukhi Mahil, Derbyshire STP

Deputy Director

Joined Up Care Derbyshire Integrated Care System Update

Purpose

- 1.1 To provide an update to the Health and Wellbeing Board (HWB) on the progress being made in Derbyshire in the transition from a Sustainability and Transformation Partnership (STP) towards the establishment of an Integrated Care System (ICS).
- 1.2 We are required to be operational as an ICS as of 1st April 2021.

Recommendation

2.1 To receive the update provided and note the progress being made.

Reason(s)

3.1 The report is presented for assurance and information that the Derbyshire STP is preparing appropriately for its transition to an ICS.

Supporting information

- 4.1 As a local system we are required to have a formal ICS in place by 1st April 2021.
- 4.2 As previously updated to the HWB, our intention is to have a Shadow Integrated Care System incorporating shadow Integrated Care System Partnership Board and shadow Integrated Care Partnerships in place by April 2020.
- 4.3 We previously reported that we would move from a shadow ICS to a formal ICS in April 2021. It is now anticipated that this will be brought forward to September 2020. The details for this process have not yet been provided.
- 4.4 The formal Integrated Care System will incorporate:
 - Integrated Care System Partnership Board
 - Joint Strategic Commissioner
 - Integrated Care Partnerships (ICPs).

- 4.5 Work is ongoing to consider the governance arrangements necessary to effectively oversee the ICS.
- 4.6 As outlined at the last HWB, we are proposing four geographical ICPs:
 - Chesterfield, North East Derbyshire and Bolsover
 - Derby City
 - South Derbyshire, Amber Valley and Erewash
 - Derbyshire Dales and High Peak.
- 4.7 Appendix 1 provides an overview of the ICS structure and 'job cards' for its component parts.
- 4.8 The key next steps are outlined below:
 - 1. Approve Recommendations
 - a. Refine recommendations based on feedback from Reference Group and session on 9 March
 - b. Approval by JUCD Board on 19 March 2020.
 - 2. Strategy and Planning
 - a. Agree 2020/21 Operational Plan including Priorities (April 2020)
 - b. Review strategy to encompass Population Health Management, Health of the Population and NHS as an Anchor Institution (September 2020) and 3-5 year priorities (September 2020).
 - 3. System Architecture and Processes
 - a. Appoint to ICP leadership roles (March 2020)
 - b. ICPs established (April 2020)
 - c. System Effectiveness Development Plan (May 2020)
 - d. Appoint to ICS roles (June 2020)
 - e. Review Performance Management Processes (June 2020) and System Planning Process (September 2020)
 - f. Review communications and engagement strategies (June 2020)
 - g. Statutory boards to consider how they can work to support the system approach and what changes they need to be considering in the way they work (July 2020)
 - h. Refine ICP Operating Framework (March September 2020).
 - 4. Establish JUCD Shadow ICS Board
 - a. Approve Shadow Integrated Care Partnership Board ToR with alternate monthly public meetings and workshop/OD meetings other months
 - b. Strengthened CPRG (March 2020) and Voluntary Sector Council (June 2020)
 - c. Review system reporting to Board (June 2020)
 - d. Timetable for Board Effectiveness Assurance (July 2020).

4.9 Further detail on key elements of progress to-date and proposed developments will be presented at the Board.

Public/stakeholder engagement

5.1 A range of key stakeholders and meetings have taken, and continue to be held, in the ongoing progress towards an ICS.

Other options

6.1 None.

Financial and value for money issues

7.1 The development of an ICS is expected to support delivery of value and effective use of resource.

Legal implications

8.1 None.

Other significant implications

9.1 None.

This report has been approved by the following people:

| Role | Name | Date of sign-off |
|---------------------|---------------------------------------|------------------|
| Legal | | |
| Finance | | |
| Service Director(s) | | |
| Report sponsor | Vikki Taylor, Derbyshire STP Director | 11.03.20 |
| Other(s) | • | |

Appendix 1 JUCD Integrated Care System

JUCD Integrated Care System (ICS): Job Cards Joined Up Care Derbyshire Joint Health & Wellbeing Boards trong narmership of NHS organisations, local Integrated Care councils & others Holes/hynes/ons: Edlective responsibility for System managing insources, set framework for dolivering integrator care for Integrated Care Partnerships and (Partnership Primary Care Networks, managing performance of the integrated Care System holding to account and Board) accountability to regulators Integrated Care 5 Strategic Places/Partnerships Local Ambority, CCG, Public Health, Direct U Commissioner Commissioning (Population Size Rolen/Fourtions: Define strategic outcomes 0 circa 250-400k. worth of the copulation, national best practice in G max 500k) 0 delivering care R R A T M Acute, community and mental health providers M Councils, inc social care, housing, education, E Primary Care primary care/Primary Care Networks, U Networks independent and voluntary sector (Population Size N Roles/Functions: Customise and implement care 8 C circa 30k to 50k) pathways and lead transformation programme 0 Build and maintain the "supply chain" of providers A and actively support Primary Care Networks. R 0 D 8 GP practice, community and community, mental health, social care, voluntary sector and acute (e.g. disease management) Manage resources (finance, worldorce), informatics, planning, Roles/Functions: Deliver Primary Care foot of performance management, etc. hospital services) through integrated care teams. Design care pathways, address inequalities and wider determinants of health across geographical boundaries * By this we mean -building and maintaining provision: relating to the various companent, parts in any given care gathway. This is about how all sapects come Programme Boards/ Alliances together to deliver end to end care and wellbeing which may include introduction of new aspects to build provision.