Public Document Pack

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PUBLIC

To: Members of Health and Wellbeing Board

Tuesday, 21 March 2023

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Wednesday, 29 March 2023** in Council Chamber, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

Helen E. Barrington

Helen Barrington
Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Declarations of Interest and Apologies for Absence

   To receive declarations of interest and apologies for absence (if any).

2. Minutes (Pages 1 - 4)

   To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 25 January 2023.

3. Health Inequalities and Gypsy/Traveller Communities

4. Integrated Care Strategy (Pages 5 - 46)

5. ICB 5-Year Plan Update (Pages 47 - 144)

6. Annual Section 75 Update for Commissioned Sexual Health Services (Pages 145 - 152)

7. JSNA Update (Pages 153 - 160)

8. Update on the Progress of the Joint Local Health and Wellbeing Strategy (Pages 161 - 168)

9. Update on Warm Spaces and Household Support Fund

10. Better Care Fund Outturn report and Better Care Fund Planning Submission (Pages 169 - 190)

11. Health Protection Board Update (Pages 191 - 196)

12. Health and Wellbeing Round Up (Pages 197 - 222)

13. Any Other Business

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MINUTES of a meeting of **HEALTH AND WELLBEING BOARD** held on Wednesday, 25 January 2023 at Committee Room 1, County Hall, Matlock, DE4 3AG.

PRESENT

Councillor C Hart (in the Chair)

In attendance was Councillor Froggatt, Councillor N Hoy, Councillor J Mannion-Brunt, Councillor A McKeown, Councillor J Patten, Councillor G Rhind, Councillor T Spencer, C Clayton, S Lee, J MacDonald, C Stanbrook and H Henderson.

Also in attendance was Councillor N Atkin, A Appleton, J Boyle, T Braund, C Durrant, E Houlston, H Jones, E Langton, I Little, K Monk, H Nicol, V Smyth, , and C Winder.

Apologies for absence were submitted for Councillors M Dooley and K Hanson, P Maginnis, and H McDougall, S Scott, and G Smith.

01/23 MINUTES

RESOLVED that the minutes of the meeting of the Board held on 06 October 2022 be confirmed as a correct record.

02/23 PUBLIC QUESTION

Question received from Mr Ingham:

I attended and asked two questions at the Improvement and Scrutiny Committee - Health on 16-01-23 regarding my concerns to the apparent 200 million being allocated to the NHS to secure care home places to support current hospital discharge pressures.

I'm therefore extremely interested in what is to be presented under Agenda Item 3 Looking After Our People - Derbyshire but understand this is a verbal update with no report to view.

In light of the concerning information contained in the report at Agenda Item 9 regarding Residential Care Workers in respect of pay, poverty, deprivation, group demographics and pressures (albeit based on information only up to 2020) how will the Committee factor that information against NHS plans to give those specific Council and PVI employees even more people to care for when considering Agenda Item 3 and also in the wider context and role of the Committee.

Mr Ingham would be provided with a written response to his question

as he was unable to attend the meeting.

03/23 **LOOKING AFTER OUR PEOPLE - DERBYSHIRE**

The Health and Wellbeing Board had been provided with an update on the work being produced on the Looking After Our People Mental Health & Wellbeing Hub.

Officers welcomed suggestions for further funding streams to the project and agreed to provide further detail to Board members in relation to occupational breakdowns and the numbers of individuals they had connected with. The Board offered their assistance in regard to making connections.

04/23 **UPDATE ON WARM SPACES AND HOUSEHOLD SUPPORT FUND**

The Health and Wellbeing Board had been provided with an update in regard to warm spaces within Derbyshire and the Household Support Fund.

Derbyshire County Council had asked the District and Borough Council's to provide data and insight on the health impacts of the cost of living pressures but were yet to receive the information.

The Board Members had been informed that the Household Support Fund was now in round 3 with another round of funding expected to be announced in 2024. Further information was given on the distribution of grocery and cost of living vouchers.

05/23 **HEALTH AND WELLBEING BOARD DEVELOPMENT AND ICP UPDATE**

The Health and Wellbeing Board had been asked to consider the resolutions as stated in the report.

RESOLVED to

1) Note the refreshed performance reporting arrangements for the Health and Wellbeing Board and the summary of the latest performance;

2) Note the proposed approach to developing a revised Joint Local Health and Wellbeing Strategy for Derbyshire throughout 2023 and agree nominees to the working group;

3) Note the latest update from the Integrated Care Partnership for Derby and Derbyshire;

4) Agree proposals to utilise the Derbyshire Place Partnership Board as a forum to coordinate work between the Integrated Care Partnership and the

Health and Wellbeing Board;

5) Agree nominees from the Health and Wellbeing Board to attend the Derbyshire Place Partnership Board from February 2023 onwards;

6) Provide comment and feedback on Health and Wellbeing Board role profiles which summarise the main responsibilities of Board members;

7) Agree that the Board participates in the development activity as proposed by the Local Government Association; and

8) Agree the format for development sessions for the Health and Wellbeing Board.

06/23 CARERS STRATEGY (2020 - 2025) REFRESH 2022

The Health and Wellbeing Board had been asked to endorse the Derbyshire Carers Strategy refresh 2022 and encourage all system partners to commit to the priorities and pledges of the strategy and to develop organisational delivery / action plans.

RESOLVED to

1) Endorse the Derbyshire Carers Strategy refresh 2022; and

2) Encourage all system partners to commit to the priorities and pledges of the strategy and to develop delivery / action plans.

07/23 HEALTH PROTECTION BOARD UPDATE

The Health and Wellbeing Board were provided with an update of the key messages arising from the Derbyshire Health Protection Board from its meeting on 16 December 2022.

RESOLVED to

1) Note the update report from the Health Protection Board.

08/23 HEALTHWATCH DERBYSHIRE UPDATE

The Health and Wellbeing Board were provided with an update from Healthwatch Derbyshire, including:

a) An introduction to Healthwatch Derbyshire;
b) An update on current work around GP Access;
c) Warm Space findings; and
d) To think about ways of working between Healthwatch Derbyshire and the Health and Wellbeing Board, and its partners.

RESOLVED to

1) Note and accept the report.

09/23 HEALTH AND WELLBEING ROUND UP

The Health and Wellbeing Board were provided with a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

RESOLVED to

1) Note the information contained in the round-up report.

10/23 HOUSING - STOCK CONDITION SURVEY UPDATE

The Health and Wellbeing Board had been provided with an update on Housing within the District and Boroughs of Derbyshire.

Board Members would conduct further conversations on actions that could be taken in regard to Housing; aligning with Derby City.

11/23 ANY OTHER BUSINESS

The Chairman paid tribute to Helen Jones, Executive Director Adult Social Care & Health at Derbyshire County Council, who was attending her final meeting of The Health and Wellbeing Board as she was leaving her position at the end of March 2023. Thanks were shared with Helen for her support and hard work.

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

29 March 2023
Report of the Integrated Care Partnership

Draft Derby and Derbyshire Integrated Care Strategy

1. Purpose

1.1 The Health and Wellbeing Board is asked to:

a) Note the contents of the Draft Derby and Derbyshire Integrated Care Strategy.

b) Consider any changes the Board would like to propose to the Integrated Care Partnership (ICP) regarding the content of the Draft Strategy.

c) Comment on how the Board and its partners roles in mobilising the strategy and the work plans for the Start Well, Stay Well and Age /Die Well key areas of focus.

d) Consider and discuss the implications of the Integrated Care Strategy on the development of the Joint Local Health and Wellbeing Strategy.

2. Information and Analysis

2.1 The Draft Derby and Derbyshire Integrated Care Strategy was endorsed at the ICP on 8 February 2023.

2.2 The purpose of the Derby and Derbyshire Integrated Care Strategy is to set out how Local Authority, NHS, Healthwatch, and Voluntary Sector organisations will work together to improve the health of Derby and

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Derbyshire citizens, and further the transformative change needed to tackle system health and care challenges.

2.3 The finalised Strategy will be produced for consideration by the ICP Board in April 2023. The approved version will then be published in line with national guidance, with a copy provided to each partner local authority and the Integrated Care Board.

2.4 The Strategy will not be static, the national guidance requires that Integrated Care Partnerships must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment. Therefore further versions of the Strategy will be produced and published in line with this requirement. To this end the Strategy should be regarded as a start point for assessing and improving the integration of care.

2.5 The Strategy is informed by and will complement joint strategic needs assessments (JSNAs) and joint local health and wellbeing strategies.

3. Alternative Options Considered

3.1 The Draft Strategy has already been endorsed by the ICP, so an alternative option is not presented, however the Board is asked to consider any changes the Board would like to propose to the content of the Draft Strategy.

3.2 Senior Responsible Owners covering the Start Well, Stay Well, and Age/ Die Well domains considered other options for inclusion as key areas of focus for the Strategy. The three proposals included in the Draft Strategy have been collated following these considerations.

4. Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 Formal consultation on the Strategy has not been carried out.

6. Partnership Opportunities

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6.1 The population health and care needs of Derby and Derbyshire are a fundamental driver for the Strategy. The Draft Strategy includes a summary of Joined Up Care Derbyshire (JUCD) priority outcomes and indicators, which focus on increasing life expectancy, increasing healthy life expectancy, and reducing inequalities. These are based upon development work within the system, our JSNAs and joint health and wellbeing strategies and align with outcomes included in Local Authority plans.

6.2 The Board and its partners will be critical to the success of strategy implementation, given the scope of the three Key Areas of Focus. Given the focus on prevention, early intervention and wellbeing system leads for the Key Areas of Focus will be asked to propose partnership working arrangements, as part of their mobilisation plans, and Board members are asked to comment on how this partnership working can work best.

7. Background Papers

7.1 There are no background papers

8. Appendices

8.1 Appendix 1 – Implications.
8.2 Appendix 2 – Draft Derby and Derbyshire Integrated Care Strategy

9. Recommendation(s)

That the Health and Wellbeing Board:

a) Considers any proposed changes to the content of the Draft Strategy that it would like to recommend.

b) Comments on how the Board and its partners roles in mobilising the Strategy and the work plans for the Start Well, Stay Well, and Age/Die Well Key Areas of Focus.

c) Considers and discusses the implications of the Integrated Care Strategy on the development of the Joint Local Health and Wellbeing Strategy.

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10. Reasons for Recommendation(s)

a) The Health and Wellbeing Board is a key partner for the development and mobilisation of the Integrated Care Strategy, for which the Integrated Care Partnership is the accountable body.

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Organisation: Joined Up Care Derbyshire
HWB Sponsor: Simon Stevens, Interim Executive Director Adult Social Care & Health and DASS

Appendix 1

Implications

Financial

1.1 There is a small cost to bringing in additional capacity to support production of the Strategy.

1.2 The Strategy itself will contribute to improving outcomes and care efficiently through greater integration and aligned / pooled resources.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 Opportunities to develop system-wide 'one-workforce' approaches and other key developments are enablers to the Strategy.

Equalities Impact

4.1 Reducing inequalities and maximising inclusion health and care are key aims for the strategy.

Partnerships

5.1 Partnership implications are summarised in the Draft Strategy and will be explored and developed further during mobilisation of the Key Areas of Focus.

Health and Wellbeing Strategy priorities

6.1 The Draft Integrated Care Strategy summarises links to Health and Wellbeing Strategy priorities, and the Key Areas of Focus have been developed to date in the context of health and wellbeing priorities. Further detailed work on how these priorities can be supported will be led by the Key Area of Focus Senior Responsible Owners and relevant steering forums.

Other implications

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7.1 **Patient, Public And Stakeholder Involvement** - Involvement and engagement is a key part of strategy mobilisation

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Joined Up Care
Derbyshire

Draft

Derby and Derbyshire

Integrated Care Strategy

For consideration by the ICP Board

08 February 2023

NHS

The Derbyshire VCSE sector Alliance

Derby City Council

DERBYSHIRE County Council

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Foreword

Integrated care systems provide a positive opportunity for Derby and Derbyshire residents to receive joined up care and support to meet their health and care needs.

Derby City Council and Derbyshire County Council have responsibility for a range of social care and public health functions that support our residents to live well. Our two local authorities are working alongside NHS colleagues, Healthwatch, district and borough councils and the voluntary and community sector to deliver integrated care for our residents.

The Covid pandemic and cost of living pressures have negatively impacted the health of our population in so many ways. Our budgets and services are experiencing challenges and pressures on a regular basis. Our workforce is going the extra mile every day.

Integrated care is not a solution in itself; however it does allow us to develop new ways of working, utilise new technology, maximise the skills of our precious workforce to create new opportunities to collaborate and work together. It will not be easy but there is a shared local commitment to do all we can within the resources available to do our best for Derby and Derbyshire.

Our Integrated Care Strategy summarises the first steps on the journey and describes how we will further grow and develop our shared approaches. There is huge ambition and commitment across the City and County to get this right for our communities. Delivering against the proposals in this strategy has the potential to help us provide a more preventative approach to health, tackle inequality and improve outcomes for local residents.

As Joint Chairs and Vice Chair of the Derby and Derbyshire Integrated Care Partnership we hope that you find the information useful, engaging and that it provides a clear understanding of the journey we are on and what we want to achieve by doing more together for our local populations.

Cllr Carol Hart
Cabinet Member for Health and Communities – Derbyshire County Council
Chair of the Derbyshire Health and Wellbeing Board

Cllr Roy Webb
Cabinet Member for Adults, Health and Housing – Derby City Council
Chair of the Derby Health and Wellbeing Board

John MacDonald
Chair of Derbyshire Integrated Care Board

1. Introduction

1.1 Purpose of this document

This document has been produced for consideration at the Integrated Care Partnership (ICP) Board on 8 February 2023. It is a first draft of the Derby and Derbyshire Integrated Care Strategy and builds on the Framework Document considered by ICP Board members on 7 December 2022.

The purpose of the Joined Up Care Derbyshire (JUCD) Integrated Care Strategy is to set out how Local Authority, NHS, Healthwatch, and Voluntary Sector organisations will work together to improve the health of Derby and Derbyshire citizens, and further the transformative change needed to tackle system health and care challenges.

The final draft of the Strategy will be produced for consideration by the ICP Board in April 2023. The approved version will then be published in line with national guidance, with a copy provided to each partner local authority and the Integrated Care Board.

A summary of the Strategy will also be produced to accompany the final document. This will be designed to communicate the key elements in a shorter and more simplified manner with the use of infographics and easier to understand language. It will also convey the relationship between this Strategy and other key planning documents and priorities, so that staff and citizens can see how the Integrated Care Strategy and its strategic aims align with health and wellbeing and other key strategies.

The Strategy will not be static, the national guidance requires that *Integrated care partnerships must consider revising the integrated care strategy whenever they receive a joint strategic needs assessment*. Therefore further versions of the Strategy will be produced and published in line with this requirement. To this end the Strategy should be regarded as a starting point for assessing and improving the integration of care.

1.2 Impact of this Strategy

In developing this Strategy a question consistently posed by the team leading its production has been *'what will not happen if we do not have this Strategy, what are the gaps it is seeking to fill'?*

The aim is to develop a document that describes both a high-level strategic intent and the practical steps the Derby and Derbyshire System will take together to provide care that is more integrated, and which provides better outcomes for citizens, in response to population health and care needs.

In response to the question stated above, the Integrated Care Strategy will impact in the following ways:

- **Collaboration and collective working -** The collaborative work to develop the Strategy has helped to strengthen partnership working and engagement between local authorities, the NHS, the VCSE sector and Healthwatch, that will prove beneficial beyond the remit of the Integrated Care Strategy and should act as a springboard for better collective working moving forward. In short, the way in which we are developing this Strategy is just as important as the content.

- **A joined up approach to strategic enablers** - The Strategy captures for the first time the key, enabling actions that are critical to the development of high quality and sustainable integrated care, and identifies key areas of focus to test these actions.

- **Agreement on key areas of focus to test our strategic aims and ambitions for integrated care -** The process for developing the Strategy has resulted in system-wide agreement on three key areas of focus that will help deliver key population health and service delivery outcomes, they are:

  - **Start Well** - To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness

  - **Stay Well** - To improve prevention and early intervention of the 3 main clinical causes of ill health and early death in the JUCD population - Circulatory disease, respiratory disease and cancer

  - **Age/ Die Well** - To enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations

- **Engagement -** It is critical that the improvements expected as a result of this Strategy are meaningful and impactful to citizens. The strategic approach to engagement developed by JUCD, which includes key principles and frameworks will be key to success. It sets out how we will listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The Integrated Care Strategy provides an ideal opportunity to test and further develop this approach.

1.3 National Guidance on the preparation of Integrated Care Strategies

The guidance currently available on the Gov.UK website is the same as referenced in the December 2022 Framework Document. Please refer to that document or the guidance itself (Guidance on the preparation of integrated care strategies) for further information.

Legal requirements
The legal requirements stated in the guidance are included below along with a statement on the compliance of the Draft Strategy against these requirements.

Legal requirements stated in July 2022 Guidance	Current status for Draft Strategy
The integrated care strategy must set out how the **'assessed needs' from the joint strategic needs** assessments in relation to its area are to be met by the functions of integrated care boards for its area, NHSE, or partner local authorities.	Three key areas of focus emanating from 'assessed needs' have been selected as a focus for the Strategy and to test the strategic aims and ambitions for the development of integrated care, with implementation to be overseen by the ICP. The Joint Forward Plan will describe how other 'assessed needs' will be met.

In preparing the strategy, the ICP must, in particular, consider whether the needs could be more effectively met with an arrangement under **S75** of the NHS Act 2006.	The governance arrangements for the three key areas of focus will consider S75 arrangements.
The ICP **may include a statement on better integration of health or social care services with 'health-related' services in the strategy**.	It is proposed that the wording included in this Strategy document should meet the requirement stated.
The ICP must have regard to the **NHS mandate** in preparing the strategy.	The NHS Mandate is referenced in this draft Strategy, however at the time of writing the 2023/24 Mandate has not been published. The three key areas of focus will incorporate relevant requirements of the Mandate and the Joint Forward Plan is likely to play a more substantive role in responding to the Mandate, given its broader remit and its focus on delivery.
The ICP **must involve in the preparation of the strategy: local Healthwatch organisations** whose areas coincide with or fall wholly or partly within the ICP's area; and people who live and work in the area.	Derby and Derbyshire Healthwatch organisations have been involved through the Communications and Engagement Group for the Strategy (please see **Section 6** for work to date), through their membership of the ICP Board and through separate conversations with the team leading the development of the Strategy. Moving forward Healthwatch will play a key role in the finalisation and delivery of the Strategy, for example by: • Ensuring authentic conversations with citizens help shape and drive work programmes for the key areas of focus and enabling plans • Feeding into evaluation work, ensuring the many different 'voices' of citizens are listened to when assessing progress and the impact of changes made to services.
The **ICP must publish the strategy** and give a copy to each partner local authority and each ICB that is a partner to one of those local authorities.	The final version of the Strategy (April 2023) will be published in line with the guidance.
ICPs must consider **revising the integrated care strategy whenever they receive a joint strategic needs assessment**	This will be done when new JSNAs are received and when new health and wellbeing strategies are agreed.

1.4 Aligning the Integrated Care Strategy

The Strategy will complement joint strategic needs assessments and the joint local health and wellbeing strategies. The health and wellbeing boards remain responsible for producing both of these documents, and these will continue to have a vital role at Place.

The ICP will need to ensure that the Strategy facilitates subsidiarity in decision making, ensuring that it only addresses priorities that are best managed at system-level, and not

replace or supersede the priorities that are best done locally through the joint local health and wellbeing strategies.

References are included in this document to illustrate how the development of the Strategy is being aligned with other system strategies and plans and where further work may be required. Please see **Appendix 1** for a visualisation of how health strategies link together.

Guidance has recently been released (NHS England » Guidance on developing the joint forward plan) to support integrated care boards (ICBs) and partner organisations develop their first 5-year joint forward plans (JFPs) with system partners. The guidance includes the following statement:

*..we encourage systems to **use the JFP to develop a shared delivery plan for the integrated care strategy** (developed by the ICP) and the joint local health and wellbeing strategy (developed by local authorities and their partner ICBs, which may be through HWBs) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.*

Conversations are currently being held in the System to discuss the JUCD approach to production of the JFP and the relationship with the implementation of this Strategy.

1.5 Hallmarks for the Strategy

The hallmarks agreed through the Framework Document have been used to help guide the development of this Draft Strategy:

- There is an inclusive approach to developing the content
- The development of the Strategy and its recommended actions is based upon a strong culture of collaboration between JUCD organisations and alliances.
- We will develop a broad and deep engagement approach to inform the further development of the Strategy and relevant implementation plans
- This is a strategy for JUCD, not for regulators, and the process of developing it, should be as important as the content of the Strategy itself
- We will develop content that can be converted into statements which mean the public can easily understand how this Strategy will make a difference to them (*to be done following agreement of the Draft Strategy*).

1.6 Involvement and engagement in the development of this framework document

A range of senior colleagues from the NHS, local authorities, Healthwatch and the VCSE sector have been part of working groups to develop the brief, framework, and approach for the Draft Strategy, following the update on the development of an Integrated Care Strategy provided to the ICP Board in October 2022. This broad involvement has been very helpful in testing the proposed content and whether it is framed in a way that aligns with other system strategies and plans.

1.7 Format and content of the document

References are included in this document to national and system strategies/ plans that are relevant to the development of this Strategy – please see **Section 2**. Minimal content has

been included on these to keep the content of this document focused. The strategic aims for the Strategy are also included in this section.

The population health and care needs of Derby and Derbyshire are a fundamental driver for the Strategy. **Section 3** includes a summary of JUCD priority outcomes and indicators. These are based upon joint strategic needs assessments and health and wellbeing strategies and align with outcomes included in Local Authority plans. A section is also included on proposals relating to health protection arrangements.

A main thrust of the Strategy is the need to focus on strategic enablers that are critical to the development of high quality and sustainable integrated care in response to the stated population health and care needs. These enablers are summarised in **Section 4**.

There are three 'key areas of focus' proposed in **Section 5** spanning prevention, early intervention and service delivery. They are not framed as priorities, as they are not necessarily regarded as being more important than other topics. Instead they have been chosen by senior responsible owners from across the System as ideal areas to test our strategic aims and ambitions for integrated care, in response to population health and care needs. They are categorised under the headings of Start Well, Stay Well, and Age/ Die.

The plans for these key areas of focus will include ambitions that span multiple years and for many metrics we may not see attributable improvement until the medium to long term. Delivery plans will need to explain the connections between improvements to be achieved in the short-term (for example in responding to health and care annual operating plan requirements) and ones that will be achieved in the medium to long term, and to also show how they fit together. The Joint Forward Plan will be helpful in this regard.

Other key issues flagged by the ICP and ICB Boards that will be integral to the work arising from this Strategy include addressing health inequalities, the further development of population health management and maximising the NHS contribution to tackling wider determinants of health.

Section 6 summarises the JUCD approach to engagement and the use of insights, and the outline plan for engagement on the Strategy and the key areas of focus.

Section 7 outlines the need and intent to evaluate strategy implementation, including the impact of plan delivery for the three key areas of focus. The content is under development and will be updated for the final version in April 2023.

2. Strategic Context

2.1 National context

The Health and Care Act 2022

The Health and Care Act 2022 put new requirements on NHS and Local Authorities, including the requirements to produce an Integrated Care Strategy, set up an Integrated Care Partnership and establish an Integrated Care Board.

NHS Mandate

The ICP must have regard to the NHS Mandate, alongside guidance from the Secretary of State, when preparing the Integrated Care Strategy. The 2023-24 Mandate and accompanying objectives are awaited.

The NHS Mandate will help inform this Strategy; however it is by its nature NHS centric and some of its content is quite operational, and therefore the primary response to the Mandate will be through the Joint Forward Plan.

National focus on prevention and early intervention
There have been recent calls from national organisations for an increased focus on prevention and early intervention, which echo one of the strategic aims for this Strategy - *Prioritise prevention and early intervention to avoid ill health and improve outcomes.*

The paper published in January 2023 Joint vision for a high quality and sustainable health and care system | Local Government Association provides the views of the Local Government Association, the Association of Directors of Adult Social Services, and the NHS Confederation and endorses the approach outlined in this Strategy:

"Our three national organisations agree that our vision for all partners in the health and care system must focus first and foremost on promoting the health, wellbeing and prosperity of our citizens. This vision is relevant to all of us, whether we need care, support or treatment now or in the future, provide unpaid care for family members, work in social care or health, or run businesses that contribute to health and wellbeing outcomes. It focuses on:

- *maximising health and wellbeing and preventing or delaying people from developing health and social care needs*
- *redirecting resources so that when people need treatment, and short term support they are assisted to make as full a recovery as possible, restoring their health, wellbeing and independence*
- *maximising independence and wellbeing for people with ongoing heath and/or social care needs by working with them to put in place the care and support that works for them."*

2.2 JUCD Strategic context

Introduction
It is recognised that the current environment for health and care is very challenging on a number of fronts including the lived reality of workforce capacity and wellbeing challenges, Covid related backlogs, and financial constraints. And in the context of this Strategy we cannot expect these challenges to diminish in the near future.

There are other System plans that will better describe approaches for dealing with the issues of today and the need for near-term responses, and whilst it is not the intention to downplay or disregard these challenges in developing this Strategy, it is important for the System to also identify what can be done more effectively and efficiently by integrating resources and by working differently, through medium and long-term lens. Therefore through this Strategy we will seek to identify and exploit such opportunities.

It will be important to build on examples of where we do things really well in Derby and Derbyshire and to understand how actions, partnerships and behaviours that have led to successful outcomes, can accelerate our plans for integrated care, and to help build an

appreciative inquiry approach to the development of the Strategy and subsequent implementation plans. In the final version of the Strategy examples of good practice aligned to the key areas of focus and strategic enablers will be incorporated into the document.

The following sub-sections include references to local strategies and plans that need to be considered when developing integrated care. It is not a simple landscape, and at the current time there are multiple, relevant strategies or plans under development, in response to government, NHS and local requirements. A common goal for colleagues working across the System in this space should be to assess other, relevant planning exercises and collectively to try and develop a coherent logic for how the documents align with each other. **Appendix 1** provides an infographic that seeks to help in this regard, and this will be developed further in the final version of the Strategy.

ICS System Development Plan

The ICS System Development Plan is a recent document and includes four strategic priorities (using the NHS stated aims for ICSs). We have agreed that for the Integrated Care Strategy we should build out from the content included in that Plan and have strategic aims for the development of integrated care, that can sit alongside the stated strategic priorities for the ICS, these strategic aims are;

- **Prioritise prevention and early intervention to avoid ill health and improve outcomes**
- **Reduce inequalities in outcomes, experience, and access**
- **Develop care that is strengths based and personalised**
- **Improve connectivity and alignment across Derby and Derbyshire, to ensure people experience joined up care, and to create a sustainable health and care system**

Joint Forward Plan

Section 1 outlined the guidance for Joint Forward Plans, released by NHS England in December 2022, and the initial conversations in relation to the Integrated Care Strategy.

JUCD Operational Plan 2023-2024

Prevention, access and productivity are key themes/ requirements that are driving the 2023-24 operational plan, which responds to guidance released by NHS England. Whilst the Integrated Care Strategy will also focus on other themes (as reflected in the strategic aims), it will also be important that the SROs for the key areas of focus to examine contributions to improvements in access and productivity, as well as prevention.

Local Authority Plans 2022-2025

Please see **Section 3** for an outline of how outcomes, 'must do's' and 'headline initiatives' from these plans align with the stated population health and care needs.

Adult social care and children's strategies

Relevant stated priorities in local strategies covering adult social care and children' services need to align with the aims for the integrated care key areas of focus to support our ambitions for collaboration and integration.

Health and wellbeing strategies
Please see **Section 3** for reference to the Derby City and Derbyshire health and wellbeing plans and the alignment between these, the JSNAs, and current work to develop a Health Inequalities Strategy.

Anchor Institutions
The work of the Derby/ Derbyshire Anchor Partnership needs to be incorporated into the design and delivery plans for this Strategy.

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. Together they aim to use their collective influence to help address socio-economic and environmental determinants and enable and facilitate community wealth building, working together through the Derby and Derbyshire Health and Wellbeing Boards and the Integrated Care Board.

The Anchor Partnership has agreed to initially focus its combined influence and actions on the following two impact areas – workforce and access to work, and social value in procurement. Anchor workshops have commenced in recent months with relationships established through communications colleagues in each organisation.

It will be important to consider how best to align Anchor Partnership actions with the work emanating from this Strategy on key enabling functions and across the Start Well, Stay Well, and Age/ Die Well areas of focus.

3. Population Health and Care Needs

3.1 Introduction

Work has been undertaken by system colleagues to develop a set of JUCD priority population outcomes and key indicators (known as Turning the Curve) based upon the Derby and Derbyshire Joint Strategic Needs Assessments. These focus on increasing life expectancy, increasing healthy life expectancy, and reducing inequalities. The system outcome priorities/ indicators have been chosen because they are key drivers of the conditions that cause ill health, premature mortality, and inequalities in these, with the biggest causes of death in our population being cancer, respiratory and circulatory disease. This is reflected in emerging work to develop a JUCD health inequalities strategy which reflects the Core20Plus5 NHS England approach to reducing inequalities.

The Derbyshire and Derby Health and Wellbeing Strategies are to be updated during 2023. The content for this document and the needs outlined in this Section are therefore based upon the existing health and wellbeing strategies.

3.2 Life expectancy and healthy life expectancy

The health of a population can be described using healthy life expectancy and life expectancy statistics, and health inequalities can be starkly demonstrated by illustrating the difference in length of life, and how many of those years are spent in good health. Please see **Table 1** below for a summary of the differences in Derby and Derbyshire.

Table 1

	Derby	Derbyshire
Life Expectancy at Birth [inequality gap*], in years		
Female	82.1 [10.1]	83.0 [7.4]
Male	78.6 [10.2]	79.6 [8.3]
Healthy Life Expectancy At birth, 2017-19 [inequality gap, 2009-13*], in years		
Female	62.0 [19.2]	61.3 [13.5]
Male	59.9 [18.7]	61.1 [13.7]

**Life Expectancy at Birth statistical measures estimate the average number of years a new-born baby would survive if they experienced the age-specific mortality rates in this area throughout life. Healthy life expectancy describes reported years in good health. The gap describes the difference between the least and most deprived populations.*

The inequalities illustrated in **Table 1** are distributed differently across the area. Poorer outcomes are linked to areas of socio-economic deprivation and certain groups including, but not limited to, those from Black, Asian, and Minority Ethnic backgrounds, with serious mental illness, living with disabilities, LGBTQ+ people and those currently homeless.

The emerging work to develop a JUCD health inequalities strategy incorporates a review of the drivers of ill-health and mortality, the inequalities which exist between and within communities and sets out desired population outcomes, and priority indictors for affecting outcomes and inequalities – Please see **Section 3.3**.

3.3 Our desired population outcomes

The following statements have been developed locally to describe if the population were living in good health, it would be experienced as follows:

- **Start Well** - Women have a healthy pregnancy, children are born safe and well into a nurturing and secure relationship with care givers, with good nutrition, access to health care, social care, and education. Children thrive and develop positive and healthy relationships.
- **Stay well** - All citizens live a healthy life, can make healthy choices, and are protected from harm. They maintain quality of life and recover well from ill health or injury.

- **Age well and die well** - Citizens thrive and stay fit, safe, and secure into older age. They maintain independence and actively participate in society. They have a personalised, comfortable, and supported end of life.

3.4 System wide population indicators

The following 'Turning the Curve' indicators have been recommended as important 'markers' on the way to improving high-level outcomes. They address direct risk factors for the main causes of death, illness, and inequalities, including mental health:

1. **Reduce smoking prevalence**
2. **Increase the proportion of children and adults who are a healthy weight**
3. **Reduce harmful alcohol consumption**
4. **Improve participation in physical activity**
5. **Reduce the number of children living in low-income households**
6. **Improve air quality**
7. **Improve self-reported wellbeing**
8. **Increase access to suitable, affordable, and safe housing.**

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

- **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/

Note: *Guidance on Core 20 Plus 5 for CYP has recently been issued nationally and will require consideration. Five clinical areas of focus are asthma, diabetes, epilepsy, oral health, and mental health with specific actions recommended.*

3.5 Derby City Council Plan

A number of the outcomes and 'must do's' under the four focus areas included within the Derby City Council Plan align to and support health and wellbeing plans, and the desired population outcomes and priority health indicators stated above. For example the following are referenced:

- Cleaner air and lower CO2
- Decent, sufficient, and affordable housing with an emphasis on the homes of vulnerable people
- Reducing inequalities and wealthier and healthier residents
- Health and wellbeing strategy with a focus on childhood obesity and public health statutory requirements
- Provide effective strategic leadership to drive stronger integration of health, housing, community, and social care agendas, safeguarding adults that need it
- Establish a citywide Prevention Strategy, focusing on building independence using individual and community assets

3.6 Derbyshire Council Plan

Within the Derbyshire plan one can see how the stated 'headline initiatives' align with health and wellbeing plans, and the desired population outcomes and priority health indicators, examples include:

- Working with partners to benefit the health and wellbeing of people in Derbyshire by better integrating health and social care and developing the Better Lives transformation programme
- Driving forward the ambitious improvements in Children's Services to positively strengthen outcomes for children and young people
- Work with people with learning disabilities, recovering from mental ill health and, or autism to develop Council services to ensure they are tailored to meet individuals needs and help people achieve their personal goals
- Work with partners to enable individuals and communities to lead healthier and happier lives, accessing support when and where they need it to encourage physical activity, help people stop smoking and manage their weight
- Help and empower more young people with disabilities to be independent in their transition to adulthood

In addition the council has published its "Best Life Derbyshire" Strategy in 2023 with a focus on people with lived experience being able to define the outcomes they want from social care.

3.7 Health protection

Integrated care partnerships are asked to consider health protection in their integrated care strategy, with system partners including UKHSA, local authorities and the NHS who, among other bodies, have health protection responsibilities to deliver improved outcomes for the population and communities served. Health protection includes:

- Infection and prevention control (IPC) arrangements within health and social care settings

- Tackling antimicrobial resistance
- Reducing vaccine-preventable diseases through immunisation
- Assurance of national screening programmes
- Prevention activities related to health protection hazards such as needle exchanges for blood-borne viruses (BBVs)
- Commissioning of services for response to health protection hazards (such as testing, vaccination and prophylaxis) and to tackle health protection priorities (such as tuberculosis or BBV services)
- Emergency preparedness, resilience and response (EPRR) across all hazards
- Other health threats determined as priorities

The Directors of Public Health (DsPH) have the duty, under the Health and Social Care Act (2012), to be assured that the local health protection system is working effectively and to ensure that the health of the population is protected. This is sought through the Derby and Derbyshire Health Protection Board, chaired by one of the DsPH and reporting to the Health and Wellbeing Boards; an arrangement that has been in place since 2013. The development of the integrated care system is an opportunity to ensure this is embedded within the local health and care system.

Work is underway to identify key areas of work that require system support, these include:

- Developing the infection prevention and control system
- Ensuring a successful and safe transfer of the responsibility to commission immunisation services
- Ensuring oversight of screening programmes is appropriately linked to the system
- Improved connection for existing strategies e.g. air quality
- Pathway improvements for individuals with complex health protection needs e.g. those with TB who have no recourse to public funds

The following strategic actions have been identified:

- Request a commitment from the ICP to sponsor a review of the governance and architecture for health protection in Derby and Derbyshire.
- Produce a health protection strategy for Derby and Derbyshire to clarify and drive the work of the Health Protection Board and establish agreed outcome measures.
- Review the three key areas of the focus for the Integrated Care Strategy and identify prioritised health protection actions. Secure commitment from the SROs to include these actions as an integral element of their work plans, and to work with Public Health colleagues on their resolution.
- Ensure health protection priorities are included within the appropriate workstreams, and that progress is reported to the Health Protection Board.

4. Strategic Enablers

4.1 Introduction

A key thrust of this Strategy is to focus on enabling actions that are critical to the development of high quality and sustainable integrated care and our response to population health and care needs. These have been grouped as follows:

- System architecture and governance
- System shared purpose, values, principles, and behaviours
- Enabling functions and approaches

4.2 System architecture and governance

Through this Strategy we will strive to ensure there is a 'parity of attention' on health inequalities, population health, and prevention within system reporting and governance arrangements, to ensure clarity and visibility on how we track our ambitions for our Start Well, Stay Well, Age/ Die Well key areas of focus, and wider improvement actions.

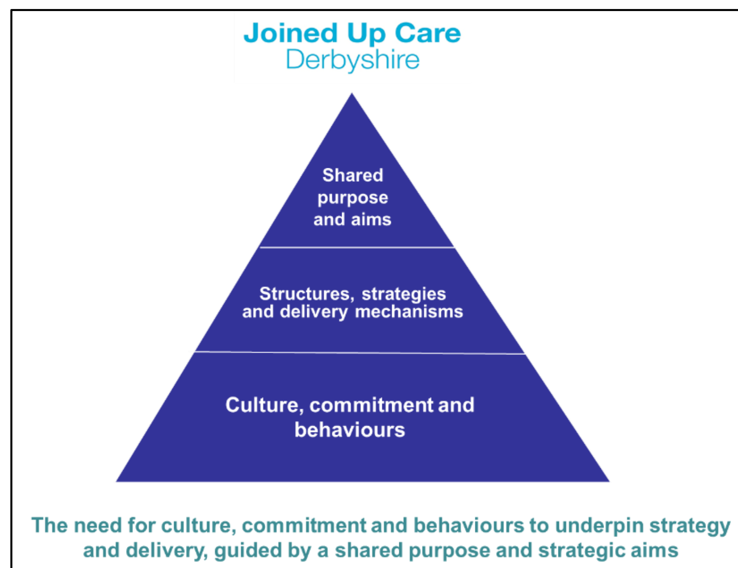
This objective needs to be set in the context of current work taking place to establish a renewed mandate to guide next steps for our collective "Integrated Care" approach, and JUCD governance architecture. A series of guiding questions to the Provider Collaboration at Scale and the Provider Collaboration at Place movements have been asked to help inform the renewed mandate.

Currently the two Place Partnerships and the Integrated Place Executive provide the primary governance arrangements for the Integrated Care Strategy on behalf of the ICP. In this context the role of the ICP in supporting and overseeing the delivery of this Strategy needs to be established, post approval of the final document.

Further consideration is also required in relation to how the Strategy's key areas of focus are governed. All three of the proposal documents described issues with current governance and delivery arrangements that will need to be addressed if benefits are to be maximised. There also needs to be feedback loop processes for how the agreed plans are continually informed by health and wellbeing plans and JSNAs, and vice versa.

4.3 System shared purpose, values, principles, and behaviours

Many of the key strategic enabling actions that are intended to support improvement through practical and transactional solutions, may not succeed, without significant underlying changes in behaviours to support a one-system approach, due to established processes and organisational sovereignty issues. A simple over-arching framework to ensuring a balanced approach is included below.



In the absence of a whole system, shared set of values and principles to underpin the development and delivery of the Integrated Care Strategy then consideration should be given to this, alongside organisational development support that may be required to facilitate the process, to ensure that the Strategy is built on sustainable cultural foundations.

Where success has been achieved in developing integrated care to date, it is important to reflect on the conditions that facilitated the success, both transactional and cultural. Work will take place to gather and review this intelligence to inform further engagement, with leaders, staff, and the public.

Work will now commence to scope how a set of shared values and principles to underpin the development and delivery of the Integrated Care Strategy could be developed.

4.4 Enabling services and approaches

Strategies and improvement plans for enabling functions and approaches should encompass all organisations/ alliances in the System (unless not deemed relevant) and support the achievement of our strategic aims for integrated care.

The content under this Section seeks to summarise current strategies and improvement plans and also flag key constraints that will need to be addressed. The following enabling functions and approaches are included:

- Workforce
- Digital and data
- VCSE sector
- Carers
- Strengths based approaches
- Population health management
- Commissioning
- Quality drivers
- Estate

Primary care is refenced in Section 4.5.

There is already alignment between some of the content in this section and the content in Section 5, where aims and constraints are stated for the key areas of focus selected to test and mobilise this Strategy. This reflects the fact that there is already considerable joint working taking place across the System. The leadership for each of the key areas of focus will be expected to work closely with enabler leads to further this alignment and to develop work programmes that will help to test enabling strategies and improvement plans in real world situations and gather learning to inform continuous improvement.

The content in the following sections (**4.4.1 to 4.4.9**) has been co-produced with JUCD leads for the functions and services covered.

4.4.1 Workforce

Our 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:

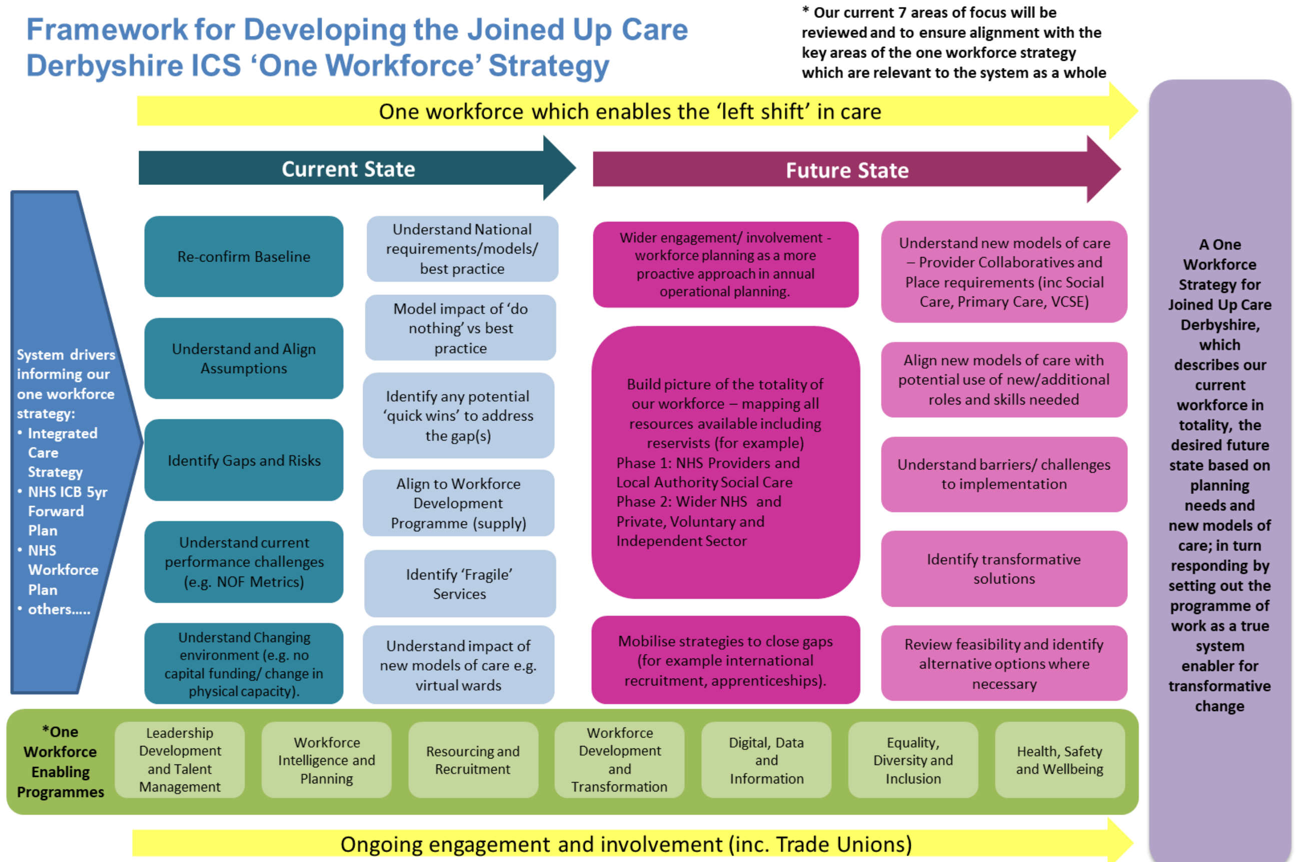
- A single point of access for new recruits, with a "no wrong door" approach to seeing people as a system asset, to be deployed wherever their skills fit best
- An integrated system rather than organisational approach to assessing workforce supply requirements
- Unified approach to leadership and talent development and 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

Some of the key challenges, and constraints to achieving the vision and our integrated care strategic aims include:

- Lack of dedicated workforce expertise to support integration
- Better understanding of the current workforce in the scope of this plan, what the requirement will be in light of the integrated care strategy and a joint approach between service leads and People Services to develop plans to bridge the gap using new approaches to skill mix, expanding/ introducing new roles and deploying staff closer to service users
- High percentage of social care staff who are in the PVI sector and therefore harder to influence in terms of workforce planning and development
- Fragmented and short-term nature of funding streams for workforce transformation and development
- Lack of trust in processes and governance between statutory sector partners and between statutory sector and VSCE

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 mindset for health and care staff.

The following infographic summarises our framework for developing the JUCD 'One Workforce' Strategy. We will need to align and embed this framework as part of the work programmes for the key areas of focus included in **Section 5**. Feedback on the Workforce vision, and the framework, through this Draft Strategy will help to further develop the approach.



4.4.2 Digital and data

The Digital and Data strategic aims and delivery priorities will support and enable the System to work towards the realisation of its strategic priorities 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 services. The DSCR provides clinicians and professionals with the most up to date patient/ citizens information to support the delivery of optimal care.

- ➢ **Front Line Digitisation; Electronic Patient Record (ePR**). To enable collaborative working, deliver 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)** – the implementation of digital social care record for care homes and domiciliary care providers, technology to support falls prevention and other technology evidence to enable citizens to be supported in the place they call home

- **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 citizens knowledge and understanding 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.

4.4.3 VCSE sector

Nationally it is recognised that the VCSE sector is a vital cornerstone of a progressive health and care system and is critical in the delivery of integrated and personalised care and helping to reduce health inequalities. The National Development Programme – *Embedding the Voluntary Community and Social Enterprise (VCSE) Sector within Integrated Care Systems (ICS) 2022/2023,* which JUCD is part of, describes how;

"ICSs should ensure their governance and decision-making arrangements support close working with the sector as a strategic partner in shaping, improving and delivering services, as well as developing and delivering plans to tackle the wider determinants of health. VCSE partnership should be embedded as an essential part of how the system operates at all levels. This will include involving the sector in governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans."

Locally, our ambition is for the VCSE sector to be considered as a key enabler for integrated care. It already makes a significant contribution to health and social care through complementary as well as mainstream provision, often supporting people who are under the radar of statutory services. This was particularly evident during the pandemic. VCSE organisations can also support, engage and articulate the needs of both communities of place, interest and condition.

The integrated care strategy provides an opportunity for a less transactional relationship with the VCSE sector where it can contribute at all points of the planning cycle; helping to define needs through soft intelligence, helping to design services so that they meet the needs of communities, as well as offering new and cost-effective approaches to service delivery.

Engaging this contribution will improve services for local people but there are challenges to making this happen that need to be addressed through the implementation of this Strategy and wider system actions. Some of these are listed below and a commitment to tackling these challenges is a key recommendation to the Integrated Care Partnership:

- Building understanding between sectors and changing culture and behaviours
- Supporting and developing the paid and volunteer workforce
- Involving such a large and diverse number of VCSE organisations in a defined ICS structure and communicating with them
- Finding investment, commissioning and support approaches that will make the most of what local VCSE organisations have to offer and develop longer term relationships
- Stimulating greater VCSE sector engagement and delivery in key system initiatives such as hospital discharge
- Enabling communities of place, condition and interest to shape services
- Building the capacity of VCSE organisations

How the VCSE sector will be embedded in the ICS and the processes and culture necessary to make this happen will be captured in a Memorandum of Understanding to be signed off and adopted by ICS partners.

4.4.4 Carers

The Derbyshire Carers Strategy has recently been refreshed ('2022 Refresh'). The priorities within the Strategy are:

- Improving carer health and wellbeing
- Information and advice
- Carer employment and financial wellbeing
- Early identification and support
- Young carers
- Services and systems that work for carers
- Involving carers as experts
- Recognising and supporting carer in the wider community

System wide adoption of the priorities and pledges set out within the 'Carers Strategy Refresh' will ensure its greatest impact in effectively supporting unpaid family carers. Leads for the key areas of focus and relevant enablers (including workforce) for the Integrated Care Strategy will be expected to commit to the pledges within the Carers Strategy and to develop action/ delivery plans to help to realise the significant benefits to carers to improve their health and wellbeing and to support them effectively in their caring role.

4.4.5 Strengths based approaches

Strength based approaches already feature as a facilitative method for catalysing change and improvements in JUCD services. For example, Derby City Council has implemented a strengths based approach based around 8 principles, with the aim of achieving stability and reducing risk for children and young people, and to encourage the involvement of children and young people and their families in decision-making so that they are more in control of

the support they receive and thereby their everyday lives. And a strengths based approach is a key feature of the Team Up approach, and Derbyshire County Council's "Best Life Derbyshire" strategy for social care.

What is a strengths based approach?
Taking a strengths based approach simply means helping people find their own solutions and to create change through their own strengths and the assets available to them. It works at any level, individual, team or system.

Why is it required?
"The dysfunctions of the traditional management system keep many organizations in perpetual fire-fighting mode, with little time or energy for innovation. This frenzy and chaos also undermines the building of values based management cultures."

(Peter Senge – The Fifth Discipline)

Strengths based approaches build resilience, motivation and self-sufficiency. They have been proven to be significantly more effective than traditional deficit based approaches at creating lasting change and continuous quality improvement. This is especially so in complex adaptive systems such as health and care, or in getting the best out of a highly educated workforce.

At the current time when burnout is high amongst the workforce, approaches that build motivation and resilience are essential. Finding a way through this will require a relentless focus on our strengths, supporting people to find their own solutions and trusting them to make their own decisions.

How can it be applied?
There are many successful models and initiatives that use strengths based approaches. These include coaching, appreciative inquiry, human learning systems, quality conversations, local area coordination, Think Local, Act Personal, the 'What Matters to You' movement, personalisation, human learning systems and Team Up Derbyshire. However deficit based approaches still predominate in health and care.

Champions training for a selection of acute, LA, DCHCS, VCSE staff has been arranged from December 2022, with the aim of embedding strength- based approaches in practice, improving communication / understanding across the system and exploring system risk.

It is proposed that we create, implement, and embed strengths based approaches across Joined up Care Derbyshire working as an integral element of a system-level organisational development strategy.

4.4.6 Population health management

Population health management (PHM) uses data and information to understand what factors are driving the physical and mental health in the population and in communities. Better understanding through better use of data then helps to improve the health and wellbeing of people now and into the future. It seeks to reduce health inequalities and addresses the wider determinants of health through collaborative partnership working.

A Derbyshire-wide systematic approach to PHM is being developed and pilot activity to test the different approaches has been undertaken at a local level in four different parts of

Derbyshire. Learning from these pilots will inform next steps and the approach will be developed through the course of 2023, utilising system intelligence and insights, and the adoption of an analyse, plan, do, review approach to all interventions.

There are strong links between PHM and the Turning the Curve approaches. The next steps of the PHM work will focus on the Turning the Curve actions to improve the overall health of local populations.

Effective PHM requires data, data sharing agreements and digital enablers to facilitate effective outcomes. Significant development work is required across the system, including linking with digital, information governance and analyst colleagues.

4.4.7 Commissioning

Commissioning and funding allocations are key enablers for achieving our strategic aims and the objectives outlined by leaders for the key areas of focus included in this Strategy. This is likely to result in the System facing difficult decisions, given the current financial context and the expected need for increased resources to be targeted at prevention and early intervention activities.

There are currently extensive collaborative commissioning and joint funding arrangements, but we recognise the need to review and refresh these, seeking opportunities to 'consider whether the needs could be more effectively met with pooled budget arrangements under **S75** of the NHS Act 2006.

Colleagues leading the three key areas of focus will be asked to recommend changes in commissioning and funding arrangements that they have assessed are necessary to achieve the aims and objectives agreed for their areas. and more generally in this Strategy, including the need for an increased focus on prevention and early intervention.

It is indicated that there will be more flexibilities within national guidance for collaborative use of resources and we will review the opportunities that they will present to support delivery of the Strategy.

4.4.8 Quality drivers

Key areas of focus will include:

- Collaborative working between system partner patient experience and patient engagement teams to improve connectivity and alignment
- Bringing together system partners to align quality and equality impact assessments (QEIA) to develop care services that meet the needs of our population
- Bringing together health & social care partners to review and implement learning from LeDeR reviews
- 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
- In collaboration with system partners, NHS England, and the Kings Fund, we are a pilot system in leading a project to look at experience of care across an ICS

4.4.9 Estate

NHS and local authority services in Derby and Derbyshire are provided in multiple settings and in multiple buildings. These services and buildings need to be fit for purpose in terms of

being safe and appropriate environments for everyone who uses them. This takes a great deal of forward planning to ensure we are providing the right kind of accommodation to meet the evolving requirements of health and care services. 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 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 of 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

4.5 Primary care

Primary care is at the heart of communities (GPs, HVS, GPs, dentists, pharmacists, opticians, community nursing) and acts as a first point of contact for the people accessing the NHS/ gateway to the system.

Every day, more than a million people nationally benefit from the advice and support of primary care professionals, however; there are real signs of genuine and growing discontent with primary care – both from the public who use it and the professionals who work within it. Access to general practice is at an all-time low, despite record numbers of appointments and primary care teams are stretched beyond capacity, with staff morale at a record low. Primary care as we know it may become unsustainable in a relatively short period of time.

A vision for integrating primary care

The Fuller Stocktake (released May 2022) is a new vision for integrating primary care, improving the access, experience and outcomes for communities, which centres around three essential offers:

- Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.

The key areas of focus and implementation plans for the Integrated Care Strategy will need to encompass the vision summarised above.

4.6 Difficult questions

A desired output for the final Strategy is to have a consensus on the 'difficult questions' that face the System if our strategic aims and service objectives are to be delivered. Some of these potential questions have already been floated in discussions regarding development of the Strategy and have included the following:

- How ambitious can we be on 'pooled funding'? What is the realistic scope of pooling resources from across constituent organisations?
- What do we collectively think joint commissioning could or should achieve?
- How can our financial planning support a shift to prevention?

Work is also underway to review JUCD examples of good integrated care practice to understand the difficult issues or decisions that have been overcome and to draw out key themes that may be helpful for our key areas of focus to learn from.

It is anticipated that supporting leaders and their teams to overcome generic and high impact challenges will need to be an active role for the governance arrangements described in **Section 4.2**, on the basis that the resolution for at least some of these issues will need to be elevated above local decision-making arrangements.

5. Key Areas of Focus

5.1 Introduction

There are three key areas of focus spanning prevention, early intervention and service delivery. Please see **Sections 5.2 to 5.4** for summary information on each.

They are not framed as priorities, as they are not necessarily regarded as being more important than other topics. Instead they have been chosen by senior responsible owners from across the System as ideal areas to test our strategic aims and ambitions for integrated care, in response to population health and care needs. They are:

- **Start Well** - To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness

- **Stay Well** - To improve prevention and early intervention of the 3 main clinical causes of ill health and early death in the JUCD population - Circulatory disease, respiratory disease and cancer

- **Age/ Die Well** - To enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations

After the Strategy is approved, the focus will immediately shift to delivery, and the work programmes that will be responsible for realising benefits. A set of common requirements

will be produced to guide the work, and this will support the Integrated Place Executive in managing delivery of the Strategy on behalf of the ICP Board. There is of course significant work already underway across the System within the scope of the three areas of focus and this will be built on as part of the process.

Additional programme resource will be required to drive, support and co-ordinate this work, alongside delivery of the development plans for the enabling functions and services.

5.2 Start Well area of focus

Aim

To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness.

Rationale for inclusion as a key area of focus
It is important that children and young people can 'Start Well'. This aim links directly to the JUCD ambition to ensure *People have a healthy pregnancy, children are born safe and well into a nurturing and secure relationship with care givers, with good nutrition, access to health care, social care and education. Children thrive develop positive and healthy relationships.* The overall approach will be preventative.

The Children and Young People's Delivery Board will undertake a pathway approach, incorporating prevention and early intervention that ensures connectivity across the system, and supports the Board's vision to *provide a seamless health, education and social care pathway for children and young people in Derby and Derbyshire - one that enables all children and young people to be healthy and resilient and, if support is needed, enables them to plan their care with people who work together, allowing them to achieve the outcomes that are important to them.*

The work will include a focus on the 20% most deprived population. The emerging 'plus' groups for this priority are teenage parents, homeless families, looked after children, children born at a low birthweight (due to factors during pregnancy), and children with special educational needs.

Derby, Derbyshire Child Health Profiles and benchmarking nationally indicates the need for this priority, and we are engaged with Healthwatch to ensure support for this priority from children, young people and their families. And a recent community consultation undertaken by Derby Health Inequalities Partnership exploring perceptions of health and inequalities, highlighted a key theme of respondents wanting to 'break the cycle 'of poor health in their communities with a focus on children and young people's health.

This priority is supported nationally via the requirements in the NHS Long term plan, 'Core 20 PLUS 5 for CYP' to reduce health inequalities and SEND (special educational needs and disabilities) statutory requirements. It is also aligned locally to the ICS strategy (overarching, in development), Health and Wellbeing Boards priorities (City and County), 'Turning the Curve' Priorities, Children and Family Learners Board priorities (Derby), Childrens Partnerships Priorities (County), Safeguarding Partnership, Healthwatch and local insight.

Key issues that will need to be addressed

- Improving staff retention and development is critical to success
- Service commissioning and provision is currently fragmented, and this priority will provide the momentum for better connectivity across the system and more effective and efficient working
- Existing governance is fragmented by organisation. Giving the CYP Delivery board greater authority and responsibility would ensure decision making is reflective of whole system impact and focus on the long-term vision of both JUCD and the Delivery Board
- Importance of setting behaviours in young children and setting foundations for good health
- A seamless pathway approach to support and care with empowerment given to children, young people and their families from an early age will ensure efficiency is achieved, and the effectiveness of service delivery will be improved
- A review of the current workforce position (including the VCSE sector), the need to map future staffing, describe the shift required, and ensure plans are developed to achieve the shift needed
- Digital and data, particularly the sharing of data across the system will be critical to success, with access to timely and sub-system level data to inform planning. Information governance processes are key to enable effective information sharing across agencies
- Maximising the beneficial impact of communication and engagement

Suggested measures for improvement

- School readiness: the % of children achieving a good level of development at the end of reception.

This is published nationally and annually in the Public Health Child Health Profile data that is measured at the end of Reception year. It includes several dimensions and is impacted by a range of sub-indicators: those related to the family (maternal mental health, homelessness, family income and parental education), the child (low birth weight, health status and immunisation rates) and services (quality and availability of funded early education) among many others.

5.3 Stay Well area of focus

Aim

To improve prevention and early intervention of the 3 main clinical causes of ill health and early death in the JUCD population - Circulatory disease, respiratory disease and cancer.

Rationale for inclusion as a key area of focus

To prioritise prevention and collectively contribute to ill-health avoidance and improve outcomes for the local population.

The Population Health Management Steering Group has expressed a clear intention to reduce inequalities in outcomes, experience, and access. For example, identifying groups experiencing inequity of access to preventative services, and using this insight to inform subsequent targeted action to redress this.

Reducing morbidity from the three clinical conditions selected through a prevention approach will reduce and manage the demand on resources required for treatment of later stage disease, thus improving the sustainability of the health and care system.

There will be a focus on modifiable behaviours for both mortality and morbidity, across the range of diseases/ conditions, which contribute the most to mortality/ morbidity respectively.

Mortality:

1. Tobacco
2. High systolic blood pressure
3. Dietary risks

Morbidity:

1. High BMI
2. Tobacco
3. High fasting plasma glucose

Preventing ill health is beneficial for population wellbeing and reduces demand for NHS services and was identified in The Marmot Review as a key objective to reducing health inequalities and its associated social and economic costs. Preventative interventions such as cardiac rehabilitation have been shown to reduce non-elective admissions and early cancer diagnosis leads to increased survival and reduces financial impact, both on healthcare resources but also on an individual's ability to work and support their family.

Local insights identify prevention as a priority, for example:

- *"People welcome the move to focusing on the wider determinants of health but feel that priorities still reflect improvements in services, rather than wealth, education, and prevention."*

Key issues that will need to be addressed

- Existing governance and delivery arrangements are currently organisation centred which can inhibit system collaboration and added value of working across organisations to a single, shared aim. In addition, partners (such as the VCSE sector) and those beyond the local organisational system are key to a prevention approach
- Shift of funding, resources, and people towards a preventative focus, where health outcomes are influenced earlier in both clinical and non-clinical pathways
- Coordinated and joined up communications support for health promotion activities
- Strong productive partnerships across JUCD and broader partners, including education, the police and the criminal justice system, transport services, and local employers
- Workforce - the need for effective processes that enable staff to move between organisations and productively function in an organisation other than their employer
- Digital and IT - Flexible IT infrastructure, with shared access to drives, documents, records and data sets
- Simplify referral routes into services and enable effective self-referral to all services which the patient is motivated to engage with
- Population Health Management is a key enabler to this prevention priority
- Exploring the potential to co-locate services, regardless of the providing organisation

- Engagement with carers is key to understand the barriers they experience, for both their own health and wellbeing, along with those they care for

Suggested measures for improvement
Long term outcomes:

- Contribute to reducing the life expectancy gap between the most and least deprived people in Derby and Derbyshire, given that the three clinical conditions selected contribute the most to the local life expectancy gap.

Short-medium term outcomes:

- Identify and subsequently reduce identified inequalities in access to associated services, experience and outcomes from each service, for each condition.

Progress will be monitored against a set of metrics by demographic profile (a draft set has been produced). It is anticipated this will be agreed by System partners, including identifying those directly aligned to a specific partner (e.g. smoking cessation rates), along with those that some/ all partners can contribute to (e.g. referrals to smoking cessation services).

5.4 Age/ Die Well area of focus

Aim

To enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations.

Rationale for inclusion as a key area of focus
A key ambition is a 'left shift' of care so that focus is increased on maintaining functioning and independence. Prevention and proactive identification of patients, combined with risk stratification, and effective care planning provides the best approach to supporting those patients and carers who have the most complex needs; this enables them to take an active part in decisions concerning their health and wellbeing and subsequently reducing the demand for health and social care services. When more critical episodes of care occur it is necessary to have responsive integrated community provision available so that acute admissions happen when it is the best option, not because it is the only option.

A fundamental principle of the proposed programme of work (and the leadership and delivery through place based working) to respond to this priority is a strength based approach in terms of the individual, the teams that are supporting and the communities they are part of.

The main vehicle for improving outcomes in this priority area is building integrated local planning, service responses and support in the community (including statutory services, VCSE, independent care providers, individuals and communities). Whilst the value of more integrated, locally delivered care will benefit many (if not all) groups it is particularly evident for those living with frailty and at the end of life.

The selection of this priority builds on engagement with the population over a number of years which has identified themes in terms of what is important to them, to keep them well, and their expectations from services. Derbyshire people have identified being able to stay in their own home for as long as it is safe to do as the most important thing to help them keep their independence and stay healthy as they get older (Healthwatch Report – 2019).

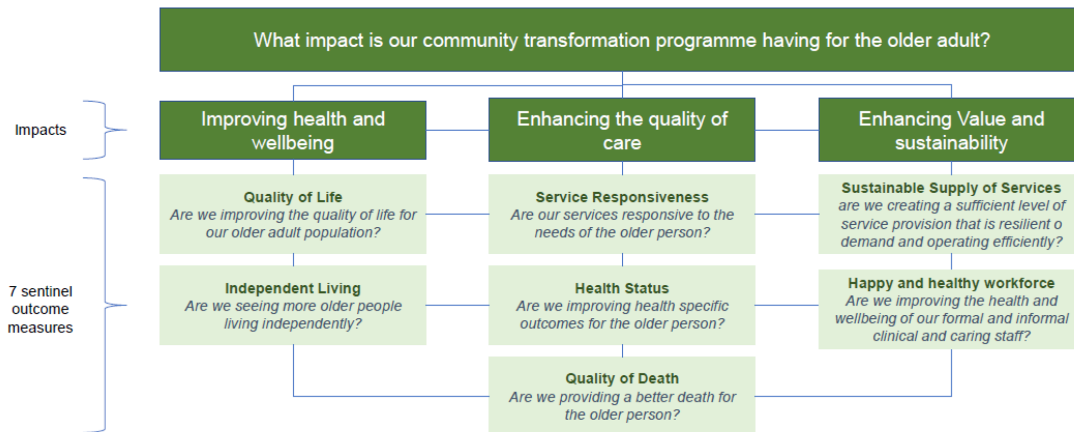
Key issues that will need to be addressed

- Support when navigating health and care – 'no wrong door' - Any point of access to the health and care system should be able to direct the user or carer to the right place
- Joined-up communication – tackle conflicting information, the need to repeat information and inconsistencies, helping staff understand the wider needs of the service user and carer, beyond the condition they are seeking help for
- Working together to reduce the potential tension regarding organisational sovereignty as demonstrated through individual policies, procedures, cultures etc. alongside the need for teams of people to work together with shared processes
- Trust – between groups of staff, and also service users' confidence in staff as advocates. Addressing the impact that existing cultures across organisations and teams have on the ability to make this shift will be an important factor to consider
- Governance mechanisms established through Place and a number of connected programmes of work needs greater ownership, visibility and system backing, if we are to affect the longer term necessary shift to improved population health and slow growth in demand. Our current governance structures don't always effectively support 'distributed responsibility' and working across teams
- The form and pace at which new financial models and mechanisms for collaborative commissioning can be developed and which may need differential allocation. Ensuring commissioning processes are aligned and reward the right things
- Further developments in workforce planning to better meet the needs of the population who are ageing or at the end of their lives
- The ability to access and update a single record to support the care of an individual, and to prevent individuals and their carers having to repeat information to many agencies and staff having to waste time updating multiple systems
- An embedded model for using Population Health Management data to plan and target provision
- The VCSE sector is vital in understanding and meeting the needs of this population
- Co-location of teams that are working together / serving the same cohort
- Ongoing and increasing commitment to ensuring subsidiarity and local determination of delivery

Suggested measures for improvement

It is proposed that 'measurement activities' for this priority are organised under 7 sentinel outcome measures – please see figure below.

There is also a National Integration Index planned to be rolled out in 2023 that will help us understand the level of integration and the impact / benefits experienced by citizens.



6. Engagement

6.1 JUCD approach to engagement

Gathering insight from our diverse population about their experiences of care, their views and suggestions for improvement of services, and their wider needs in order to ensure equality of access, and quality of life is a key component of an effective and high performing Integrated Care System (ICS). These insights, and the diverse thinking of people and communities will be essential to enabling JUCD to tackle health inequalities and the other challenges faced by our health and care system.

As a result, JUCD has developed a strategic approach to engagement, which includes key principles and frameworks that will underpin our ways of working. It sets out how we will listen consistently to, and collectively act on, the experience and aspirations of local people and communities within JUCD. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

Our Ambition is:

- 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 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

In order to ensure a systematic approach, our engagement with people and communities is supported by several frameworks. These frameworks are in different stages of development and co-production with system partners, including people and communities, and are outlined below:

Governance Framework - This examines the structures that provide the interface between people and communities at all levels of the ICS, allowing insight to feed into the system, to influence decision making. This is also about making sure appropriate assurance frameworks are in place for ensuring we implement the principles outlined in our Engagement Strategy across the system. It includes our Patient and Public Partner Programme, our Guide to Patient and Public Involvement in the ICS, and the development of our Public Partnership Committee.

Engagement Framework – This includes the methods and tools available to all our system partners to support 'continuous conversations' with people and communities in transformational work to improve health and care services. This includes our Citizens' Panel, Online Engagement Platform, PPG network, Readers Panel, Public and Patient Insight Library and Derbyshire Dialogue. The model we use for our Patient and Public Insight Library, has been promoted by NHS England as good practice, and a template has been created to allow other systems to duplicate it.

Co-production Framework - This is our work to embed, support and champion co-production in the culture, behaviour, and relationships of the ICS, including senior leadership level. Drawing together good practice from around the system we plan to co-produce a co-production framework and are in the process of setting up a task group, which will include patient and public partners.

Evaluation Framework – This is being created to allow us to reflect on and examine our public involvement practice and the impact this has both on our work, but on our people and communities. The Evaluation Framework will outline how we will measure and appraise our range of methods, and how this will support ongoing continuous improvement.

Insight Framework - The Insight Framework is the most exciting development so far and looks at how we identify and make better use of insight that is already available in local communities to inform the work of the ICS.

Many communities already have established mechanisms of finding out what's important to people, with regards to their wants, needs and aspirations. We will be seeking to harness and examine that insight and present it in a way that will enable the ICS to listen to and take action, to truly put the voice of people and communities at the heart of decision making.

This approach is about authentic collaboration with communities without a pre-set agenda and will require that we are brave and believe that people know what they need to be well and happy. It will also require us to align our governance structures to support community led action.

Community Insight: What is understood about good unstructured insight

Working alongside and with communities in an **agenda free** way to **understand** the lived experience of individuals.

Creating a **two-way** open **dialogue** between communities and the system so that **needs** and **challenges** are understood by both sides.

Building trust with communities by **maintaining communication**, **acting** on promises and **managing expectations**.

Respecting and **valuing** contributions by **listening** with **self awareness** of own values and assumptions, and with and **empathy**.

Recognising approach is **time** consuming and requires **consistency**.

Working in **partnership** to improve **quality** insight and **shared decision making** with communities.

A key part of the Insight Framework is our process map outline which outlines 5 phases, please **see figure below**. We plan to co-produce what good looks like in all 5 phases of our model, and then build on strengths-based approaches that are already out there in communities to support them to overcome the barriers that we know they currently encounter. This work will be centred around Place and support the ambition to be a social model that is outcome driven and strength based; focussing on the assets of individuals and communities and developed with them through local leadership.

Community Insight: Exploring a potential process map for unstructured insight

Phase 1: Nurturing relationships with community.
Building trust with community to create a shared understanding of the purpose of insight and an environment where people want to share.

Phase 2: Enable social action.
Exploring what people want to talk about, change and influence, and understanding how they want to do this.

Phase 3: Generating insight.
Collating and recording insight using diverse range of methods that meet the needs of topics identified in phase 2.

Phase 5: Acting on insight.
Translating insight into action and sharing action with community to close insight loop.

Phase 4: Sharing insight.
Systematic flow of insight into the wider system.

6.2 Approach undertaken to support the development of the Integrated Care Strategy

An ‘Engagement Workstream for the ICS Strategy’ was created in July last year with representation from health, local authorities, Healthwatch and the VCSE Alliance. This workstream has overseen the development of an 'Insights Document' that has pulled together insight that has been gathered throughout the system over the past 12 months into one place and which highlights high-level themes under the following headings - Integration, Health Inequalities, Quality/Improvement, Strengths Based/ Personalised Care and Health Protection, and Understanding Public Behaviours, Choices, and Attitudes. This was made possible due to the existence of our Patient and Public Insight Library.

This Insight Document has been considered by SROs and teams as part of the evidence base for the selection of key areas of focus for this Strategy under the headings - Start Well, Stay Well and Age Well.

Subject to the agreement of this Draft Strategy the next steps are summarised as follows:

- Present and discuss the Draft Strategy and communicate the selection of the three key areas of focus with the wider public via the Derbyshire Dialogue Forum (15 February 2023), and with local organisations and forums through a series of presentations February – March.
- Co-produce I/ we statements to help communicate the ambitions of the Strategy and the key areas of focus.
- For the three key areas of focus – Hold an initial Derbyshire Dialogue on 15 February to outline the purpose and content of the strategy, and then initiate a process of continuous engagement including the following steps:

  - Hold online engagement events for each of the 3 areas allowing leads to present information in an accessible way and invite comments about what actions are needed to achieve the ambitions set out and capture these to inform plans.
  - Support these conversations through our Online Engagement Platform, with opportunities to continue to ask questions and make suggestions.
  - Create surveys for each area to gather feedback from a wider cohort of people targeted as required.
  - Facilitate and support conversations between programme leads and local community groups who express interest in the key areas of focus, helping to ensure we do not just rely solely on people having digital access, using existing groups and forums where possible, with support from the VCSE sector.
  - Ensure feedback/ insight from these conversations is listened to, considered, and actioned through the implementation plans for the three key areas of focus.

7. Evaluation

7.1 Introduction

Once the ICP has approved and published the Integrated Care Strategy a process for overseeing delivery progress will be required. This could include, if appropriate, identifying, and evaluating the impact that the Strategy has had on commissioning and delivery decisions from multiple perspectives, including providers, citizens, communities, and those engaged in the production of the strategy.

7.2 Measures

In **Section 3** population health and inequalities indicators are referenced. These measures will need to be considered as part of the evaluation process, alongside other measures specific to the key areas of focus, some of which are referenced in **Sections 4 and 5**.

It is noted that there is national work underway by the CQC and by the King's Fund to develop qualitative and quantitative integration measures, through an "Integration Index". JUCD is a pilot site for this work, and this should support evaluation efforts. We will draw on outputs from this work as they emerge and use these to engage local stakeholders.

7.3 Evaluation and impact

It is proposed that evaluation can be considered at two levels:

Evaluation of the Strategy: including a high level consideration of progress against the strategic aims, and an assessment of how successfully other intentions included in the Strategy have progressed, including ambitions for organisational development at a system level and a focus on behaviours and culture to ensure that the Strategy is built on sustainable cultural foundations.

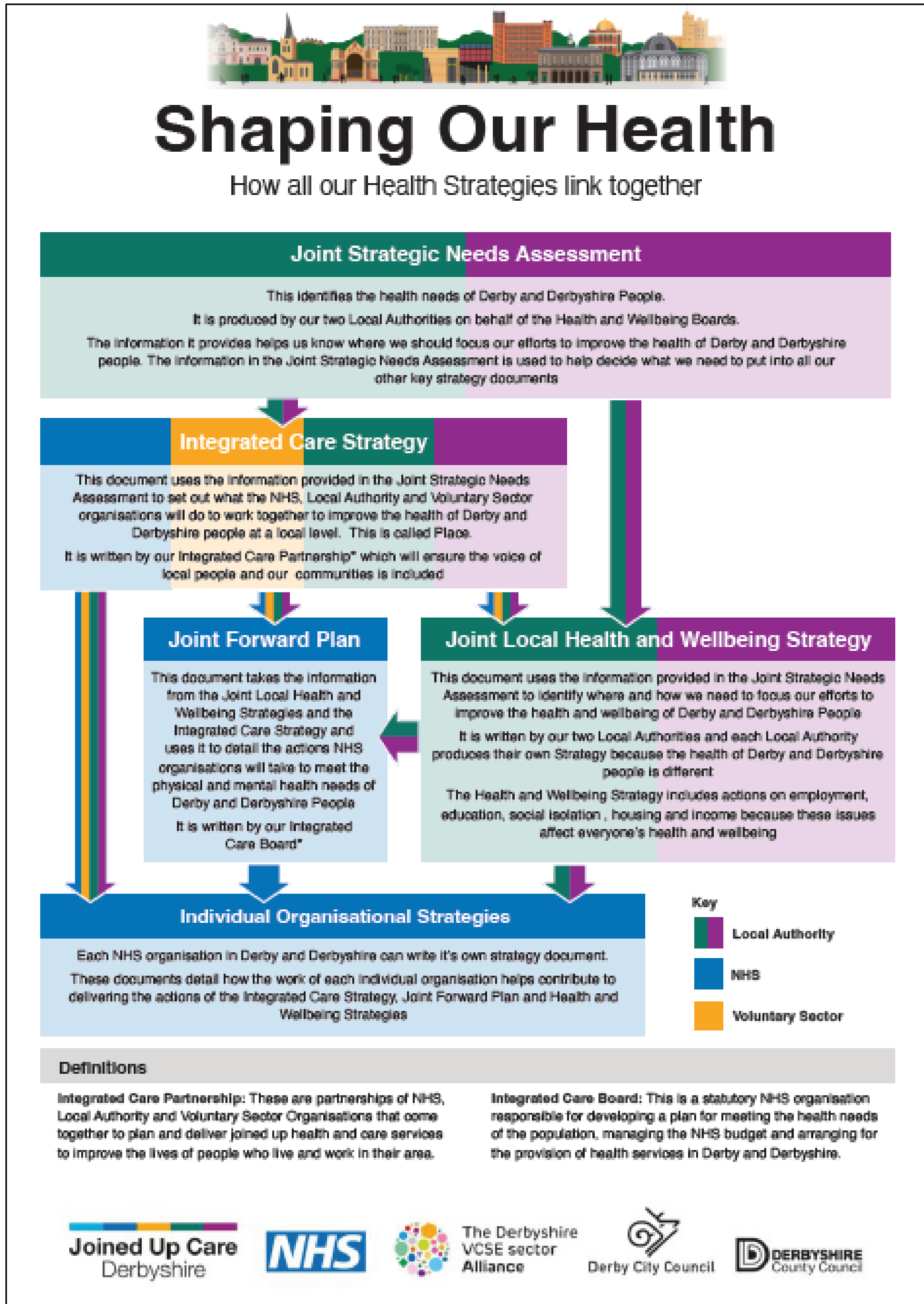
Evaluation of the key areas of focus and key enabling functions: SRO led work on evaluation methodology and measures, to track implementation against objectives.

7.4 Evaluation support

The ICP/ IPE will need to consider whether external input into evaluation would provide additional benefits to those gained via local evaluation routes for evaluation of the Strategy. Options are being explored through fact-finding contacts with The King's Fund, the Social Care Institute for Excellence, and the "Leading Integration Peer Support Programme" run jointly by the NHS Confederation, the Local Government Association and NHS Providers.

The SROs for the three key areas of focus will need to assess existing and potential options for external support. This should include the involvement of Healthwatch and align with the engagement approach and particularly the work on citizen Insights.

Appendix 1 – How our health strategies and the Joint Forward Plan link together



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

29 March 2023

Report of the Chief Executive Officer of the Derby and Derbyshire ICB

Derby and Derbyshire ICB Joint Forward Plan

1. Purpose

1.1 The Health and Wellbeing Board is asked to:

a) Note the contents of the report
b) Offer guidance and feedback on the questions posed in section 6 to support the effective development and delivery of the Derby and Derbyshire ICB's Joint Forward Plan (JFP) – 5 Year Plan.

1.2 The plan will set out how the ICB intends to meet the physical and mental health needs of the population through the provision of NHS services. This will include setting out how universal NHS commitments will be met and addressing the four core purposes of Integrated Care System's (ICS):

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience, and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

2. Information and Analysis

2.1 As set out in the accompanying guidance (appendix 2), Integrated Care Boards (ICBs) and their partner NHS trusts and foundation trusts

(referred to collectively here as partner trusts) are required to develop their first 5-year joint forward plans (JFPs) with system partners. The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts (the ICB's partner NHS trusts and foundation trusts are named in its constitution) to prepare their JFP before the start of each financial year.

2.2 ICBs have been provided with a flexible framework for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity. The guidance also states specific statutory requirements that plans must meet. The JFP is being developed in tandem with the connected NHS Operational Plan (appendix 3) which serves as year one of the 5-year JFP.

2.3 ICBs and their partner trusts have a duty to prepare a first JFP before the start of the financial year 2023/24 – 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 Wellbeing Boards (HWBs), is 30 June 2023.

2.4 ICBs and their partner trusts must involve relevant Health and Wellbeing Boards (HWBs) in preparing or revising the JFP. This includes sharing a draft with each relevant HWB and consulting relevant HWB's on whether the JFP takes proper account of each relevant Joint Local Health and Wellbeing Strategy (JLHWS).

2.5 ICBs and their partner trusts must consult with those for whom the ICB has core responsibility (people who are registered with a GP practice associated with the ICB, or unregistered patients who usually reside in the ICB's area, as described in the ICB constitution) and anyone else they consider appropriate. This should include the ICP and NHS England (with respect to the commissioning functions that have been and will be delegated to ICBs). A draft JFP should be shared with the relevant ICP and NHS England.

2.6 ICBs and their partner trusts should agree processes for finalising and signing off the JFP. The final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives – and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees.

2.7 Derby and Derbyshire ICB (DDICB) has started early preparatory work to develop the content of how it will meet the statutory duties and has held a

development session with its Board to shape the localised content of the work within the set framework. Some further detail about this is set out below in section 2.9. The areas that content is being developed for with respect to our duties are covered in the accompanying guidance (appendix 4).

2.8 At the end of March the ICB are aiming to be able to demonstrate the following:

- Tangible progress in the development of the plan including the minimum requirements set out in the guidance and priorities set out in the Integrated Care Strategy;

- Engagement with partners, including HWBs and trust partners as joint owners of the JFP;

- A clear plan for finalising the JFP, including further engagement with partners including the HWB.

2.9 With regards to the local priorities which will form the main focus area of the DDICB JFP, the ICB are seeking to build out these local priority areas from the following:

1. Key areas identified in the 23/24 plan – access, prevention and productivity are key themes to support managing the urgent and emergency care risks & recovering the elective care waiting time position
2. The productivity challenge opportunities, would be based on benchmarking and evidence-based approaches
3. The specific actions the ICB will take in response to the ICP Integrated Care Strategy priorities – responding to the ask made of the ICB from the priority workstreams across Starting Well, Living Well and Ageing/Dying Well.
4. Health inequalities – targeted actions from year one
5. Population health approach: Targeted improvement plan for healthcare improvement in the local population, with a Place lens and Primary Care Network lens.

2.9.1 During development work, the existing strategy of the Derbyshire HWB has been considered, particularly the overarching outcomes and aims to increase life expectancy and health life expectancy. Through the ICP partnership across health and care, the views are already aligned on the key priority areas to improve the health of the population and therefore, have a solid foundation upon which to build the JFP from.

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2.9.2 The outline approach to engagement will include:

- ICP partner engagement in framework and content
- Formal discussion and review at both HWBs between March and June
- Engagement through the ICB sub-committees, particularly Population Health, Public Partnerships, People & Culture and finance
- Consideration of public consultation requirements and engagement activities with approach developed accordingly
- Impact assessments undertaken for relevant content, underpinned by appropriate risk management / documented risks and mitigations
- Development of a "what the JFP means for me" guide alongside the publication to ensure well considered alignment and meaning to a range of stakeholders and organisations.

3. Alternative Options Considered

3.1 The options are for the approach that is taken to develop the JFP as opposed to an option not to produce one in accordance with the requirements as set out above. These variations to the approach could include:

- A more dominant focus on the statutory duties and presenting the documentation more as an assurance statement against the duties, rather than the local priorities for development
- Purely referencing existing partner strategies and plans and the commitment to supporting the delivery of these – ICP Integrated Care Strategy, HWB Strategies etc.

3.2 The ICB is recommending not to follow the above approaches as this will mean a lost opportunity for the ICB to set out its own contribution within the broader health and wellbeing and integrated care landscape. It is important that the ICB is able to articulate the specific plans and impacts of delivery against the areas articulated in section 2.9 as they are key to improving the health and outcomes of the local population. A 5-year time period also enables the development of more medium and longer term interventions which will not have their greatest impact through short term operational planning.

4. Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 A formal consultation has not been undertaken at this stage as the approach is still being developed. The engagement approach is set out in section 2.9.2.

6. Partnership Opportunities

6.1 To support the development and alignment of the JFP, the ICB pose some questions for the HWB to consider when discussing this item:

1. What are the views of the Board on the proposed approach to developing the JFP? What else needs to be considered as it is further developed?
2. What would the Board like to see in the local priority areas and are there any opportunities for strengthening the alignment to HWB priorities?
3. How would the Board like to be engaged in the work going forward ahead of final publication at the end of June?

7. Background Papers

7.1 Appendices are enclosed instead. See section 8.

8. Appendices

8.1 Appendix 1 – Implications.
8.2 Appendix 2 – Guidance on developing the joint forward plan
8.3 Appendix 3 – 2023/24 priorities and operational planning guidance
8.4 Appendix 4 – Joint forward plan guidance – supporting materials

9. Recommendation(s)

That the Health and Wellbeing Board:

a) Note the contents of the report
b) Offer guidance and feedback on the questions posed in section 6 to support the effective development and delivery of the Derby and Derbyshire ICB's Joint Forward Plan – 5 Year Plan.

10. Reasons for Recommendation(s)

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10.1 The ICB wish to engage with the Derbyshire HWB on the proposed approach and to ensure alignment in the work to develop the strategy. The ICB values the contribution of partners in this piece of work to ensure the greatest impact is made in improving the health of the local communities that the ICB serve.

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Organisation: Derby and Derbyshire ICB
HWB Sponsor: Dr Chris Clayton, Chief Executive Officer, Derby and Derbyshire ICB

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Appendix 1

Implications

Financial

1.1 There are no financial implications of this report. The ICB are yet to determine financial implications of the future developed JFP.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 This is yet to be determined. The development of the JFP will inform impact and how the ICB will seek to make improvement from an equality's perspective.

Partnerships

5.1 Implications for other members of the HWB are yet to be determined. However, it is important to note that the ICB are seeking to align the JFP to already developed strategies across the partnership and therefore this work should serve to strengthen and improve the impact across a range of outcomes associated with population health.

Health and Wellbeing Strategy priorities

6.1 In terms of the HWB priorities:

1. Enable people in Derbyshire to live healthy lives.
2. Work to lower levels of air pollution.
3. Build mental health and wellbeing across the life course.
4. Support our vulnerable populations to live in well-planned and healthy homes.
5. Strengthen opportunities for quality employment and lifelong learning.

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Through our existing partnership work and the planned priority areas in the developing JFP, the ICB see a specific alignment and direct contribution in particular to priorities 1 and 3 which give the local focus of the JFP on improving population health. In addition, there is a direct connection to priorities 2, 4 and 5 from a broader socioeconomic and wider determinants of health perspective and through alignment to the ICP strategy, there will be a benefit in these areas too through joint partnership efforts.

Other implications

7.1 None at this stage.

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Classification: Official

Publication approval reference: PR1940

Guidance on developing the joint forward plan

Version 1.0, 23 December 2022

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1. Introduction

This guidance supports integrated care boards (ICBs) and their partner NHS trusts and foundation trusts (referred to collectively in this guidance as partner trusts) to develop their first 5-year joint forward plans (JFPs) with system partners. The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts[1] to prepare their JFP before the start of each financial year.

This guidance sets out a flexible framework for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity. It also states specific statutory requirements that plans must meet.

It should be read alongside guidance on NHS priorities and operational planning which can be found here. Specific JFP supporting resources will be available here.

1.1 Action required of integrated care boards (ICBs) and their partner trusts

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. We therefore expect that the process for consulting on a draft (or drafts) of the plan, should be commenced with a view to producing a version by 31 March, but recognise that consultation on further iterations may continue after that date, prior to the plan being finalised in time for publication and sharing by 30 June.

ICBs and their partner trusts must consult with those for whom the ICB has core responsibility[2] and anyone else they consider appropriate. This should include the ICP and NHS England (with respect to the commissioning functions that have been

[1] The ICB's partner NHS trusts and foundation trusts are named in its constitution
[2] People who are registered with a GP practice associated with the ICB, or unregistered patients who usually reside in the ICB's area (as described in the ICB constitution).

and will be delegated to ICBs). A draft JFP should be shared with the relevant ICP and NHS England; see section 4.1.

ICBs and their partner trusts must involve relevant HWBs in preparing or revising the JFP. This includes sharing a draft with each relevant HWB, and consulting relevant HWB's on whether the JFP takes proper account of each relevant joint local health and wellbeing strategy (JLHWS); see section 4.1.

ICBs and their partner trusts should agree processes for finalising and signing off the JFP. The final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives – and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees. JFPs must be reviewed and, where appropriate, updated before the start of each financial year; see section 4.2.

1.2 Purpose of the joint forward plan

Systems have significant flexibility to determine their JFP's scope as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts. However, we encourage systems to use the JFP to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the JLHWS (developed by local authorities and their partner ICBs, which may be through HWBs) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.

As a minimum, the JFP should describe how the ICB and its partner 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[3], address ICSs' four core purposes and meet legal requirements[4].

1.3 Relationship with NHS planning

ICBs and their partner trusts will continue to separately submit specific operational and financial information as part of the nationally co-ordinated NHS planning

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[3] For the purposes of this guidance, universal NHS commitments are those described in the annual NHS priorities and operational planning guidance and NHS Long Term Plan.
[4] This includes the National Health Service Act 2006 and the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010.

process. We will work with systems to avoid duplication and ensure alignment between NHS planning submissions and the public-facing JFP.

2. Principles

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.

Box 1: JFP principles

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.

3. Legislative requirements

Statute describes the purpose of the JFP, the NHS mandate, the integrated care strategy, JLHWSs, joint strategic needs assessments (JSNAs) and system capital plans. For the relationship between the various requirements, see Appendix 1.

Appendix 2, Table 1 describes each statutory requirement the JFP must meet.

4. Developing the joint forward plan

4.1 Consultation

Close engagement with partners will be essential to the development of JFPs[5]. This includes working with:

- the ICP (ensuring this also provides the perspective of social care providers)[6]
- primary care providers[7]
- local authorities and each relevant HWB
- other ICBs in respect of providers whose operating boundary spans multiple ICSs
- NHS collaboratives, networks and alliances
- the voluntary, community and social enterprise sector
- people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives, in accordance with the requirement to consult described below.

Where an ICB and its partner trusts are developing their JFP or revising an existing plan in a way they consider to be significant (see section 4.2 for revision of plans), there is a statutory duty to consult:

- people for whom the ICB has core responsibility: i.e. those registered with a GP practice associated with the ICB or unregistered patients who usually reside in the ICB's area (as described in the ICB constitution)

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[5] This relates to the general duty of ICBs to involve the public (s14Z45 of the NHS Act 2006), the duty of NHS trusts to involve the public (s242 of the NHS Act 2006) and the ICB duty to consult with the public and other relevant persons when developing the JFP (s14Z54 of the NHS Act 2006).
[6] See guidance on adult social care principles for ICPs; this advises on how ICPs and adult social care providers should work together.
[7] This includes the full breadth of primary care services, including general practice, community pharmacy, optometry and dental services.

- anyone else they consider it appropriate to consult: e.g. specific organisations with an interest in the plan or whose views it would be useful to obtain, and out-of-area patients who receive treatment funded by the ICB.

The approach should be determined by the ICB and its partner trusts but could involve working with people to understand how services can better meet local needs, developing priorities for change and gathering feedback on draft JFPs.

As JFPs will build on and reflect existing JSNAs, JLHWSs and NHS delivery plans, we do not anticipate their development will require full formal public consultation, unless a significant reconfiguration or major service change is proposed.[8]

Previous local patient and public engagement exercises and subsequent action should inform the JFP. The ICB and its partners will need to consider how this is managed to maximise the benefits from engagement and fulfil these statutory duties efficiently.

The JFP must be reviewed and either updated or confirmed annually before the start of each financial year. For consistency and to avoid duplication of effort, we recommend ICBs and their partner trusts develop a standard approach to consulting on the JFP, while recognising this may need to change over time.

In developing the JFP, ICBs and their partner trusts should consider other relevant duties: e.g. seeking the views of underserved groups (such as inclusion health and vulnerable populations) as part of the duty to reduce inequalities. They must also show they have discharged their legal duty under the Public Sector Equality Duty (s.149, Equality Act 2010).

ICBs and their partner trusts must include in their JFP a summary of the views expressed by anyone they have a duty to consult and explain how they have taken them into account.

Further guidance on public engagement and consultation for ICBs is on our website.

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[8] See also Cabinet Office guidance on consultation principles and Local authority health scrutiny guidance (which provides guidance on service reconfigurations and scrutiny by health overview and scrutiny committees).

NHS England’s role

We will support ICBs and their partner trusts to develop JFPs – please engage early with us. This will be of particular importance, for example, in relation to the services that we will delegate in future to ICBs.

We will review and comment on the draft JFP, and we recommend this is done in parallel with the review by HWBs (see below). This will not be a formal assurance process but an opportunity to support ICBs and their partner trusts to develop their plans.

Separately we will continue to conduct formal assurance of the information submitted in operational planning returns.

Role of health and wellbeing boards

In preparing or revising their JFPs, ICBs and their partner trusts are subject to a general legal duty to involve each HWB whose area coincides with that of the ICB, wholly or in part. The plan itself must describe how the ICB proposes to implement relevant JLHWSs.[9]

ICBs and their partner trusts must send a draft of the JFP to each relevant HWB when initially developing it or undertaking significant revisions or updates. They must consult those HWBs on whether the draft takes proper account of each JLHWS published by the HWB that relates to any part of the period to which the JFP relates. A HWB must respond with its opinion and may also send that opinion to us, telling the ICB and its partner trusts it has done so (unless it informed them in advance that it was planning to do so)[10].

If an ICB and its partner trusts subsequently revises a draft JFP, the updated version should be sent to each relevant HWB, and the consultation process described above repeated.

The JFP must include a statement of the final opinion of each HWB consulted.

[9] A joint local health and wellbeing strategy (JLHWS) is defined as a strategy under section 116A of the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Care Act 2022.

[10] We may discuss this opinion with the ICB and its partner NHS trusts and foundation trusts.

4.2 Revision of joint forward plans

Annual updates

ICBs and their partner trusts should review their JFP before the start of each financial year, by updating or confirming that it is being maintained for the next financial year. They may also revise the JFP in-year if they consider this necessary.

We recognise that 2022/23 is a transition year for ICSs and that it will require time and extensive engagement to fully develop integrated care strategies. The annual refresh of JFPs allows plans to be iterated and provides the opportunity for further engagement and collaboration, as well as the opportunity to continue to reflect the most appropriate delivery mechanisms and partners' actions.

Where an ICB and its partner trusts update the JFP, in a way they consider to be significant, the same requirements regarding engagement and consultation apply.

Available support

Supporting resources providing further content recommendations will be available soon.

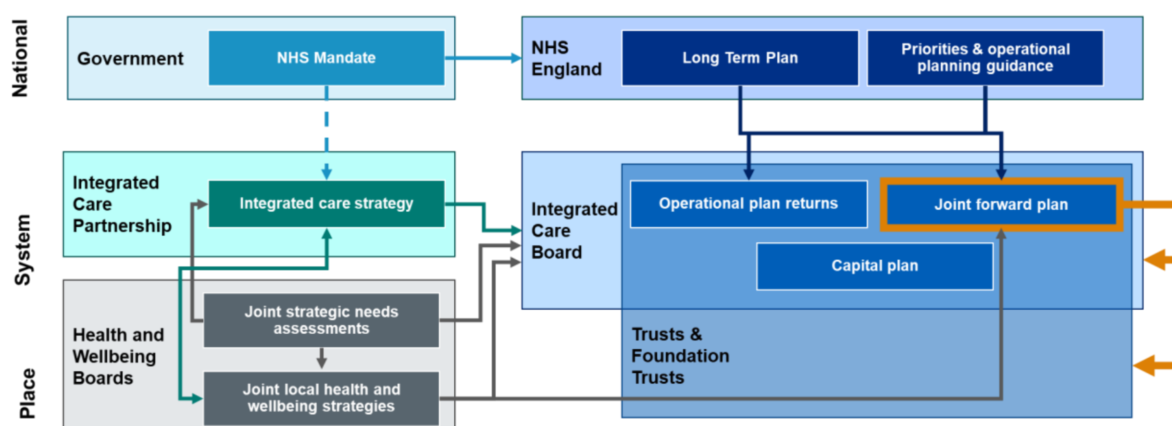
NHS England regional teams can offer support and advice and should be engaged early.

Please direct any technical queries to england.nhs-planning@nhs.net.

Appendix 1: Legislative framework – further detail

Figure 1 shows the statutory framework relating to the JFP. Please note, it does not show interaction with wider system partners.

Figure 1: Relationship of the JFP with other strategies and plans[11]



NHS mandate

The government's mandate to NHS England sets out our objectives, revenue and capital resource limits. This informs both our guidance on priorities and planning requirements and the integrated care strategy.

The JFP will address objectives in the government mandate regarding the ambitions in the NHS Long Term Plan and NHS planning guidance. It will also deliver on the integrated care strategy, which must have regard to the mandate.

Integrated care strategy

The Department of Health and Social Care has issued guidance on the development of integrated care strategies.

[11] In some systems, HWBs' geography is coterminous (or nearly coterminous) with the system footprint and therefore the relationships may be different.

The Local Government and Public Involvement in Health Act 2007, as amended by the Health and Care Act 2022, requires the ICP to produce an integrated care strategy. This should describe how the local population's assessed needs will be met through the exercise of functions by the ICB, local authorities and NHS England. It must address integration of health and social care and should address integration with health-related services.

In addition, the ICP must have regard to the NHS mandate in developing the integrated care strategy. As such, it should reflect both NHS priorities described in the mandate and the local population's assessed needs.

The ICB has a statutory duty to have regard to the relevant integrated care strategy in exercising its functions. The JFP is expected to set out steps for delivering the integrated care strategy.

Capital plan

Before the start of each financial year, ICBs and their partner trusts must set out their planned capital resource use. We will publish separate guidance on preparing capital plans.

The content of the JFP should be consistent with this capital plan.

Joint strategic needs assessments (JSNA)

JSNAs, developed by each responsible local authority and its partner ICBs, assess needs that can be met or be affected by the responsible local authority, its partner ICBs or NHS England. These include the local community's current and future health, care and wellbeing needs, as well as the wider determinants of health which affect those needs, to inform local decision-making and collaboration on development of JLHWSs and the integrated care strategy.

The ICB has a statutory duty to have regard to JSNAs when exercising any relevant functions. The JFP is expected to describe delivery plans to meet the population health needs of people in the ICB's area.

Joint local health and wellbeing strategies

Each responsible local authority and its partner ICBs will have produced a JLHWS. This is a strategy to meet the needs identified in JSNAs and is unique to each local area. The ICP is expected to build on the JLHWS, which may be facilitated by shared membership across HWBs and the ICP.

Each responsible local authority and its partner ICBs are required to consider whether JLHWSs need to be updated in response to any new or updated integrated care strategy.

The ICB has a statutory duty to have regard to JLHWSs in exercising any relevant functions. The steps that the ICB proposes to take to implement any JLHWS must be described in the JFP.

Appendix 2: Legislative requirements – further detail

Table 1: Summary of legislative requirements

Legislative requirement	Description	Implications for the JFP
Describing the health services for which the ICB proposes to make arrangements	The plan must describe the health services for which the ICB proposes to make arrangements in the exercise of its functions.	The plan should set out how the ICB will meet its population's health needs. As a minimum, it should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of their population.
Duty to promote integration	Each ICB must exercise its functions with a view to ensuring that health services are delivered in an integrated way and that their provision is integrated with that of health-related or social care services, where this would: • improve quality of those services • reduce inequalities in access and outcomes.	Plans should describe how ICBs will integrate health services, social care and health-related services to improve quality and reduce inequalities. This could include organisational integration (e.g. provider collaboratives), functional integration (e.g. non-clinical functions), service or clinical integration (e.g. through shared pathways, multidisciplinary teams, clinical assessment processes).

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Legislative requirement	Description	Implications for the JFP
		This must include delivery on the integration ambitions described in the relevant integrated care strategy and joint local health and wellbeing strategies (JLHWSs).
Duty to have regard to wider effect of decisions	In making decisions about the provision of healthcare, an ICB must consider the wider effects of its decisions, also known as the 'triple aim' of (a) health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing), (b) quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services) and (c) sustainable and efficient use of resources by NHS bodies.	The plan should articulate how the triple aim was considered in its development. It should also describe approaches to ensure the triple aim is embedded in decision-making and evaluation processes.
Financial duties	The plan must explain how the ICB intends to discharge its financial duties	The plan must describe how the financial duties under sections 223GB to 223N of the NHS Act 2006 will be addressed. This includes ensuring that the expenditure of each ICB and its partner trusts in a financial year (taken together) does not exceed the aggregate of any sums received by them in the year,

Legislative requirement	Description	Implications for the JFP
		and complying with NHS England financial objectives, directions and expenditure limits. It should also set out how the efficiency and productivity of NHS services will be improved in line with the core purpose to 'enhance productivity and value for money'. This should include the key actions the ICB will take to ensure that the collective resources of the health system are used effectively and efficiently. This could include specific plans to support the effectiveness of financial governance and controls; address unwarranted variation; strengthen understanding of the cost of whole care pathways; maximise consolidation and collaboration opportunities across corporate services; unlock efficiency through capital investment; and improve use of NHS estate.
Implementing any JLHWS	The plan must set out the steps that the ICB proposes to take to implement any JLHWSs to which it is required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.	The plan must set out steps the ICB will take to deliver on ambitions described in any relevant JLHWSs, including identified local target outcomes, approaches and priorities.

Legislative requirement	Description	Implications for the JFP
Duty to improve quality of services	Each ICB must exercise its functions with a view to securing continuous improvement in: • the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness • outcomes including safety and patient experience.	The plan should contain a set of quality objectives that reflect system intelligence. It should include clearly aligned metrics (on processes and outcomes) to evidence ongoing sustainable and equitable improvement. Quality priorities should go beyond performance metrics and look at outcomes and preventing ill-health, and use the Core20PLUS5 approach to ensure inequalities are considered. Plans should align with the National Quality Board principles.
Duty to reduce inequalities	Each ICB must have regard to the need to (a) reduce inequalities between persons with respect to their ability to access health services and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services. There is also a duty to have regard to the wider effects of decisions on inequalities. The duty to promote integration requires consideration of securing integrated provision across health, health-related and social	The plan should set out how the ICB intends to deliver on the national vision to ensure delivery of high-quality healthcare for all, through equitable access, excellent experience and optimal outcomes. ICBs must also be mindful of, and comply with, the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010.

Legislative requirement	Description	Implications for the JFP
	services where this would reduce inequalities in access to services or outcomes achieved.	
Duty to promote involvement of each patient	Each ICB must promote the involvement of patients, and their carers and representatives (if any), in decisions that relate to (a) the prevention or diagnosis of illness in the patients or (b) their care or treatment.	The plan should describe actions to implement the Comprehensive model of personalised care, which promotes the involvement of each patient in decisions about prevention, diagnosis and their care or treatment.
Duty to involve the public	ICBs and partner trusts have a duty to involve people and communities in decisions about the planning, development and operation of services commissioned and provided.	The plans should describe how: • the public and communities were engaged in the development of the plan • the ICB and partner trusts will work together to build effective partnerships with people and communities, particularly those who face the greatest health inequalities, working with wider ICS stakeholders to achieve this • activity at neighbourhood and place level informs decisions by the system and how public involvement legal duties are met and assured.

Legislative requirement	Description	Implications for the JFP
Duty to patient choice	Each ICB must act with a view to enabling patients to make choices with respect to aspects of health services provided to them.	The plan should describe how ICBs will ensure that patient choice is considered when developing and implementing commissioning plans and contracting arrangements, and delivering services. The plan should also describe how legal rights are upheld and how choices available to patients are publicised and promoted.
Duty to obtain appropriate advice	Each ICB must obtain appropriate advice to enable it to effectively discharge its functions 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.	The plan should outline the ICB's strategy for seeking any expert advice it requires, including from local authority partners and through formal governance arrangements and broader engagement.
Duty to promote innovation	Each ICB must promote innovation in the provision of health services (including in the arrangements made for their provision).	The plan should set out how the ICB will promote local innovation, build capability for the adoption and spread of proven innovation and work with academic health science networks and other local partners to support the identification and adoption of new products and pathways that align with population health needs and address health inequalities.

Legislative requirement	Description	Implications for the JFP
Duty in respect of research	Each ICB must facilitate or otherwise promote (a) research on matters relevant to the health service and (b) the use in the health service of evidence obtained from research.	The plan should set out how the ICB will facilitate and promote research, and systematically use evidence from research when exercising its functions. This could include considering research when commissioning, encouraging existing providers to support and be involved in research delivery, recognising the research workforce in workforce planning, and supporting collaboration across local National Institute for Health and Care Research (NIHR) networks. Plans should address the research needs of the ICB's diverse communities.
Duty to promote education and training	Each ICB must have regard to the need to promote education and training[12] so as to assist the Secretary of State and Health Education England (HEE)[13] in the discharge of the duty under that section.	The plan should describe how the ICB will apply education and training as an essential lever of an integrated workforce plan that supports the delivery of services in the short, medium and long term. The plan should articulate the role of education and training in securing healthcare staff supply and

[12] This duty relates specifically to persons mentioned in section 1F(1) National Health Service Act 2006. They are "persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England".

[13] Subject to the parliamentary passage of the required Regulations, it is intended that HEE will merge with NHS England in April 2023.

Legislative requirement	Description	Implications for the JFP
		responding to changing service models, as well as the role of trainees in service delivery.
Duty as to climate change, etc	Each ICB must have regard to the need to (a) contribute towards compliance with (i) section 1 of the Climate Change Act 2008 (UK net zero emissions target) and (ii) section 5 of the Environment Act 2021 (environmental targets), and (b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.	The plan should describe how the ICB and its partner trusts will deliver against the targets and actions in Delivering a 'Net Zero' NHS , including through aligning the JFP with existing green plans.
Addressing the particular needs of children and young persons	The plan must set out any steps that the ICB proposes to take to address the particular needs of children and young persons under the age of 25.	This could include using data and gathering insights to ensure the plan identifies and sets steps for delivery of the longer-term priorities and ambitions for the ICB's population of children, young people and families.
Addressing the particular needs of victims of abuse	The plan must set out any steps that the ICB proposes to take to address the particular needs of victims of abuse (including domestic and sexual abuse, whether children or adults). It must have due regard to the	This should include related health inequalities and access to, and outcomes from, services. The plan should also cover the needs of staff who are victims of abuse.

Legislative requirement	Description	Implications for the JFP
	provisions of the Domestic Abuse Act 2021 and accompanying statutory guidance, and relevant safeguarding provisions.	This should include the use of data and lived experience to ensure the plan identifies and sets out steps for the delivery of longer-term priorities and ambitions for supporting victims, tackling perpetrators and the prevention of abuse, including through the commissioning of services.

Other content

Table 2: Other recommended content

Content	Brief description
Workforce	Evidence-based, integrated, inclusive workforce plans that ensure the right workforce with the right skills is in the right place to deliver operational priorities aligned to finance and activity plans.
Performance	Specific performance ambitions with trajectories and milestones that align with NHS operational plan submissions and pay due regard to the ambitions of the NHS Long Term Plan, as appropriate.
Digital/data	Steps to increase digital maturity and ensure a core level of infrastructure, digitisation and skills. These actions should contribute to meeting the ambition of a digitised, interoperable and connected health and care system as a key enabler to deliver more effective, integrated care. This could include reducing digital inequity and inequalities and supporting net zero objectives.
Estates	Steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them. This should align with and be incorporated within forthcoming ICS infrastructure strategies.
Procurement/supply chain	Plans to deliver procurement to maximise efficiency and ensure aggregation of spend, demonstrating delivery of best value. This could include governance and development of supporting technology and data infrastructure to align or ensure interoperability with procurement systems throughout the ICS.

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Content	Brief description
Population health management	The approach to supporting implementation of more preventative and personalised care models driven through data and analytical techniques such as population segmentation and financial demand modelling. This could include: developing approaches to better understand and anticipate population needs and outcomes (including health inequalities); using population health management approaches to understand future demand and financial risk; support redesign of integrated service models based on the needs of different groups; and putting in place the underpinning infrastructure and capability to support these approaches.
System development	How the system organises itself and develops to support delivery. This could include: governance; role of place; role of provider collaboratives; clinical and care professional leadership; and leadership and system organisational development.
Supporting wider social and economic development	How the ICB and NHS providers will support the development and delivery of local strategies to influence the social, environmental and economic factors that impact on health and wellbeing. This could include their role as strategic partners to local authorities and others within their system, as well as their direct contribution as planners, commissioners and providers of health services and as ‘anchor institutions’ within their communities.

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2023/24 priorities and operational planning guidance

Version 1.1, 27 January 2023

Foreword from the NHS CEO

Thank you to you, and to your teams, for your continued extraordinary efforts on behalf of our patients – particularly over the past weeks as we have prepared for and managed periods of industrial action. There is no denying it has been an incredibly challenging year for everyone working in the NHS, and arguably tougher than the first years of the pandemic.

We have already made real progress towards many of our goals for 2022/23 – in particular in all but eradicating two year waits for elective care and delivering record numbers of urgent cancer checks. This was achieved alongside continuing to respond to the build-up of health needs during the pandemic, an ongoing high level of COVID-19 infection and capacity constraints in social care, increased costs due to inflation and reduced productivity due to the inevitable disruption caused by COVID-19.

2023/24 will also be challenging. Our planning approach therefore reflects both our new ways of working, as recently articulated in the NHS Operating Framework, and an acknowledgement of the continuing complexity and pressure you face.

We will support local decision making, empowering local leaders to make the best decisions for their local populations and have set out fewer, more focused national objectives. These align with our three tasks over the coming year:

- recover our core services and productivity;
- as we recover, make progress in delivering the key ambitions in the Long Term Plan (LTP), and;
- continue transforming the NHS for the future.

To assist you in meeting these objectives, we have set out the most critical, evidence-based actions that will support delivery - based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access, and safety.

I look forward to continuing to work with and support you over the year ahead to deliver the highest possible quality of care for patients and the best possible value for taxpayers.

Amanda Pritchard

Our priorities for 2023/24

In 2023/24 we have three key tasks. Our immediate priority is to recover our core services and productivity. Second, as we recover, we need to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we need to continue transforming the NHS for the future.

The table below sets out our national objectives for 2023/24. They will form the basis for how we assess the performance of the NHS alongside the local priorities set by systems.

Recovering our core services and productivity

To improve patient safety, outcomes and experience it is imperative that we:

- improve ambulance response and A&E waiting times
- reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
- make it easier for people to access primary care services, particularly general practice.

Recovering productivity and improving whole system flow are critical to achieving these objectives. Essential actions include: reducing ambulance handovers, bed occupancy and outpatient follow-ups relative to first appointments; increasing day case rates and theatre utilisation; moving to self-referral for many community services where GP intervention is not clinically necessary and increasing use of community pharmacies. We must also increase capacity in beds, intermediate care, diagnostics, ambulance services and the permanent workforce. These actions are supported by specific investments, including those jointly with local authorities to improve discharge.

Our people are the key to delivering these objectives and our immediate collective challenge is to improve staff retention and attendance through a systematic focus on all elements of the NHS People Promise.

As we deliver on these objectives, we must continue to narrow health inequalities in access, outcomes, and experience, including across services for children and young people. And we must maintain quality and safety in our services, particularly in maternity services.

The NHS has an important role in supporting the wider economy and our actions to support the physical and mental wellbeing of people will support more people return to work.

Delivering the key NHS Long Term Plan ambitions and transforming the NHS

We need to create stronger foundations for the future, with the goals of the NHS Long Term Plan our 'north star'. These include our core commitments to improve mental health services and services for people with a learning disability and autistic people.

Prevention and the effective management of long-term conditions are key to improving population health and curbing the ever increasing demand for healthcare services. NHS England will work with integrated care systems (ICSs) to support delivery of the primary and secondary prevention priorities set out in the NHS Long Term Plan.

We need to put the workforce on a sustainable footing for the long term. NHS England is leading the development of a NHS Long Term Workforce Plan and government has committed to its publication next spring.

The long-term sustainability of health and social care also depends on having the right digital foundations. NHS England will continue to work with systems to level up digital infrastructure and drive greater connectivity- this includes development of a 'digital first' option for the public and further development of and integration with the NHS App to help patients identify their needs, manage their health, and get the right care in the right setting.

Transformation needs to be accompanied by continuous improvement. Successful improvement approaches are abundant across the NHS but they are far from universal. NHS England will develop the national improvement offer to complement local work, using what we have learned from engaging with over 1,000 clinical and operational leaders in the summer.

Local empowerment and accountability

ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives set out below. They should continue to pay due regard to wider NHS ambitions in determining

their local objectives – alongside place-based collaboratives. As set out in the recently published Operating Framework, NHS England will continue to support the local NHS (integrated care boards (ICBs) and providers) to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

Alongside this greater local determination, greater transparency and assurance will strengthen accountability, drawing on the review of ICS oversight and governance that the Rt Hon Patricia Hewitt is leading. We welcome the review which NHS England has been supporting closely, and we look forward to the next stage of the discussions as well as the final report. NHS England will update the NHS Oversight Framework and work with ICBs to ensure oversight and performance management arrangements within their ICS area are proportionate and streamlined.

Funding and planning assumptions

The Autumn Statement 2022 announced an extra £3.3 bn in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures we are facing.

NHS England is issuing two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations including COVID-19 and Elective Recovery Funding (ERF) are flat in real terms with additional funding available to expand capacity.

Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years. Capital allocations will be topped-up by £300 million nationally, with this funding prioritised for systems that deliver agreed budgets in 2022/23.

The contract default between ICBs and providers for most planned elective care (ordinary, day and outpatient procedures and first appointments but not follow-ups) will be to pay unit prices for activity delivered. System and provider activity targets will be agreed through planning as part of allocating ERF on a fair shares basis to systems. NHS England will cover additional costs where systems exceed agreed activity levels.

ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners. Further details will be set out in the revenue finance and contracting guidance for 2023/24.

Next steps

ICBs are asked to work with their system partners to develop plans to meet the national objectives set out in this guidance and the local priorities set by systems. To assist them in this, the annex identifies the most critical, evidence-based actions that systems and NHS providers are asked to take to deliver these objectives. These are based on what systems and providers have already demonstrated makes the most difference to patient outcomes, experience, access, and safety.

System plans should be triangulated across activity, workforce, and finance, and signed off by ICB and partner trust and foundation trust boards before the end of March 2023. NHS England will separately set out the requirements for plan submission.

National NHS objectives 2023/24

	Area	Objective
Recovering our core services and improving productivity	Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system- specific activity target (agreed through the operational planning process)
	Cancer	Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
LTP and transformation	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
		Increase the number of adults and older adults accessing IAPT treatment
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
		Work towards eliminating inappropriate adult acute out of area placements
		Recover the dementia diagnosis rate to 66.7%
		Improve access to perinatal mental health services
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
		Continue to address health inequalities and deliver on the Core20PLUS5 approach

**ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published.*

Annex

This annex sets out the key evidence-based actions that will help deliver the objectives set out above and the resources being made available to support this. All systems are asked to develop plans to implement these. To assist systems in developing their plans a summary of other guidance, best practice, toolkits and support available from NHS England is available on the planning pages of FutureNHS.

1. Recovering our core services and productivity

1A. Urgent and emergency care (UEC)

Key actions:

- Increase physical capacity and permanently sustain the equivalent of the 7,000 beds of capacity that was funded through winter 2022/23
- Reduce the number of medically fit to discharge patients in our hospitals, addressing NHS causes as well as working in partnership with Local Authorities.
- Increase ambulance capacity.
- Reduce handover delays to support the management of clinical risk across the system in line with the November 2022 letter.
- Maintain clinically led System Control Centres (SCCs) to effectively manage risk.

In order to improve patient flow, we all agree we need to reduce bed occupancy to at least 92% (NHS review of winter), increase physical capacity in inpatient settlings to reflect changes in demographics and health demand (Projections: General and acute hospital beds in England (2018–2030)), as well as improve support for patients in the community. NHS England [working with the Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC)] will develop a UEC recovery plan with further detail and this will be published in the new year. Delivery of this plan and the objectives set out in this guidance are supported by:

- £1bn of funding through system allocations to increase capacity based on agreed system plans. NHS England anticipates that capacity will be focused on increasing G&A capacity, intermediate and step-down care, and community beds with an expectation that utilisation of virtual wards is

increased towards 80% by the end of September 2023. NHS England will continue share best practice across a range of conditions to support this.
- £600m provided equally through NHS England and Local Authorities and made available through the Better Care Fund in 2023/34 (and £1bn in 2024/25) to support timely discharge. In addition, a £400m ring-fenced local authority grant for adult social care will support discharge among other goals. Further detail will be set out in the revenue finance and contracting guidance for 2023/24.
- An increase in allocations for systems that host ambulance services to increase ambulance capacity.

1B. Community health services

Key actions:
- Increase referrals into urgent community response (UCR) from all key routes, with a focus on maximising referrals from 111 and 999, and creating a single point of access where not already in place
- Expand direct access and self-referral where GP involvement is not clinically necessary. By September 2023, systems are asked to put in place:
    - direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations
    - self-referral routes to falls response services, musculoskeletal services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services.

Expanding direct access and self-referrals empowers patients to take control of their healthcare, streamlines access to services and reduces unnecessary burden on GP appointments.

NHS England will allocate core funding growth for community health services as part of the overall ICB allocation growth, with £77m of Service Development Funding maintained in 2023/24.

1C. Primary care

Key actions:
- Ensure people can more easily contact their GP practice (by phone, NHS App, NHS111 or online).

- Transfer lower acuity care away from both general practice and NHS 111 by increasing pharmacy participation in the Community Pharmacist Consultation Service.

NHS England will publish the General Practice Access Recovery Plan in the new year which will provide details of the actions needed to achieve the goals above. In addition, once the 2023/24 contract negotiations have concluded, we will also publish the themes we are looking to engage with the profession on that could take a significant step towards making general practice more attractive and sustainable and able to deliver the vision outlined in the Fuller Stocktake, including prioritising continuity of care for those who need it. The output from this engagement will then inform the negotiations for the 2024/25 contract.

Delivery of this plan and the objectives set out in this guidance are supported by funding for general practice as part of the five year GP contract, including funding for 26,000 additional primary care staff through the Additional Roles Reimbursement Scheme (ARRS). ICB primary medical allocations are being uplifted by 5.6% to reflect the increases in GP contractual entitlements agreed in the five-year deal, and the increased ARRS entitlements. Data on general practice appointments is being published, including at practice-level, and work is ongoing to improve the quality and use of the data.

1D. Elective care

Key actions:

- Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024
- Increase productivity and meet the 85% day case and 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings
- Offer meaningful choice at point of referral and at subsequent points in the pathway, and use alternative providers if people have been waiting a long time for treatment including through the Digital Mutual Aid System (DMAS)

The goals for elective recovery are set out in the 'Delivery plan for tackling the COVID-19 backlog of elective care'. These include delivery of around 30% more elective activity by 2024/25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and

guidance. Meeting this goal of course still depends on returning to and maintaining low levels of COVID-19, enabling the NHS to restore normalised operating conditions and reduce high levels of staff absence. We will agree targets with systems for 2023/24 through the planning round towards that goal on the basis that COVID-19 demand will be similar to that in the last 12 months. The contract default will be to pay for most elective activity (including ordinary, day and outpatient procedures and first appointments but excluding follow-ups) at unit prices for activity delivered.

ICBs and trusts are asked to update their local system plans, actively including independent sector providers, setting out the activity, workforce, financial plans and transformation goals that will support delivery of these objectives.

Elective recovery is an important component for the economy in reducing labour market inactivity. The reduction in the backlog should enable people to recover and live healthy, productive lives once again. DHSC is currently undertaking analysis to estimate the number of people who will be able to return to the workplace and will publish this a complement to this guidance by 10 February 2023.

NHS England will allocate £3bn of ERF to ICBs and regional commissioners on a fair shares basis and continue to work with systems and providers to maximise the impact of the three-year capital Targeted Investment Fund put in place in 2022. Further details will be set out in the *Revenue finance and contracting guidance for 2023/24* and *Capital guidance update 2023/24.*

1E. Cancer

Key actions:

- Implement and maintain priority pathway changes for lower GI (at least 80% of FDS lower GI referrals are accompanied by a FIT result), skin (teledermatology) and prostate cancer (best practice timed pathway)
- Increase and prioritise diagnostic and treatment capacity, including ensuring that new diagnostic capacity, particularly via community diagnostic centres (CDCs), is prioritised for urgent suspected cancer. Nationally, we expect current growth levels to translate into a requirement for a 25% increase in diagnostic capacity required for cancer and a 13% increase in treatment capacity.

- Expand the Targeted Lung Health Checks (TLHC) programme and ensure sufficient diagnostic and treatment service capacity to meet this new demand.
- Commission key services which will underpin progress on early diagnosis, including non-specific symptoms pathways (to provide 100% population coverage by March 2024), surveillance services for liver; and work with regional public health commissioners to increase colonoscopy capacity to accommodate both the extension of the NHS bowel cancer screening programme to 54 year olds and the inclusion of Lynch patients, and to increase capacity within the NHS breast screening programme for patients with BRCA.

The NHS is implementing one of the most comprehensive strategies on early diagnosis anywhere in the world. Cancer Alliances and the ICBs they serve will lead the local delivery of this NHS-wide strategy. NHS England is providing over £390m in cancer service development funding to Cancer Alliances in each of the next two years to support delivery of this strategy and the operational priorities for cancer set out above. As in previous years, the Cancer Alliance planning pack will provide further information to support the development of cancer plans by alliances and these, subject to ICB agreement, are expected to form part of wider local system plans.

1F. Diagnostics

Key actions:

- Maximise the pace of roll-out of additional diagnostic capacity, delivering the second year of the three-year investment plan for establishing Community Diagnostic Centres (CDCs) and ensuring timely implementation of new CDC locations and upgrades to existing CDCs
- Deliver a minimum 10% improvement in pathology and imaging networks productivity by 2024/25 through digital diagnostic investments and meeting optimal rates for test throughput
- Increase GP direct access in line with the national rollout ambition and develop plans for further expansion in 2023/24 (NHS England will publish separate guidance to support the increase in GP direct access)

Timely access to diagnostics is critical to providing responsive, high quality services and supporting elective recovery and early cancer diagnosis. NHS England has

provided funding to support the development of pathology and imaging networks and the development and rollout of CDCs. £2.3bn of capital funding to 2025 has also been allocated to support diagnostic service transformation, including to implement CDCs, endoscopy, imaging equipment and digital diagnostics.

1G. Maternity and neonatal services

Key actions:

- Continue to deliver the actions from the final Ockenden report as set out in the April 2022 letter as well as those that will be set out in the single delivery plan for maternity and neonatal services .
- Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices
- Implement the local equity action plans that every local maternity and neonatal system (LMNS)/ICB has in place to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities (Black, Asian and Mixed ethnic groups and those living in the most deprived areas).

NHS England will publish a single delivery plan for maternity and neonatal services in early 2023. This will consolidate the improvement actions committed to in Better Births, the NHS Long Term Plan, the Neonatal Critical Care Review, and reports of the independent investigation at Shrewsbury and Telford Hospital NHS Trust and the independent investigation into maternity and neonatal services in East Kent.

To support delivery including addressing the actions highlighted in the Ockenden report NHS England has invested a further £165m through the maternity programme for 2023/24. This is £72m above the £93m baselined in system allocations to support the maternity and neonatal workforce. That investment has increased the number of established midwifery posts by more than 1;500 compared to 2021.

1H. Use of resources

To deliver a balanced net system financial position for 2023/24 and achieve our core service recovery objectives, we must meet the 2.2% efficiency target agreed with government and improve levels of productivity.

ICBs and providers should work together to:

- Develop robust plans that deliver specific efficiency savings and raise productivity consistent with the goals set out in this guidance to increase activity and improve outcomes within allocated resources.
- Put in place strong oversight and governance arrangements to drive delivery, supported by clear financial control and monitoring processes.

Plans should include systematic approaches to understand where productivity has been lost and the actions needed to restore underlying productivity, including, but not be limited to, measures to:

- **Support a productive workforce** taking advantage of opportunities to deploy staff more flexibly. Systems should review workforce growth by staff group and identify expected productivity increases in line with the growth seen.
- **Increase theatre productivity** using the Model Hospital System theatre dashboard and associated GIRFT training and guidance, and other pathway and service specific opportunities.

Plans should also set out measures to release efficiency savings, including actions to:

- **Reduce agency spending** across the NHS to 3.7% of the total pay bill in 2023/24 which is consistent with the system agency expenditure limits for 2023/24 that are set out separately. NHS England has published toolkits to support this.
- **Reduce corporate running costs** with a focus on consolidation, standardisation, and automation to deliver services at scale across ICS footprints. NHS England has published annual cost data benchmarking and a corporate service improvement toolkit .
- **Reduce procurement and supply chain costs** by realising the opportunities for specific products and services. Systems should work to the operating model and commercial standards and the consolidated supplier frameworks agreed with suppliers through Supply Chain Coordination Limited (SCCL). Systems should engage with the Specialised Services Devices Programme to leverage the benefits across all device areas.
- **Improve inventory management**. NHS Supply Chain will lead the implementation of an inventory management and point of care solution. National funding will support providers that do not have effective inventory management systems.
- *Purchase medicines at the most effective price point* by realising the opportunities for price efficiency identified by the Commercial Medicines Unit, and ensure we get the best value from the NHS medicines bill. National support

to deliver efficiencies will continue to be available for systems through the National Medicines Value Programme.

2. Delivering the key NHS Long Term Plan ambitions and transforming the NHS

2A. Mental health

Key actions:

- Continue to achieve the Mental Health Investment Standard by increasing expenditure on mental health services by more than allocations growth.
- Develop a workforce plan that supports delivery of the system's mental health delivery ambition, working closely with ICS partners including provider collaboratives and the voluntary, community and social enterprise (VCSE) sectors.
- Improve mental health data to evidence the expansion and transformation of mental health services, and the impact on population health, with a focus on activity, timeliness of access, equality, quality, and outcomes data.

As systems update their local plans, they are also asked to set out how the wider commitments in the NHS Mental Health Implementation Plan 2019/20–2023/24 will be taken forward to improve the quality of local mental healthcare across all ages in line with population need. ICSs are asked to continue to work across systems, both as Anchor Institutions and in their role to promote population health outcomes to take every opportunity to promote economic activity in local communities, including supporting people often excluded from the workplace due to mental health conditions into meaningful occupation, which we know can be beneficial for mental health and wellbeing, where it is in line with an individual's identified goals.

NHS England has allocated funding to grow the workforce and expand services to support delivery of the mental health NHS Long Term Plan commitments. In particular, NHS England will continue to support the growth in IAPT workforce by providing 60% salary support for new trainees in 2023/24. We will also support ICBs to co-produce a plan by 31 March 2024 to localise and realign mental health and learning disability inpatient services over a three year period as part of a new quality transformation programme.

2B. People with a learning disability and autistic people

Key actions:

- Continue to improve the accuracy and increase size of GP Learning Disability registers.
- Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in this guidance. (The workforce baselining exercise completed during 2022/23 will assist in the development of local, integrated, workforce plans to support delivery.)
- Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times.

NHS England has allocated funding of £120m to support system delivery against the objectives and will publish guidance on models of mental health inpatient care to support a continued focus on admission avoidance and improving quality.

2C. Embedding measures to improve health and reduce inequalities

Key actions:

- Update plans for the prevention of ill-health and incorporate them in joint forward plans, paying due regard to the NHS Long Term Plan primary and secondary prevention priorities, including a continued focus on CVD prevention, diabetes and smoking cessation. Plans should:
  - build on the successful innovation and partnership working that characterised the COVID vaccination programme and consider how best to utilise new technology such as home testing. NHS England will publish a tool summarising the highest impact interventions that can be – and are already being – implemented by the NHS.
  - have due regard to the government's Women's Health Strategy.
- Continue to deliver against the five strategic priorities for tackling health inequalities and:
  - take a quality improvement approach to addressing health inequalities and reflect the Core20PLUS5 approach in plans
  - consider the specific needs of children and young people and reflect the Core20PLUS5 – An approach to reducing health inequalities for children and young people in plans
  - establish High Intensity Use services to support demand management in UEC.

Funding is provided through core ICB allocations to support the delivery of system plans developed with public health, local authority, VCSE and other partners. The formula includes an adjustment to weight resources to areas with higher avoidable mortality and the £200m of additional funding allocated for health inequalities in 2022/23 is also being made recurrent in 2023/24.

2D. Investing in our workforce

In 2022/23 systems were asked to develop whole system workforce plans. These should be refreshed to support:

- Improved staff experience and retention through systematic focus on all elements of the NHS People Promise and implementation of the Growing Occupational Health Strategy, improving attendance toolkit and Stay and Thrive Programme.
- Increased productivity by fully using existing skills, adapting skills mix and accelerating the introduction of new roles (e.g. anaesthesia associates, AHP support workers, pharmacy technicians and assistants, first contact practitioners, and advanced clinical practitioners).
- Flexible working practices and flexible deployment of staff across organisational boundaries using digital solutions (e-rostering, e-job planning, Digital Staff Passport).
- Regional multi professional education and training investment plans (METIP) and ensure sufficient clinical placement capacity, including educator/trainer capacity, to enable all NHS England- funded trainees and students to maintain education and training pipelines.
- implementation of the Kark recommendations and Fit and Proper Persons (FPP) test.

NHS England is increasing investment in workforce education and training in real terms in each of the next two years.

2E. Digital

Key actions:

- Use forthcoming digital maturity assessments to measure progress towards the core capabilities set out in What Good Looks Like (WGLL) and identify the areas that need to be prioritised in the development of plans. Specific expectations will be set out in the refreshed WGLL in early 2023.

- Put the right data architecture in place for population health management (PHM).
- Put digital tools in place so patients can be supported with high quality information that equips them to take greater control over their health and care.

DHSC recently published strategic plans for digital, data and technology. Data saves lives and A plan for digital health and social care set out how digitised services can support integration and service transformation. NHS England will:

- Provide funding to help ICSs meet minimum digital foundations, especially electronic records in accordance with WGLL.
- Procure a Federated Data Platform, available to all ICSs, with nationally developed functionality including tools to help maximise capacity, reduce waiting lists and co-ordinate care.
- Roll out new functionality for the NHS App, to help people take greater control over their health and their interactions with the NHS, including better support to get to the right in-person or digital service more quickly, access to their patient records, improved functionality for prescriptions and improved support for hospital appointments and choice ahead of next winter.
- Accelerate the ambition of reducing the reporting burden on providers and addressing the need for more timely automated data through the Faster Data Flows (FDF) Programme.

Funding is allocated to meet minimum digital foundations (especially electronic patient records) and scale up use of digital social care records in accordance with WGLL.

2F. System working

2023/24 is the first full year for ICSs in their new form with the establishment of statutory ICBs and integrated care partnerships (ICPs). Key priorities for their development in 2023/24 include:

- Developing ICP integrated care strategies and ICB joint forward plans.
- Maturing ways of working across the system including provider collaboratives and place-based partnership arrangements.

Improving NHS patient care, outcomes and experience can only be achieved by embedding innovation and research in everyday practice. ICBs have a statutory

duty to facilitate or otherwise promote research and the use of evidence obtained from research and to promote innovation, for example AI and machine learning which is driving efficiency and enabling earlier diagnosis.

NHS England will continue to support ICSs to draw on national best practice and peer insight to inform future development.

Joint forward plans

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts (the ICB's partner NHS trusts and foundation trusts are named in its constitution) to prepare five-year JFPs before the start of each financial year.

NHS England has developed guidance to support the development of JFPs with input from all 42 ICBs, trusts and national organisations representing local authorities and other system partners, including VCSE sector leaders.

Systems have significant flexibility to determine their JFP's scope as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts. However, we encourage systems to use the JFP to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the joint local health and wellbeing strategy (JLHWS) (developed by local authorities and their partner ICBs, which may be through health and wellbeing boards) that is supported by the whole system, including local authorities and VCSE partners.

Delegated budgets

We are moving towards ICBs taking on population healthcare budgets, with pharmacy, ophthalmology, and dentistry (POD) services fully delegated by April 2023 and appropriate specialised services delegated from April 2024. This will enable local systems to design and deliver more joined-up care for their patients and communities. NHS England will support ICBs as they take on commissioning responsibility across POD services from April 2023, supporting the integration of services.

Subject to NHS England Board approval, statutory joint committees of ICBs and NHS England will oversee commissioning of appropriate specialised services across multi-ICB populations from April 2023, ahead of ICBs taking on this delegated responsibility in April 2024.

ICBs are expected to work with NHS England through their joint commissioning arrangements to develop delivery plans. These should identify at least three key priority pathways for transformation, where integrated commissioning can support the triple aim of improving quality of care, reducing inequalities across communities, and delivering best value. NHS England will provide ICBs with tools and resources to support transformation, and to further develop their understanding of specialised services and enable them to realise the benefits of integration.

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Guidance on development of the joint forward plan

Supporting materials

Version 1, 27 January 2023

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Purpose of supporting materials

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.

Any queries on these materials can be directed to: england.nhs-planning@nhs.net.

Duty to promote integration

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.

Each ICB's health landscape will be different, as will their journey and development with respect to integrated services across both operational and organisational boundaries. There is no current specific or defined legal minimum requirement or threshold for the JFP to describe that meets the expectations of this duty. Each ICB's plan should draw on their experiences, vision, and circumstance to explain how they will address these aims.

In describing how they will meet this duty ICBs may wish to consider how they:

- are working across NHS and adult social care services to provide joined up care and support for local people. This could include describing:
  - partnership approaches to integrated neighbourhood teams
  - community support promoting independence, linking to housing and homelessness services
  - technology solutions that support personalised care and improve quality of life in home setting
  - workforce recruitment and retention plans with a focus on integrated services.
- intend to discharge the ring-fenced Better Care Fund (BCF)
  - this includes how this funding may focus on aspects of integrated care between healthcare and social care services, including discharge to assess schemes, reablement and community services, and admissions avoidance
  - The disabled facilities grant, improved BCF fund for social care, and winter pressures grant fund may provide further examples of integration.

There are several FutureNHS workspaces which may provide useful information for systems to contextualise their plans for integrating services, including:

- Better Care Exchange – a workspace to support local areas with the planning and implementation of the BCF. The workspace enables you to share, learn and interact with colleagues across the country.
- Integrated Care Learning Network – a place where you can make connections and access important policy information, guidance, and resources, to support you on your journey to becoming a thriving integrated care system.
- ICS Evidence and Analysis – a single place where you can find evidence and analysis produced by NHS England, integrated care systems (ICSs) and affiliated bodies.
- Equality and Health Inequalities Network – to bring together materials to support NHS staff working to improve patient equality and health inequalities.

Duty to have regard to the wider effect of decisions

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.

NHS England, ICBs and their partner NHS trusts and foundation trusts must have regard to the effects of their decision-making on three aspects:

i. The health and wellbeing of the people of England.
ii. The quality of services provided.
iii. The efficiency and sustainability of use of resources both for local systems and for the wider NHS.

As part of this, organisations must consider the effects of their decision-making on inequalities in health and wellbeing and the benefits of services.

In their JFPs, ICBs and their partner NHS trusts and foundation trusts may wish to address the triple aim by considering the three points below:

- The health and wellbeing of the people of England
  - Outline steps to deliver improvements in population health ambitions articulated in integrated care strategies and joint local health and wellbeing strategies.
- Quality of services
  - Outline any quality objectives that reflect system intelligence, risks and concerns.
  - This could include process and outcome measures to evidence successful and sustained delivery.
  - Any quality priorities should go beyond performance metrics and look at outcomes, preventing ill-health and use the Core20PLUS5 approach to ensure inequalities are considered.

- Efficiency and sustainability of services
  - Describe how the efficiency of NHS services will be improved in line with the duty to deliver financial balance across the local health and care system.
  - Actions to ensure service sustainability could also be addressed, including how the system is organising and developing itself to support long-term, sustainable delivery of services.

It is recommended that the JFP describes how all three arms of the triple aim:

- were considered in the creation and design of the JFP itself
- will be accounted for in ongoing decision-making and evaluation processes.

Financial duties

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:

- The 'Revenue finance and contracting guidance for 2023/24' sets out that each ICB and its partner trusts must exercise their functions with a view to ensuring that, in respect of each financial year:
  - local capital resource use does not exceed a limit set by NHS England
  - local revenue resource use does not exceed a limit set by NHS England.
- Furthermore, NHS England has set a financial objective for each ICB and its partner trusts to deliver a financially balanced system, namely a duty on break even, and ICBs will also have a duty to deliver financial balance individually.

The National Health Service Act 2006, as amended by the Health and Care Act 2022 (the amended 2006 Act) sets out that an ICB and its partner NHS trusts and foundation trusts:

- must before the start of each financial year, prepare a plan setting out their planned capital resource use
- must publish that plan and give a copy to their integrated care partnership, Health & Well-being Boards and NHS England
- may revise the published plan - but if they consider the changes significant, they must re-publish the whole plan; if the changes are not significant, they must publish a document setting out the changes.

To support ICBs in meeting these requirements of the amended 2006 Act, ICB joint capital resource use plan templates have been issued to systems as part of the 2023/24 financial and planning process. See 'Capital guidance update 2023/24' for further information.

The boards of the ICB and its partner trusts will approve their joint capital plan and will expect to see clear alignment with the system's Five Year Joint Forward Plan.

In the JFP, the ICB and its partner trusts are expected to address how they propose to develop their ways of working together to deliver these requirements. They may choose to address in the JFP how this is built into their governance frameworks at committee level, how it is monitored and how early identification of risk to financial balance is collectively owned and acted upon. Agreeing transparent accountability mechanisms, that cover the local system, place and provider collaboratives, to support the delivery of these financial objectives is an important area for ICBs and their system partners to consider and agree upon.

For example, broadly, where organisations are performing consistently within submitted and approved plans, they may not be expected to engage widely on their own operational financial matters. However, where an organisation within the system is departing from their plan, or is forecasting a divergence from plan, there would be an expectation that it would engage with the wider system, and for all organisations in the system to engage in return, so that it can be agreed how the financial position will be managed. Agreeing transparent accountability mechanisms, that cover the local system, place and provider collaboratives, to support the delivery of financial balance is an important area for ICBs and their system partners to consider and agree upon.

NHSE will continue to work with systems to improve the quality of NHS cost data. Systems may wish to describe how they will use improving cost data to manage the use of resources and to meet the shared duty to achieve financial balance.

Duty to improve quality of services

JFPs must set out how ICBs intend to discharge their duty to continually improve the quality of care and outcomes. They provide an opportunity for ICBs and their partner trusts and foundation trusts to set out how they will achieve this underpinned by:

- realistic five-year quality objectives that are based on data and intelligence, and address both current risks and strategic aims
- clearly defined metrics that enable ICBs to assure themselves that planned improvements are being delivered and sustained.

Quality priorities and metrics should focus on the outcomes of effectiveness, safety and experience of care, and not just the processes of care and treatment. They should include prevention of ill health and inequalities. The Core20PLUS5 approach has been designed with this in mind will be a helpful framework for systems to adopt.

Priorities should be used to inform annual system priorities for a refreshed quality accounts process, planned for introduction in 2023/24. A JFP that addresses the quality duty well will consider:

- quality as a shared commitment, championed by a designated executive lead for clinical quality and safety; most systems will already have this role in place
- clinical and care professional leadership that is embedded at all levels of the system
- co-production with people who use services, the public and staff
- how quality improvement, quality planning, quality control and assurance functions come together to inform a clear, population-focused vision and credible strategy for quality improvement across the ICS
- an agreed way to measure quality and safety which informs decision-making at board level and enables management of quality risks
- arrangements for reporting of system-level quality indicators, with the expectation that complementary place and neighbourhood-level quality metrics will also inform service improvement
- arrangements for public availability of quality information

- governance and escalation arrangements for quality oversight of NHS-commissioned services and those commissioned jointly by the NHS and local authorities; these should be linked to regional quality oversight arrangement
- a defined way to share intelligence on quality and safety on a regular basis, such as through a system quality group (formerly quality surveillance group).

The National Quality Board (NQB) has published guidance that asset out key principles that will assist ICBs in developing their JFPs:

- Shared vision and definition of quality:
  - Shared Commitment to Quality

- Quality management and governance:
  - Position Statement for ICSs
  - NQB Guidance on System Quality Groups

- Risk management:
  - National Guidance on Quality Risk Response and Escalation

Duty to reduce inequalities

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.

ICBs and partner NHS trusts and foundation trusts are encouraged to describe in their JPFs how they will address the five strategic priorities for healthcare inequalities improvement as set out in the 21/22 NHS Operational Planning Guidance and Core20PLUS5. The five priorities are:

1. Restore NHS services inclusively.
2. Mitigate against digital exclusion – the annual health inequalities plan should also set out what proposals for how digital inclusion will be addressed across the ICB.
3. Ensure datasets are complete and timely.
4. Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes.
5. Strengthen leadership and accountability.

In their JFPs, ICBs and their partner NHS trusts and foundation trusts may also wish to set out how:

- they are taking a quality improvement approach to addressing health inequalities
- local population data has been/will be used to identify the needs of communities experiencing inequalities in access, experience and outcomes
- performance reporting allows monitoring of progress in addressing these inequalities
- the voices of people and communities have informed decision-making and how appreciative inquiry, asset based community development, and co-production are being utilised to redesign services and ensure they meet the

needs of the most deprived 20% of the population and other groups and narrow health inequality gaps

- the specific needs of children and young people have been considered reflecting Core20PLUS5 – An approach to reducing health inequalities for children and young people.

Duty to promote the involvement of each patient

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.

A JFP that addresses the duty to involve each patient well will consider the six components of the comprehensive model for personalised care with realistic objectives that are shared by and between each organisation involved in delivering care. JFPs should be clear about the links between this duty and the duty as to patient choice.

Further guidance is available through the following links:

- Universal Personalised Care: Implementing the Comprehensive Model defines the six components of personalised care which empower people to make informed choices and supports them to self-manage their health and care.
- Chapter 2 of the Long Term Plan Implementation Framework sets out NHS England's commitment to supporting systems to deliver the Long Term Plan commitment to involving each patient.
- The Additional Roles Reimbursement Scheme (ARRS) describes specific professional roles that can support the delivery of personalised care, for which funding is available to primary care networks (PCNs).
- The GMC has published best practice guidance for doctors on informed consent and shared decision making, available here.

[1] Health and Care Act 2022, Part 1, Chapter A3, Section 14Z36

Duty to involve the public

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 (eg 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.

ICBs and partner NHS trusts and foundation trusts may wish to explain in their JPFs how the principles in Working in partnership with people and communities (2022) will be applied to their approach to working with people and communities. Alternatively, the ICB's engagement strategy can be referenced in the JFP as setting out the approach that will be taken.

Duty as to patient choice

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.

Patient choice is underpinned by two complementary sets of legal rights and obligations:

a. General duties which are imposed on ICBs and NHS England including the duty to act with a view to enabling patients to make choices with respect to aspects of health services provided to them; and
b. Specific occasions on which a patient can exercise a legal right, for example to choose their secondary care provider and team as set out in the NHS Constitution for England and explained in the NHS Choice Framework.

When ICBs develop their JFPs, consideration should be given to the role and responsibilities of patient choice and its relationship with the other components of the comprehensive model of personalised care, eg the duty to promote involvement of each patient.

In their JFPs, ICBs and their partner trusts and FTs are encouraged to address how they will:

- consider patient choice when developing and implementing policies, commissioning plans, contracting arrangements and service provision
- enable choice of provider and services that best meet people's needs, including making arrangements to uphold legal rights in line with statutory requirements and guidance
- engage with healthcare providers and professionals to promote choices available to ensure patient awareness
- ensure patients and referrers have easily accessible, reliable, and relevant information to help patients make choices about their care and treatment.

Duty to obtain appropriate advice

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.

The JFP provides an opportunity to set out how the ICB and its partner NHS trusts and foundation trusts will seek any expert advice they require, including through formal governance arrangements and broader engagement. For example:

- Identifying the expert advice required to effectively discharge each of the ICB's functions effectively, and how this can be sought as part of a clear strategy.
- Ensuring consistent, engaged clinical membership of the ICB board, including the presence and involvement of a director of nursing, a medical director, and members nominated by primary care.
- Working collaboratively with relevant local and regional directors of public health, regional directors of primary care and public health commissioning to embed public health expertise in ongoing system-wide strategy development and implementation.[2]

[2] Regulations will continue to require local authorities to provide public health advice to NHS commissioners. Local directors of public health will therefore retain responsibility for providing a core offer of public health advice to the NHS locally. This provides an excellent opportunity for local authorities to build and maintain close links with clinical commissioners, complementing the duty of ICBs to seek advice. See The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (legislation.gov.uk) (subject to consequential amendment).

Duty to promote 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) to:

- advance innovation and promote local adoption and spread over the next five years, including medicines, medical technologies, diagnostics, digital and artificial intelligence
- ensure people have equitable and widespread access to proven innovations which proactively address and reduce inequalities in care experience and outcomes
- scale cost-effective or cost-saving innovation across health and care, enhancing productivity and value for money
- drive economic development through ideas and solutions which have commercial potential, and the development of products and services by industry partners through access to expertise and markets that exist in the NHS, social care and the wider local system.

ICBs and partner NHS trusts and foundation trusts may wish to describe in their JFPs how they will:

- involve local stakeholders, people and communities, to identify innovation need and priorities
- use innovation to address unmet needs identified through joint strategic needs assessments (JSNAs)
- work with partners in the promotion of innovation, including, AHSNs, the voluntary, community and social enterprise sector, innovators and industry, and patients and the public
- use outputs from horizon scanning to inform commissioning and innovation adoption decisions
- establish any other functions required to discharge the duty to promote innovation, in line with local priorities and arrangements.

A range of wider support is available including the national network of 15 AHSNs which provide a critical interface between national and local systems in the

identification and adoption of innovation. In addition, a suite of case studies for local systems on innovation is being developed and will be available on the FutureNHS Integrated Care Learning Network.

Duty in respect of 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.

The JFP provides an opportunity to plan for how the ICB and its partner trusts will work with wider partners in the health and care sector to advance research in support of the four core purposes of an ICS by:

- supporting all staff who want to get involved in research activity to do so, and joint working with higher education and/or undertaking commercial or non-commercial research.
- promoting engagement with patients and the public from all communities, ensuring they:
  - can access information about opportunities to get involved in research
  - have equitable access to register their interest and take part in research
  - are supported to get involved in identifying research needs and shaping research plans.
- ensuring an appropriate skill mix at board-level and across registered healthcare professional leads to:
  - promote research
  - support collaboration
  - ensure reporting and accountability, including against the research metrics when in use.
- collaborating with local research infrastructure and stakeholders including industry where appropriate to ensure research across local systems addresses ICBs' health and care priorities.
- systematically using the evidence generated through research, including by making evidence accessible to decision makers
- ensuring the research workforce is recognised in workforce planning and that time for research is included in modelling for all healthcare staff – and that research support and delivery posts are sustainably funded where appropriate – so that everyone can play a role.

Resources, funding and support are available through the National Institute for Health and Care Research (NIHR), and the Health Research Authority (HRA) to assists local systems fulfil their duty to facilitate or promote research.

Duty to promote education and training

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, informed by:

- workforce planning at organisational, system and national level
- the known education supply pipeline
- the service capacity and design and use plans.

In their JFPs, ICBs and their partner trusts may wish to address:

- how service education capacity will secure and sustain the education pipeline for the future workforce
- how trainee activity will support service delivery
- how risks to key clinical, social and education pathways will be managed to ensure they are not compromised by future education supply
- future demand (detailed by current workforce and the supply pipeline) and how this will better inform future education planning
- management of the supply pipeline to ensure that placement capacity matches current and future requirements.

ICBs and their partner trusts may thus wish to describe in their JFPs how they will:

- consider all modes of education and training, such as apprenticeships, peer to peer learning, accredited programmes
  - i.e. an ‘all levers’ action plan with both development and retention of existing staff, and consideration of new roles and new ways of working
  - also consider the most effective and efficient method and platform through which education and training delivery can occur

[3] As stated in the Health and Care Act 2022: “Each integrated care board must, in exercising its functions, have regard to the need to promote education and training for the persons mentioned in section 1F(1) so as to assist the Secretary of State and Health Education England in the discharge of the duty under that section.” Specifically this relates to “persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England” (National Health Service Act 2006).

- focus on widening participation and inclusion, be culturally sensitive and promote a best place to learn
  - this will align with the duty to reduce inequalities
- look beyond replacing like-for-like and consider new roles and new ways of working that reflect the changing nature of healthcare
  - this could include a plan for continuing professional development (CPD) which will focus on workforce transformation, upskilling the current workforce to deliver for the future.
- recognise the power of anchor institutions to develop and sustain inclusive and broad entry routes into education, training and work and develop pathways which ensure a sustainable future pipeline of staff reflecting the communities it serves
- consider how education capacity will be developed in key service areas to ensure it influences the flow of new entrants into that service area on qualification
  - this will enable service plan delivery, for example in community services and primary care
- consider the support required to provide high quality education including supervision and clinical education (placements) for planned and current future supply and describe how education capacity, for example placement and trainee posts, will be designed into service pathways
- demonstrate how the system will work together to maximise the value of the education tariff and ensure high quality education provision.

Further guidance is available through the following links:

- HEE Star: Accelerating workforce redesign: a transformation model and online directory of resources: https://www.hee.nhs.uk/our-work/hee-star
- HEE NHS Education Funding Guide: https://www.hee.nhs.uk/our-work/education-funding-reform/nhs-education-funding-guide
- DHSC Healthcare education and training tariff: 2022 to 2023: https://www.gov.uk/government/publications/healthcare-education-and-training-tariff-2022-to-2023

Duty as to climate change

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.

It provides an opportunity to integrate existing ambitions described in the ICS Green Plan into a system-wide delivery plan to cut emissions across the breadth of health and social care over the next five years.

To that end, ICBs may wish to draw out in their JFP the key aspects of their respective green plans which highlight where cross-sector working is expected to deliver tangible reductions in emissions and support delivery against the four core purposes of an ICS. This could include setting out plans to:

- deliver against key national targets (and interim 80% carbon reduction goals) for the NHS Carbon Footprint and NHS Carbon Footprint Plus
- engage and develop the system-wide workforce, across both health and care, in defining and delivering carbon reduction initiatives and broader sustainability goals, where appropriate
- work with system partners to tackle the carbon emissions that arise from travel and transport associated with each organisation
  - for example, by improving local public transport links to NHS sites, investing and only purchasing ultra-low emission and zero-emission vehicles for owned and leased fleets, and maximizing efficiencies in the transport of goods and services commissioned by the organisations
- embed net zero principles across all clinical services, considering where carbon reduction opportunities may exist
- harness the opportunities presented by digital transformation to streamline service delivery and supporting functions, while improving the associated use of resources and reducing carbon emissions.

ICBs and their partner NHS trusts and foundation trusts may also wish to describe in their JFPs how they will:

- ensure appropriate board-level oversight and accountability of priorities set out in the green plan
- work with partners to reduce system-wide emissions, including local authorities and the VCSE sector, patients and the public
- establish any other functions required to discharge the duty as to climate change, in line with local priorities and arrangements
- involve local stakeholders, people and communities in the development and delivery of their green plans.

There are a wide variety of resources available to support trusts and systems with the development and delivery of their JFPs and green plans. These are available on the Greener NHS Knowledge Hub on FutureNHS, or available by contacting Greener NHS regional leads, and include:

- Delivering a Net Zero NHS report
- Guidance for ICSs and trusts on How to produce a Green Plan
- Greener NHS Dashboard
- The Third Health and Care Adaptation Report
- The NHS Net Zero Supplier Roadmap.

Addressing the particular needs of children and young people

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.

Children and young people make up 25% of the population in some areas, therefore the potential scope of this section is wide. It should cover both physical and mental health, as well as different population groups, settings and health conditions. It is important that the plan includes insights from children, young people, families and carers, by gathering their voices and pools relevant data and insights.

ICBs and their partner trusts are encouraged to address how they will meet their statutory duties and/or shared responsibilities in relation to, safeguarding, children in care and those with special education needs and disabilities.

ICBs may also want to consider how children's tertiary, secondary, community and primary services are organised across the geography and how patient flows for more specialised services cross into other ICBs. ICBs should also consider the transition to adult services and how the JFP dovetails with plans for adults, taking a life course approach.

Child health reaches beyond the NHS and a population approach will need to consider public health, education and children's social care, as well as wider determinants of health. Therefore the JFP should link closely with the children and young people elements of the integrated care strategy.

Each ICB will have an executive lead for children and young people, who will act as an advocate to champion children's rights and interests. They should play a crucial role in the development of this section of the JFP and should link to the lead for the Children and Young People's Transformation programme to develop content and

ensure that key partners in the system and children, young people, families and carers have been properly engaged in its development.

However, delivery of this function is a responsibility of all board members, not just the executive lead for children and young people. Key partners could include directors of children's services, directors of public health and voluntary sector organisations.

The NHS England Children and Young People Transformation programme can provide further support to ICBs in developing the children and young people elements of the JFP.

Addressing the particular needs of victims of abuse

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.

The Code of Practice for Victims of Crime in England and Wales (Victim's Code) - GOV.UK (www.gov.uk) defines who is a victim of a crime and sets out their rights. The NHS must comply with the Code. 'Domestic abuse' covers a wide range of crimes, including physical, economic, psychological and emotional abuse, and controlling or coercive behaviour.

It also includes 'honour-based' abuse, Female Genital Mutilation and forced marriage. Sexual abuse may include assault, exploitation and coercion.[4] ICBs should also consider whether there are other victims of abuse whose needs the plan ought to consider.

The JFP provides an opportunity to plan for how the ICB and its partner NHS trusts and foundation trusts will work with wider partners in health, social care other statutory multi-agency partners to support victims, tackle perpetrators and prevent abuse over the next five years. Addressing these needs will have wider benefits for this group by tackling the multiple health inequalities and issues they face with access to, and outcomes from, services.

In their JFPs, ICBs and partner NHS trusts and foundation trusts may wish to address how they will ensure:

- robust qualitative and quantitative population-based data, including an assessment of prevalence of abuse in their areas, underpins their strategies
  - data should be linkable where possible

[4] See Domestic Abuse Act 2021, Domestic Abuse Statutory Guidance 2021, the Sexual Offences Act 2003.

- 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
- effective interaction with local domestic abuse partnership boards and other relevant bodies
- services that specifically address the needs of victims of abuse within existing funding allocation and focus on early intervention and prevention are commissioned where appropriate
  - NHS England commissions sexual assault referral centres directly and links must be made to those structures and services, for example direct commissioning of independent sexual violence advisors or independent domestic abuse advisors, and/or IRIS caseworkers
  - services may be embedded in healthcare settings or may be commissioned as a part of a pathway of support
  - services should be developed with relevant partners and informed by experts by experience
- commissioned services have clear pathways to and from healthcare settings
- equity of access to services, proactively addressing access issue
- multi-agency partnership working is embedded in their approach.

ICBs and partner NHS trusts and foundation trusts may wish to describe how they will:

- ensure a focus on lived experience and involve local stakeholders, people and communities, to identify need and priorities
- ensure governance arrangements support collaboration and provide clear lines of reporting and accountability on meeting the needs of victims of abuse
- use outputs from data and lived experience to inform commissioning and service design decisions including prevention services
- establish any other functions required to discharge the duty to address the particular needs of abuse, in line with local priorities and arrangements
- measure the success of interventions and services.

A range of support is available from the NHS Safeguarding FutureNHS platform.

The Domestic Abuse Statutory Guidance has a range of resources within the guidance and at Annex 3, as does the NICE guidance: Tools and resources | Domestic violence and abuse: multi-agency working | Guidance | NICE

Workforce

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).

In their JFPs, ICBs and their partner trusts may wish to address how they will:

- develop an evidence-based, system-wide approach to workforce planning that is closely aligned to finance and activity planning
- adopt the common NHS standards on leadership behaviours, competence and pay
- develop shared values and common standards,[5] ensuring these are part of an induction for all system staff, and ensuring clear accountability for good organisational conduct
- promote and develop joint training and development pathways and build effective system-wide talent management practices to retain experience and grow healthy, diverse talent pipelines for critical roles
- contribute to the sharing of good management and improvement practices in a common curriculum, and support managers from across health and care settings to build a shared identity, and to develop effective working relationships
- develop a system-wide approach to recruitment, retention, and deployment, informed by joined-up workforce planning
- identify opportunities to integrate workforces to help enable the integration of services, eg through co-location or creating collaborative, multi-professional teams.

ICBs and their partner trusts may also wish to describe how they plan to deliver the '10 People Functions' as set out in Building strong integrated care systems everywhere: guidance on the ICS people function. Delivery of the 10 People

[5] This could include recommendations set out in: Leadership for a collaborative and inclusive future - GOV.UK (www.gov.uk); NHS England » Next steps for integrating primary care: Fuller stocktake report; Final report of the Ockenden review - GOV.UK (www.gov.uk); A review of the fit and proper person test (publishing.service.gov.uk)

Functions will help ICBs achieve the goal of ensuring there are enough people, in the right places, with the right skills, to deliver personalised and integrated care.

The following additional publications may support ICBs and their partner NHS trusts and foundation trusts in preparing any workforce content for their JFPs:

- System Workforce Improvement Model (SWIM)
- NHS Long Term Plan
- Guidance on the Preparation of Integrated Care Strategy Guidance

Digital and data

Digital & data

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.

In their JFPs, ICBs and their partners are encouraged to address the underpinning digital enablers required to achieve transformation in each section of the plan, rather than as a standalone section or programme. The underpinning digital enablers are set out in What Good Looks Like, which will be refreshed early in 2023 and the forthcoming digital maturity assessments will help ICBs and their partners to measure progress towards these core capabilities.

ICB's may wish to describe in their plans how they will further the uptake of digital technologies to ensure people have access to the right digital tools and services and access to data at the right time. Including how they will:

- Work with acute, community, mental health, and ambulance providers to ensure they meet a core level of digitisation, including electronic records systems, by March 2025 in line with long term plan commitments.
- Put in place the right data architecture for planning and population health management that comply with requirements for privacy and access. To support this NHS England are commissioning a Federated Data Platform which will be available to all ICSs, with nationally developed functionality including tools to help maximise capacity, reduce waiting lists and co-ordinate care.
- Exploit digital and data to maximise the use of local resources, such as electronic bed management and system control centres. ICSs that have capabilities in place should consider how AI can help, for example in

reducing treatment times and improving outcomes for people who have had a stroke.

- Set out how digital plans will help to integrate health and care, creating a seamless experience, including with non-NHS ICB commissioned organisations.
- Provide their population with digital tools, including how they will exploit nationally provisioned products such as the NHS App to help people to stay well, get well and manage their health while mitigating the risk of digital exclusion to reduce health inequalities.
- Work with GPs and Primary Care to open up digital access for patients and citizens to their personal health records, online registration, appointment bookings and the Patient Experience Platform
- Support and grow the workforce to acquire and retain the right skills within organisations to support the acceleration of digital transformation
- Manage cyber risks and be compliant with nationally mandated cyber standards to safeguard people's private health information.

We have recently published Data Saves Lives and A Plan for Digital Health and Social Care which together set out expectations for digitised services that support integration and enable service transformation.

The following publications may be helpful in preparing any data and digital content for their JFPs:

- A Plan for Digital Health and Social Care
- Core20PLUS5
- Data saves lives
- Forthcoming Cyber Security Strategy for Health and Social Care
- Health and social care integration: joining up care for people, places and populations (Digital and Data section)
- ICS Care Systems: design framework (Digital and Data section)
- NHS Cloud Strategy
- NHS Futures – Blueprinting Library
- What Good Looks Like framework

Estates

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.

In their JFPs, ICBs and their partner trusts and foundation may wish to address how they will:

- deliver a system-wide person-centred estate that serves the needs of all its users, enhancing both patient and staff experience
- maximise the existing estates portfolio, including through cost management, waste eradication and funding release, to enable the development of effective PCNs
- support the development of an empowered, properly skilled estates workforce, with all system partners able to access the right expertise in the right place
- support achievement of NHS net zero ambitions, including reaching net zero emissions by 2040 for both existing and new estate
- enable transformational models of care, supported by wide-scale technological enhancements.

ICBs and their partner trusts may wish to describe how they will:

- involve local stakeholders, people and communities to develop a vision for a person-centred estate
- ensure strong, engaged and accountable leadership for infrastructure at board-level
- develop a system-wide view of existing assets and financial flows, as a baseline from which ICS estates plans can be developed
- work with partners, including local authorities and the VCSE sector, to design estates solutions that serve the needs of both health and care needs.

NHS England is developing further guidance to support the development of ICS estates strategies which will be made available in due course.

Procurement/supply chain

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). This could include:

- the governance structure, including:
  - standing financial instructions
  - arrangements for reporting into the ICB
  - fulfilment of statutory obligations including Public Contracts Regulations.
- alignment with NHS-wide policies such as Greener NHS and eliminating modern slavery
- any changes to procurement structures that may be necessary to align resources with ICS objectives
- the role of technology and data in decision-making and supporting procurement systems inter-operability within the ICS
- alignment of category strategy with patient pathways, supply chain resilience and risk mitigation
- the contribution to aggregate ICS spending commitments.

Population health management

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.

In their JFPs, ICBs and their partner trusts may wish to address how they are adopting the core set of design principles and capabilities for PHM, including:

- plans for integrated, person-level linked data across health, care and increasingly wider partners and clear and safe access controls through cross system information governance arrangements
- plans for the development of an ICS-wide intelligence function underpinned by a single analytical platform which can carry out advanced data and analytical techniques, such as population segmentation, risk stratification and financial risk modelling
  - these platforms should form part of the national whole to ensure we can create a learning health system
  - for example, offering data and analytics capability that aligns and docks into the national federated data platform.
- ensuring that local ICS and place-based decision-making forums, as well as integrated neighbourhood teams, have access to timely population health insight and analytical support.

ICBs and their partner trusts may wish to describe in their JFPs how they will:

- work across traditional organisational and contractual boundaries to progressively focus on proactive, population-based models that support individuals across the life course
  - this may include plans to consolidate leadership arrangements for PHM
- bring individuals, the public and staff along on the shift towards a more preventative and proactive model of care

- implement approaches such as population segmentation and financial modelling as part of business-as-usual, to inform planning resource delegation to places and investment decisions
- support the workforce to develop sophisticated analytical capability.
- develop models that increasingly consider the workforce, financial and contractual enablers to support person and population-based approaches to new service and contract models that hold local provider partnerships jointly accountable for outcomes and addressing inequity.

ICBs may wish to consider how they can continue to develop the necessary analytical and improvement skills across their wider workforce to support population health management as they look to strengthen and evolve the capacity and capability of commissioning teams.

Support continues to be available through the online PHM Academy and NHS England national and regional teams are continuing to support the spread of learning from the PHM and place development programmes through national and local communities of practice.

System development

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.

ICBs may also want to include their plans for working with partner colleagues to strengthen integration and develop the system architecture, including the Local Authority and the VCSE sector.

In their JFPs, ICBs and their partner trusts may wish to address how they will:

- continue the ongoing development of the ICP through strengthening of relationships and including any refinement of membership, scope and purpose
- continue the ongoing development of the ICB, including plans for organisational development and future ways of working at system and place level
  - this could include how the ICB and its partner trusts plan to build their capability to identify and address quality, performance or financial challenges in the system together
- develop effective strategies for leadership development for very senior managers and place-based leaders, as well as leaders across a broader group of ICS partners
  - this could include the development plans for clinical and care professional leaders to help embed integrated ways of working across the system
- develop and deliver their strategic plans for ongoing place development
- deliver plans for the further development of provider collaboratives to plan, deliver and transform services, tackle unwarranted variation and deliver the best care for patients and communities; also, any delivery plans for any other pan-ICS collaboratives, such as specialised commissioning and pathology services

- deliver plans to take forward the recommendations of the recent Fuller review (Next steps for integrating primary care: Fuller stocktake report) and managers' review (Health and social care review: leadership for a collaborative and inclusive future) and the approach to develop the equality, diversity and inclusion agenda across the system, as well as the role of PCNs
- deliver plans outlining the continual building of strong partnerships to enable well informed decision-making across the system
  - this may include plans for how the ICB will continue to build on their existing relationships with NHS providers, local authority colleagues, VCSE partners, as well as wider partners including cancer alliances and AHSNs
- deliver plans for formal delegation of functions from NHS England and or the ICB, including the approach to financial delegation/pooling following the release of national guidance covering this area.

The following publications and documents may support ICBs and their partner NHS trusts and foundations trusts in developing their plans for system development:

- ICS Design Framework
- ICS Design Framework
- Menu of Support
- Thriving Places
- Working together at scale: guidance on provider collaboratives
- Guidance on partnerships with the voluntary, community and social enterprise sector
- Guidance on effective clinical and care professional leadership
- Fuller Stocktake

Supporting wider social and economic development

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.

Specific priorities and objectives, and plans to achieve them, will be determined locally between ICS partners and their communities and should be reflected in the shared integrated care strategy and the JFP.

In developing their JFPs, ICBs and their partner trusts may wish to explore how they can work in partnership across their system to:

- use their role as employers
  - promote access to good, inclusive employment living wages, skills development and career progression
  - proactively target those furthest from the labour market and/or those who experience health inequalities
- use their estates and facilities
  - benefit the wider community, including in the commissioning and design, management and operations and development or disposals of land and buildings
  - for example, improving the environment and widening access to green spaces, providing community facilities, supporting high-quality, affordable housing, improving integration of local infrastructure and supporting local regeneration
- use their role in the commissioning and procurement of goods and services
  - drive social value, inclusive economic development, reduce inequalities and reduce environmental impact
- support research and innovation and attract investment into their region.

ICBs and their partner trusts may also wish to consider how they can develop and embed a holistic approach to improving health and wellbeing by:

- using an asset and strengths-based approach to planning, focused on what is important to local people and communities and how system partners can help build the assets and resources within their communities
- sharing data and insights, so resource can be targeted where it will have the most socioeconomic impact
- ensuring service, pathway and care model redesign are undertaken in collaboration with partners and communities
- developing outcomes-focused funding models and contracts which move beyond payment for activity to investment in longer-term population outcomes
- supporting health and care professionals to think about care and support holistically and making it easy for them to connect people to other services and resources which can support their wider needs (eg employment, housing).

Additional resources which may be helpful to inform thinking include:

- For further information on health anchors and social value: NHS England » Anchors and social value.
- The Health Anchors Learning Network which is a UK-wide network for people responsible for, or interested in, anchor approaches in health: Health Anchors Learning Network (haln.org.uk).

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

29 March 2023

Report of the Director of Public Health

Annual update on the Section 75 Agreement for commissioned sexual health services

1. Purpose

The Health and Wellbeing Board is asked:
(a) to note this report and the progress made within the section 75 agreement for commissioned sexual health services during 2022/23
(b) to endorse the Sexual Health Alliance as the strategic Forum to engender greater collaboration to improve sexual health outcomes and to strengthen membership of organisations in the Alliance where there may be gaps.

2. Information and Analysis

2.1 The section 75 (s75) agreement commenced on 1 April 2022. The partnership is between Derbyshire County Council and Derbyshire Community Health Services NHS Foundation Trust (DCHS NHSFT), DCHS being the lead provider of the Integrated Sexual Health Service.

2.2 The current service is compliant with the services that all local authorities who are delivering Public Health services are mandated to deliver to ensure provision of open access sexual health services including:
- Contraception including long acting reversible contraception (LARC) in primary care
- Testing and treatment of sexually transmitted infections (STIs)
- Sexual health aspects of psychosexual counselling

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- Sexual health specialist services including young people's services, outreach, HIV prevention and sexual health promotion.
- Pre-exposure prophylaxis (PrEP) for the prevention of HIV.

2.3 Derbyshire service delivery is through an innovative multiple delivery model developed over many years to meet patient need and to maximise access across the diverse demographic locally. Approaches include:

- Digital delivery of services for screening of STIs and provision of some forms of contraception, such as oral contraceptives, emergency contraception and condom provision.
- A requirement to provide face-to-face delivery across multiple settings, including clinic provision through a hub and spoke model
- Delivering targeted outreach through voluntary and community sector partners and the Sexual Health Improvement and HIV Prevention team providing services across multiple delivery models including one to one intensive support, group support and outreach across multiple venues and settings to ensure best accessibility for those most at risk. Virtual support is also delivered as appropriate.
- Subcontracted services in various settings including general practice, pharmacy and voluntary sector.
- Providing an interface across the wider sexual and reproductive health system endeavouring to ensure smooth pathways for patients from one externally commissioned service to another.

2.4 A main benefit of s75 models is to generate greater collaboration and innovation at pace to meet changing sexual health needs and to realise a more stable sexual health system through collaboration across the plethora of different commissioners and providers working within different and separate sexual health budgets. This system fragmentation both nationally and locally can result in confusion about partner roles and accountability and this can result in risks to efficiency and seamless care for patients.

2.7 The Derbyshire s75, evolving since April 2022, is already showing progress in terms of supporting greater collaboration and partnership working across our local sexual health system. Examples include:

- A new Chlamydia pathway programme
- HIV Prevention Forum and evolving action plan
- Strengthening the Teenage Pregnancy Partnership Forum and evolving action plan
- Early identification of the need to strengthen patient pathways across the system.

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2.8 A significant development from the s75 is the new Sexual Health Alliance (SHA), established in the summer 2022. This forum aims to drive a local strategic vision to improve population sexual health outcomes. The SHA includes representation from sexual health commissioning, provider organisations and associated organisations including the voluntary and community sector. The SHA is aligned to the Integrated Care System footprint. Current actions of the Alliance include:

- Emerging clarity about the local commissioning landscape for sexual health - who commissions what, who provides what, where budget sits in order to identify areas of overlap, gaps and where improvements and efficiencies can be made
- Understanding the patient's lived experience in their navigation of the current system with a focus on individuals and groups with vulnerability
- Collaborating on a sexual health needs assessment as part of the Joint Sexual Health Needs Assessment (JSNA), to underpin a new system wide strategy for sexual health
- Arranging a collaborative event, May 2023 to drive the JSNA findings for sexual health and agree strategic priorities for the new 3 year strategy
- Joint agreement across local responses to changing sexual health priorities at national level
- Exploring patient pathways where concerns are identified:
    - Contraception access across different settings
    - Pathways to digital provision post-COVID
    - HIV Prevention
    - Under 25s sexual health - Chlamydia prevention, teenage pregnancy prevention, Relationship and Sex Education
- Embedding a safe, honest space for all organisations to share success and address challenge
- Embedding agreed working principles, towards a charter of behaviours and values, ensuring a strong alliance to drive population sexual health improvement with a focus on prevention and inequality.

3. Alternative Options Considered

3.1 This report is provided as an update, so no alternative options are considered.

4. Implications

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4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 The mandatory public consultation was carried out to seek views on the proposed section 75 agreement between Derbyshire Community Health Services NHS Foundation Trust (DCHS NHS FT) and Derbyshire County Council (DCC), to enable DCHS NHS FT to deliver sexual health services on behalf of DCC, with the aim of improving health and wellbeing outcomes for all who access sexual health services.

5.2 The consultation ran for 42 days from 1 June to 12 July 2021. An online questionnaire was available on the Have Your Say Page of the Derbyshire County Council website, paper copies were available on request. The Final report concluded that respondents were in agreement for the Council to develop the future of the Derbyshire Integrated Sexual Health Service through a formal partnership agreement (Section 75) with the current provider, Derbyshire Community Health Services NHS Foundation Trust.

6. Partnership Opportunities

6.1 The Sexual Health Alliance offers opportunities for Health and Wellbeing Board partner organisations to consider the inclusion of sexual health and wellbeing improvement in respective action planning at organisational level and across local Place Alliances. The Alliance welcomes the local knowledge that can be brought by partners at this more local level. Examples for consideration include:

- the promotion of services and strengthening of patient pathways between local services and sexual health services. This should engender awareness of the different offer provided within the Derbyshire s75 including provision at clinics, outreach services, digital online services, subcontracted services through general practice, pharmacy and voluntary and community sector partners. Service information is found at: Home (yoursexualhealthmatters.org.uk)
- ensuring frontline staff working with groups at higher risk of poor sexual health outcomes are enabled to access sexual health services as required to support their health and wellbeing. Individuals and groups at higher risk include young people (13 – 25yrs), vulnerable young people including young people within the care system and care leavers, NEET, young people involved in the criminal justice system, young people at risk of sexual exploitation. Adults at higher risk include those who may struggle

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to access health services including substance misusers, commercial sex workers, prison leavers, adults with disability, adults with poor health literacy and communities living in identified areas of high deprivation. It is encouraged for frontline staff to utilise approaches of engagement including quality conversations and make every contact count (MECC)
- ensuring patient pathways are known by partners working with other vulnerability to poor sexual health outcomes including individuals identifying as MSM (men who have sex with other men), LGBT (lesbian, gay, bisexual; and transgender) and PLHIV (people living with HIV).

6.2 The Sexual Health Alliance seeks support from all commissioning organisations who directly commission aspects of sexual health or specific services for the benefit of vulnerable populations to consider liaising with the Alliance, working in collaboration to minimise further risk of service fragmentation and to ensure seamless pathways for patients across the local sexual health system.

6.3 A Sexual Health Needs Assessment is nearing completion, culminating in a stakeholder event 4 May to discuss findings and work towards agreement of local recommendations and strategic priorities. The Alliance asks Board member organisations to consider their:
- Engagement to receive and comment on findings and priorities either directly to the Alliance or at attendance at the event planned for 4 May
- Support to receive outcomes from May at respective local forums and across Place Alliances to support action going forward agreed at respective local forums and Across Place Alliances.

6.4 At a strategic level the SHA is interested to explore its relationship with the Place Boards, with regard to understanding any expectations of the SHA from the boards, and how the boards can empower the SHA to maximise the sexual health and wellbeing of the Derby and Derbyshire population, address inequalities and support reduction of system inefficiency.

7. Background Papers

7.1 Cabinet Report 10 March 2022 Approval of the Derbyshire Sexual Health Service within a section 75 for implementation April 2022 (Item 77/22 Restricted)

8. Appendices

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8.1 Appendix 1 – Implications.

9. Recommendation(s)

The Health and Wellbeing Board is asked

a) to note this report and the progress made within the section 75 agreement for sexual health commissioned services

b) to endorse the Sexual Health Alliance as the strategic Forum to engender greater collaboration to improve sexual health outcomes and to strengthen membership of organisations in the Alliance where there may be gaps.

10. Reasons for Recommendation(s)

10.1 The recommendation (a) for the Board to note progress made at the end of this first year is important because the s75 has taken time to evolve and embed itself and the partnership welcomes comment from the Board.

10.2 The recommendation (b) for Board partners to endorse the Sexual Health Alliance as the strategic Forum to engender greater collaboration to improve sexual health outcomes and to strengthen membership of organisations in the Alliance where there may be gaps is important to ensure a strong strategic oversight from a plethora of organisations to ensure improved sexual health outcomes, a reduction of inequality and a focus on patient need.

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HWB Sponsor: Ellie Houlston, Director of Public Health.

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Appendix 1

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 There are no legal implications of this report.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 The services outlined above pro-actively include focus on groups with vulnerability across Derbyshire communities and this includes groups with protected characteristics under Equality legislation. Such groups being at higher risk of poor sexual health outcomes. Maintaining optimum sexual health is not equally distributed within the population. Poor sexual health outcomes are associated with deprivation and with identified population groups including young people and young people of vulnerability, men who have sex with men (MSM), people living with HIV (PLHIV), individuals who identify as lesbian, gay, bisexual and trans (LGBT) and black and minority ethnic groups.
Some groups at higher risk of poor sexual health outcomes perceive or experience stigma and discrimination, which can influence their ability to access sexual health services.

Partnerships

5.1 Supporting good sexual health outcomes for the population has to involve a collaborative and partnership approach. There is still a need to ensure sexual health services are considered routine and part of an individual's daily health and wellbeing just like another area of health. Perceived barriers are still present for some groups in our population because of a real fear of service access due to perceptions of stigma, non-

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confidentially and judgement. Partner support is key to minimise such fear experienced by some groups.
Partner organisations working with populations at higher risk of poor sexual health outcomes are vital to support their access to services when they are needed. A making every contact count (MECC) is supportive in this.
A partnership approach for sexual health whether it be across commissioned processes and provider services will result in more efficient provision and a more streamlined access for individuals with a need in our population.
Hence this report considers the above reasons as important for consideration by Board members, with specific recommendations to action stated in section 6 in this report.

Health and Wellbeing Strategy priorities

6.1 Good Sexual Health contributes to the priority “Enable people in Derbyshire to live healthy lives.” Good sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Other implications

7.1 The s75 agreement for sexual health services supports the principles of whole-system and partnership working across the system within Joined Up Care Derbyshire and has resulted in the formation of the new Sexual Health Alliance to lead the development of the local strategic vision for sexual health. It ensures a collaborative approach to designing population-based sexual health services to meet local need.

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DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

Date 29 March 2023

Report of the Director of Public Health, Adult Social Care and Health

Transformation of the Derbyshire Joint Strategic Needs Assessment (JSNA): Update on Phase One

1. Purpose

To update the Health and Wellbeing Board (HWB) on the ongoing JSNA transformation programme in Derbyshire.

2. Information and Analysis

2.1 What is the JSNA?

The JSNA is an ongoing process through which assessments of the current and future health and social care needs of our local communities are made. The JSNA guides the future planning and commissioning of health, social care and well-being services to improve outcomes and reduce inequalities. The JSNA is used by the public health team, the wider council departments, NHS partners, public and third sector partners and needs to be relevant and accessible to all.

Producing a JSNA is a joint and equal statutory responsibility shared between Local Authorities and Integrated Care Boards, overseen by the HWB.

Local areas can undertake a JSNA in a way best suited to local circumstances and there is no template or specific format that must be followed, and no mandatory dataset to include.

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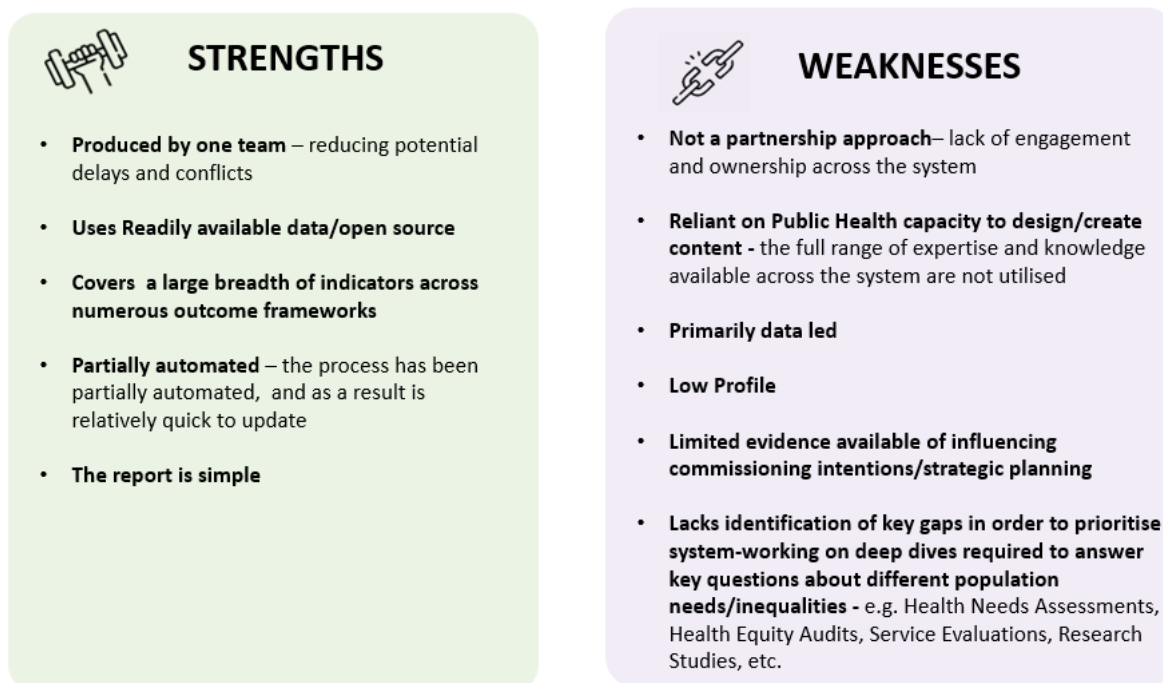
A good JSNA process should take a ‘big picture’ view of the needs of the population and involve NHS, Local Authority and wider partner organisations such as service providers, the third sector, universities and criminal justice agencies. A JSNA can be described as a foundation for addressing health and wellbeing needs.

2.2.1 Advantages and Disadvantages of the current Derbyshire JSNA approach

The current approach in Derbyshire brings together a range of data on an annual basis that demonstrates how Derbyshire is performing across a range of routine indicators. However it is not widely used by the system to inform decision making, has a low profile amongst local decision makers and the process lacks a sense of shared ownership.

The advantages and disadvantages of the current approach are summarised in Figure 1 below.

Figure 1. Advantages and Disadvantages of the current approach



3. Transforming the JSNA: A New Approach

The most recent guidance for JSNAs was produced back in 2013. Since then, a lot has changed:

- There has been a move towards Integrated Care Systems (ICS) for joint commissioning and delivery of health services (Joined Up Care Derbyshire).
- The NHS Long Term Plan requires more NHS action on prevention and health inequalities.
- Joined Up Care Derbyshire has been formed and is keen to place the JSNA at the heart of its decision making.
- Population Health Management approaches are being incorporated into ICS strategic plans
- Primary care networks are now required to complete health inequality plans.
- COVID-19 –recovery from the detrimental impact of COVID-19 on the health and wellbeing of our population.

These changes provide the opportunity to review the current approach to the JSNA process in Derbyshire in order to redesign and relaunch it as a key source of information and analysis to inform health, social care and wellbeing decision making. We are working with Derby City Council who are starting a similar transformation process.

Phase One (2022/23)	Review good practice, stakeholder engagement, trialling and testing new approaches. - **Completed**
Phase Two (2023/24)	Establish a strategic partnership approach to oversee the development and delivery of a jointly owned JSNA Transformation Plan which will include multiple work areas: **Digital platform development** - self-serve JSNA website that will act as single point of access for data/ intelligence/insights across the system. **Content Creation for JSNA Summaries** – joint working across the system to identify and support JSNA summaries for key areas of focus **Development of a process for prioritisation of systemwide deep dives –** in order to prioritise the utilisation of specialist capacity across the system to support the delivery of the deep dive work **Integration** of JSNA Approach with Population Health Management Agenda at system level **Culture change** required across the system, to address both the generation of JSNA content and the utilisation of JSNA content routinely in decision making. This will require both a Communications plan and a Workforce Development plan. - **In progress**

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Phase Three (2024/25)	Evaluation of Transformation approach in order to reflect, learn and implement this approach for the future- **Not started**

3.1 Update on Phase One of the Transformation Programme (2022/23)

This paper provides an update the HWB on the outputs and learning from Phase One.

3.1.1 Strategic Ownership of JSNA between Derbyshire County Council and Derby & Derbyshire Integrated Care Board (ICB)

The Integrated Care Strategy has been informed by data and intelligence that was produced collaboratively, and, whilst it did highlight the lack of a systematic process for generating system insights it will provide a strong joined up foundation on which to build.

Work is underway to establish agreement between the ICB and Derby and Derbyshire Public Health teams to have shared ownership of JSNA transformation, reflecting the shared statutory duty. A clear joint commitment will support embedding the JSNA in strategic decision making across the system which will be the focus of phase 2 of the transformation.

3.2 Stakeholder Engagement

3.2.1 Stakeholder survey

A survey was conducted with ICB, local authority and third sector partners to identify if, how and when organisations across Derbyshire use the data and intelligence contained in the JSNA. Feedback was gathered on what needs to change which will inform the workforce development and communication plan.

3.2.2 Engagement events

Following the survey, two engagement events were held in order to gain insight from partners across the system on both how to ensure that a transformed approach to the JSNA could inform their, and their organisations, strategic decision-making and how they could contribute to the transformation. These events showed how people use data and intelligence tools and what they require to support their work and accessibility needs.

3.3 Evidence Reviews

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A report carried out by the Public Health Knowledge and Intelligence Team in Derbyshire County Council reviewed JSNAs from around the country and undertook an analysis to determine the broad characteristics of each, including their make-up, development, automation, positives and negatives. This has provided key learning points and informed the JSNA transformation plan.

3.4 Completion of the automated Derbyshire Compendium prototype

A PowerBI dashboard tool proof of concept has been developed by the Derbyshire Public Health Knowledge and Intelligence Team and tests the options for a data repository, a critical element for underpinning the evidence base in the Derbyshire JSNA. Many of the 'good' JSNAs in the report had some level of data automation. The tool we have developed provides local granularity and easy access functionality that our engagement partners requested. Derby City and Nottingham City are developing similar Power BI tools and increasing numbers of JSNAs are using similar approaches. This tool will be ready to share with system partners in 2023.

3.5 Designing JSNA Summaries: Trailblazer Pilots

Three Trailblazer Pilots have been conducted to trial an approach to the authoring of the insight and needs sections of JSNA. The approach has been tested with Public health staff who have no experience of JSNA authoring. This has tested the approach and generated learning from the staff involved for future workforce development. This learning is also informing Phase Two.

4. Phase Two of the transformation (23/24)

This paper has summarised the progress of Phase One of the transformation of the Derbyshire JSNA as of March 2023.

The key aims of Phase Two will be formal adoption of a joint and collaborative approach, launch of the JSNA and prioritising summaries and deep dives based on strategic needs. HWB members are asked to endorse the adoption of the approach to delivery of content and expansion of JSNA use across the system.

5. Alternative Options Considered

5.1 Do nothing

The current JSNA approach is out of date and not fit for purpose. There is an increasing system requirement for an effective JSNA process. Not completing the JSNA transformation programme is not favoured as this would result in

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lack of evidence based decisions that are not adequately informed by the needs of our population.

6. Implications

6.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

7. Consultation

7.1 Derbyshire County Council Corporate Management Team, JUCD Strategic Intent Executive Group (SEIG) and JUCD Strategic Intelligence Group (SIG) have been informed about the JSNA transformation programme.

Health and wellbeing partners have been consulted through surveys and engagement workshops.

Derby City Council public health have been engaged to agree alignment and collaboration and we are sharing learning.

8. Background Papers

8.1 Initial Paper proposing to transform the JSNA approach was presented on 7th July 2022.

9. Appendices

9.1 Appendix 1 – Implications

10. Recommendation(s)

That the Health and Wellbeing Board:

a) Note the progress delivered in Phase One of the JSNA Transformation.
b) Support the development and implementation of a jointly owned approach to the transformation of the JSNA.

11. Reasons for Recommendation(s)

11.1 The JSNA underpins the Health and Wellbeing Strategy refresh, ICS strategy, NHS Five year forward view and Public health and adult social care strategies. A continuation of the transformation programme will support these strategies with evidence and insight.

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Appendix 1

Financial

1.1 The JSNA transformation undertaken to date is funded through the core public health grant; however, future financial planning will be required. Sustainable funding and joint commissioning options with JUCD will be explored in the next phase of development.

Legal

2.1 Following the implementation of the Health and Care Act 2022 on 1 July 2022, clinical commissioning groups (CCGs) have been abolished and their functions have been assumed by integrated care boards (ICBs).

2.2 The Health and Care Act 2022 also amends section 116A of the Local Government and Public Involvement in Health Act 2007, renames 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies' and replaces references to 'clinical commissioning groups' with 'integrated care boards'.

2.3 Health and Wellbeing Boards continue to be responsible for the development of Joint Strategic Needs Assessments and joint local Health and Wellbeing Strategies. However, they must now have regard to the Integrated Care Strategy when preparing their joint local Health and Wellbeing Strategies in addition to having regard to the NHS Mandate.

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DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

29 March 2023

Report of the Director of Public Health

Joint Local Health and Wellbeing Board Strategy

1. Purpose

1.1 The Health and Wellbeing Board is asked to:

a) Note the update on the proposed approach to the development of a new Joint Local Health and Wellbeing Strategy
b) Agree to engage in the process of supporting the development of the strategy, along with representatives from the local health and wellbeing partnerships. All nominations to the working group should be made by 14 April 2023
c) Collate feedback from districts and boroughs on community need to feed into the strategy and present this at the development session on 11 May 2023.

2. Information and Analysis

2.1 Following the implementation of the Health and Social Care Act 2022 on 1 July 2022, section 116A of the Local Government and Public Involvement in Health Act 2007, renames the 'Joint Health and Wellbeing Strategy' to the 'Joint Local Health and Wellbeing Strategy (JLHWS)'. In preparing a Joint Local Health and Wellbeing Strategy, the Board must have regard to the Integrated Care Strategy, which is currently in development pending finalisation in spring / early summer. The Joint Local Health and Wellbeing Strategy sets out agreed priorities and joint action for partners to address the health and wellbeing needs of the local

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population as identified by the Joint Strategic Needs Assessment. Throughout 2023 the Board will be refreshing the strategy.

2.2 An analysis of the data and indicators contained within the JSNA will be utilised to identify a range of needs from which priorities will be agreed. A development session planned for 11 May 2023 will focus on agreeing these priorities. District and Borough representatives are asked to feedback information from their communities at this session. Further guidance will be issued before the development session.

2.3 Scoping work will be undertaken prior to the development session to identify appropriate outcomes. The Draft Integrated Care Strategy outlines four strategic aims and three population outcomes. The Board will need to consider and reflect on these when deciding on the priorities for the Joint Local Health and Wellbeing Strategy and focus on how the priorities map to the wider determinants of health. Information on the Integrated Care Strategy aims and priorities and suggestions for JLHWBS outcomes can be found in Appendix 2.

2.4 To date, there have been four nominations for the working group to progress the strategy. The board are asked to nominate additional representatives to this working group to ensure a range of stakeholders are included. As a minimum one representative from each district and borough, one representative from each of the ICS, voluntary sector, Adult Care, Police, Fire and Rescue Service. Nominations can be made via director.publichealth@derbyshire.gov.uk

2.5 A revised timetable is included below:
- March 2023 – scoping sessions to identify appropriate outcomes
- Friday 14 April – deadline for additional nominations for the working group to be received
- 11 May 2023 – development session to identify needs and agree priorities utilising JSNA data and indicators
- July 2023 – update on draft strategy to Health and Wellbeing Board meeting and engagement
- October 2023 – further update on draft strategy to Health and Wellbeing Board meeting
- January 2023 – board to approve final strategy

2.6 We are working alongside system partners to ensure that engagement and learning from the ICS Strategy informs the JLHWBS development.

3. Alternative Options Considered

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3.1 Not developing a new Joint Local Health and Wellbeing Strategy. This option is not appropriate as it was agreed in February 2022 to prepare a full strategy refresh during 2023.

4. Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 The Board are invited to feedback information from communities on health and wellbeing priorities to the development session on 11 May 2023.

6. Partnership Opportunities

6.1 Partners are asked to fully engage with the process of developing the new Joint Local Health and Wellbeing Board Strategy. Collaboration from Healthwatch, district and borough representatives, Health and Wellbeing Partnerships and the Voluntary Community and Social Enterprise sector is required to ensure voices of the local communities and residents of Derbyshire are heard.

7. Background Papers

7.1 Statutory Guidance on Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies.
7.2 Integrated Care Strategy Framework
7.3 Derbyshire Health and Wellbeing Strategy – Refresh 2022

8. Appendices

8.1 Appendix 1 – Implications.
8.2 Appendix 2 – Suggestions for proposed outcomes

9. Recommendation(s)

That the Health and Wellbeing Board:

a) Note the update on the proposed approach to the development of the new Joint Local Health and Wellbeing Board Strategy.
b) Agree to engage in the process of supporting the development of the strategy, along with representatives from the local health and

wellbeing partnerships. All nominations to the working group should be made by 14 April 2023.

c) Collate feedback from district and boroughs on community need to feed into the strategy and present this at the development session on 11 May 2023.

10. Reasons for Recommendation(s)

10.1 To ensure that the Health and Wellbeing Board are aware of the latest actions in relation to the development of the revised Joint Local Health and Wellbeing Strategy.

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Organisation: Derbyshire County Council
HWB Sponsor: Ellie Houlston, Director of Public Health

Appendix 1

Implications

Financial

1.1 There are no anticipated financial implications, and the refresh of the strategy will be completed within existing workstreams and budgets.

Legal

2.1 The Health and Care Act 2022 abolished clinical commissioning groups (CCG's) and their functions have been assumed by Integrated Care Boards (ICB's). The Health and Care Act 2022 also amends section 116A of the local Government and Public Involvement in Health Act 2007, renames 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies' and replaces references to 'clinical commissioning groups' with 'integrated care boards.

2.2 Health and Wellbeing boards continue to be responsible for the development of Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies. However, they must now have regard to the Integrated Care Strategy when preparing their Joint Local Health and Wellbeing Strategies in addition to having regard to the NHS Mandate and the Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Human Resources

3.1 There are no human resource implications of this report.

Equalities Impact

4.1 There are no equalities impacts.

Partnerships

5.1 The recommendations contained in this report will strengthen and further develop partnership working and allow all partners to be a proactive stakeholder and voice their views on the content of the Joint Local Health and Wellbeing Strategy.

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Health and Wellbeing Strategy priorities

6.1 The recommendations in this report contribute to all priorities by ensuring the Board and partners work collaboratively to reduce health inequalities for the population of Derbyshire.

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Appendix 2

Suggestions for Proposed outcomes

Information from Integrated Care Strategy briefing

4 strategic aims for the development of Integrated Care:

- Prioritise prevention and early intervention to avoid ill health and improve outcomes
- Reduce inequalities in outcomes, experience, and access
- Develop care that is strengths based and personalised
- Improve connectivity and alignment across Derby and Derbyshire, to ensure people experience joined up care and to create a sustainable health and care system.

Desired population outcomes: if the population was living in good health, it would be experienced as follows:

Start Well – women have a healthy pregnancy, children are born safe and well into a nurturing and secure relationship with care givers, with good nutrition, access to health care, social care, and education. Children thrive and develop positive and healthy relationships.

Stay Well – all citizens live a healthy life, can make healthy choices, and are protected from harm. They maintain quality of life and recover well from ill health or injury.

Age Well and Die Well – citizens thrive and stay fit, safe, and secure into older age. They maintain independence and actively participate in society. They have a personalised, comfortable, and supported end of life.

Suggested areas to focus on for the Joint Local Health and Wellbeing Strategy (considering the Integrated Care Strategy inequality indicators)

1. Food policy / access to sustainable food
2. Housing / cold homes
3. Mental health and wellbeing
4. Reduce the incidence and prevalence of cardiovascular disease.

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE HEALTH AND WELLBEING BOARD

29 March 2023

Report of the Interim Executive Director Adult Social Care and Health

Derbyshire Better Care Fund 2022-23 Plan

1. Purpose

1.1 To provide a summary of the 2022-23 Better Care Fund (BCF) Planning Requirements; and funding

1.2 Seek approval of the 2022-23 Better Care Fund Plan for Derbyshire

2. Information and Analysis

2.1 On 19 July 2022 the Department of Health and Social Care, and Department for Levelling up Housing and Communities (DLUHC) published the Better Care Fund (BCF) planning guidance for 2022-23. The details of allocations of funding for the BCF 2022-23 were made available in May 2022. As per the guidance the planning template was submitted nationally on 26 September 2022. Approval of the plan is subject to the submission of this report to the HWB.

2.2 **Planning requirements**
The BCF planning requirements for 2022-23 are moving towards a more integrated approach of commissioning services. The submission includes a narrative plan setting out the priorities and ambitions of the health and social care system in Derbyshire, a finance plan detailing minimum contributions and proposed spend, together with a Demand and Capacity tracker. There are four national conditions set out in the Policy Framework that must be achieved to ensure a BCF plan can be approved and funding accessed as set out below:

i. A jointly agreed plan between local health and social care commissioners, signed off by the HWB

ii. NHS contribution to adult social care at HWB level to be maintained in line with the uplift to NHS minimum contribution

iii. Investment in NHS commissioned out-of-hospital services

iv. Implementing the BCF policy objectives which entails

- Enable people to stay well, safe and independent at home for longer.
- Provide the right care in the right place at the right time

2.3 Confirmation of funding contribution
NHS England has published individual HWB level allocations of the BCF for 2022-23. This includes an uplift in contributions in line with CCG revenue growth. The minimum contributions required for Derbyshire from partners for 2022- 23 are:

CCG	Minimum Contribution 2022-23
NHS Derby and Derbyshire ICB	£66,394,506
Total Minimum Contribution	***£66,394,506***

2.4 The iBCF funding made available to Derbyshire during 2022-23 is provided below, which includes the Winter Pressures grant for 2022-23 and now forms part of the BCF Pooled Budget.

Funding Source	2022-23
iBCF inc Winter pressures	£35,732,659
Total iBCF Funding available	***£35,732,659***

2.5 Disabled Facilities Grant
Following the approach taken in previous years, the Disabled Facilities Grant (DFG) will again be allocated through the BCF. The funding made available for the District & Borough Councils in Derbyshire is £7,898,005.

2.6 **Former Carers' Break Funding**

Local plans should set out the level of resource that will be dedicated to carer-specific support, including carers' breaks, and identify how the chosen methods for supporting carers will help to meet key outcomes (e.g., reducing delayed transfers of care). In Derbyshire £2,332,394 has been allocated for services to support Carers in 2022-23.

2.7 In summary the Derbyshire BCF Pooled Budget for 2022-23 is:

Source of funding	2022-23
CCG Minimum	£66,394,506
LA Additional (Community Equipment, LAC)	£2,258,667
CCG Additional Contribution	£651,015
iBCF	£35,732,659
DFG	£7,898,005
TOTAL	***£112,934,452***

2.8 National metrics

The national metrics used to monitor the BCF are detailed below for the reporting requirement for 2022/23. The emphasis is to reduce and avoid hospital admission, reduce length of stay and discharge people to their normal residency. The two local authority indicators remain the same

- Avoidable admissions to hospitals for chronic and ambulatory conditions
- Discharge to normal place of residency
- Admissions to residential homes per 100,000 population
- Effectiveness of reablement; 91day indicator

There was a correction to the reablement metric calculation reported in last years planned submission which was reported as a quarterly figure instead of an annual total for both the numerator and denominator. Hence under reporting the performance, this has been corrected moving forward.

2.9 Local plan development, sign off and assurance

This year the plan has been agreed locally at the BCF programme board as per the guidance. The submission includes the completion of a narrative plan, minimum contributions and proposed budgets and an additional Capacity Demand template for 2022-23 which is a new requirement for this year. The template is a summary of projected hospital discharges and community referrals and capacity of intermediate services to cover both types of demand /referrals. This year the narrative plan was jointly submitted for both Derby and Derbyshire HWB and the newly formed Integrated Care Board (ICB) which was fully operational from July 22.

2.10 The Derbyshire BCF 2022-23 Plan

The Derbyshire 2022-23 BCF Plan is, in effect, a continuation of the 2021-22 plan. The overarching vision and aims of the plan remain the same as they did in 2015-16.

2.11 There is a continued focus on community services being funded through the plan to reflect the work of the Joined Up Care Derbyshire Place workstream. This includes services such as Community Nursing, Therapy, Matrons, Evening Nursing, Clinical Navigation, Intermediate Care Teams (North), Social Care support packages, Reablement, Hospital Social Work Teams etc. The emphasis is on timely discharges.

2.12 Some preventative services have also been included to promote self-management and to reduce the demand on secondary health and care services. These include Carers services, Community Equipment service, Disabled Facilities Grants and Local Area Co-ordinators.

2.13 The full 2022-23 expenditure plan is attached as an appendix to this report.

2.14 The Plan has been developed in conjunction with key partners through the Joint BCF Programme Board and its Monitoring and Finance Group. The final plan was approved by the Joint BCF Programme Board, a delegated sub-group of the Derbyshire Health and Wellbeing Board (HWB), the Section 75 agreement will be updated in March 2023 to reflect the changes to schemes and any changes to governance arrangements in lieu of the newly formed ICB.

3. Alternative options considered

3.1 There is no alternative option for this fund

4. Implications

4.1 The approval of this funding is a requirement to obtain sign off at NHSE and forms part of the governance for the fund. It also supports the update of the section 75 agreement between Derby and Derbyshire ICB and Adult care and Health

5. Consultation

5.1 There is no consultation requirement for this paper

6. Partnership opportunities

6.1 This fund facilitates joint working between Derby and Derbyshire ICB Derby City, Derbyshire County Council, and the voluntary sector for commissioning purposes.

6.2 There is also collaborative working with the Acutes, East Midlands Ambulance Service, Mental Health Trust, DCHS and independent sector care providers to support hospital discharges

7. Background Papers

7.1 There are no background papers for this item

8. Appendices

8.1 Appendix 1 - Implications

8.2 Appendix 2 - income and expenditure plan for the BCF 22/23

9. Recommendations

That the Health and Wellbeing Board:

9.1 Note the Better Care Fund Planning Requirements

9.2 Sign off the Better Care Fund Plan as it forms part of the national conditions for the programme.

9.3 Note the correction to the reablement calculation for the previous year

10 Reasons for Recommendation

10.1 This forms part of the governance arrangements for the sign of the BCF at the HWB and subsequent sign off by NHSE

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HWB Sponsor: Simon Stevens, Interim Executive Director of Social Care and Health

Appendix 1

Implications

1. Financial

1.1 The financial implications are outlined in the body of the report and included in detail in Appendix 2 of this report.

2. Legal

2.1 There are no legal implications of this report.

3. Human Resources

3.1 There are no human resource implications of this report.

4. Equalities Impact

4.1 There is no equalities impact in this paper.

5. Partnerships

5.1 The following describes the involvement of key partners in meeting the BCF outcomes.

- District and Borough Councils are responsible for the administration of the Disabilities Facilities Grant that forms part of the BCF assisting people to live safe meaningful lives in their own home.
- NHS Integrated Care Board have jointly commissioned services with the County Council funded via the BCF and commission other eligible activity from various partners including NHS Provider Organisations and independent sector providers.
- The Voluntary Sector deliver some of the services contained in the Derbyshire BCF programme
- Public Health provide a range of preventive services including falls prevention
- Adult Social Care provide and commission home care and residential care and other services to support people to stay at home or in a social care setting.

6. Health and Wellbeing Strategy priorities

- The fund supports people in Derbyshire to live healthy lives through the range of schemes funded by the BCF.

- Mental health and wellbeing is an important aspect of the programme with provision and support being provided for people with mental ill health and support for autistic people.
- The fund supports our vulnerable populations to live in well-planned and healthy living situations through carer support, reablement, home care and residential care.
- There are opportunities to provide employment with a specific project supporting people to be encouraged to work in health and social care services. Services promote strength base approaches to promote and improve personal resilience and capacity in the care sector in both health and social care.

7 Other implications

7.1 None

NHS NHS Derby and Derbyshire ICB

DERBYSHIRE County Council

Derbyshire Better Care Fund

2022-23 Expenditure Planning Template

Contents Appendix 2

2 Budgeted Income ……. 10-11
Budgeted Expenditure ……….12-22

Income

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Derbyshire	£1,647,028	Integrated Community Equipment
Derbyshire	£430,806	P1 Home Care Capacity and Amber Valley Team
Derbyshire	£180,433	Local Area Coordinators
Total Additional Local Authority Contribution	**£2,258,267**	

NHS Minimum Contribution	Contribution
NHS Derby and Derbyshire ICB	£66,394,506
Total NHS Minimum Contribution	**£66,394,506**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	Yes

Income

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Derby and Derbyshire ICB	£651,015	Community Support Beds
Total Additional NHS Contribution	**£651,015**	
Total NHS Contribution	**£67,045,521**	

	2022-23
Total BCF Pooled Budget	**£112,934,452**

Expenditure Plan 22/23

Running Balances	Income	Expenditure	Balance
DFG	£7,898,005	£7,898,005	£0
Minimum NHS Contribution	£66,394,506	£66,394,506	£0
iBCF	£35,732,659	£35,732,659	£0
Additional LA Contribution	£2,258,267	£2,258,267	£0
Additional NHS Contribution	£651,015	£651,015	£0
Total	**£112,934,452**	**£112,934,452**	**£0**

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£18,696,926	£25,403,601	£0
Adult Social Care services spend from the minimum ICB allocations	£37,592,890	£38,668,711	£0

Required Spend

Mental Health Enablement	Social model providing preventative and recovery-focussed support to people living with a mental health condition	Prevention / Early Intervention	Mental Health	Local Authority	Minimum NHS Contribution	£616,033
Integrated care teams	Core teams of Adult Care staff who support clients through working with health colleagues at GP surgeries	Integrated Care Planning and Navigation	Primary Care	Local Authority	Minimum NHS Contribution	£1,755,160
Care packages to maintain clients in a social care setting	Provision of social care packages to help and support clients to remain outside of an acute setting and within their local community	Home Care or Domiciliary Care	Social Care	Local Authority	Minimum NHS Contribution	£8,648,050
Falls Recovery	Alternative response to non-urgent fallers, to reduce the burden on emergency services	Prevention / Early Intervention	Social Care	Local Authority	Minimum NHS Contribution	£163,248

Mental Health Triage	Provision of out of hours AMHP service, to co-ordinate and contribute to assessment of individuals under MHA	Prevention / Early Intervention	Social Care	Local Authority	Minimum NHS Contribution	£111,160
Mental Health Acute Based Social Worker Support	Provide inpatients in acute mental health wards with access to social work services and support and to introduce discharge planning on admission	High Impact Change Model for Managing Transfer of Care	Social Care	Local Authority	Minimum NHS Contribution	£111,160
Mental Health - Recovery and Peer Support	Targeted support; with peer-led support opportunities	Other	Social Care	Local Authority	Minimum NHS Contribution	£294,680
Community Support Beds	Provision of intermediate, reablement crisis support and step down services	High Impact Change Model for Managing Transfer of Care	Social Care	Local Authority	Minimum NHS Contribution	£4,736,671
Community Support Beds	Provision of intermediate, reablement crisis support and step down services	High Impact Change Model for Managing Transfer of Care	Social Care	Local Authority	Additional NHS Contribution	£651,015

ICS - Hospital Teams	Out of Hospital Team to co-ordinate and support timely discharge of clients from hospital	High Impact Change Model for Managing Transfer of Care	Social Care	Local Authority	Minimum NHS Contribution	£1,194,250
Dementia Support	Trained Dementia Support Workers available to help people with dementia and their carers to access further information, support and advice	Prevention / Early Intervention	Social Care	Charity / Voluntary Sector	Minimum NHS Contribution	£437,787
Assistive Technology (Telecare)	Provision of equipment to support people to maintain their independence in the community	Assistive Technologies and Equipment	Social Care	Private Sector	Minimum NHS Contribution	£740,143
Pathway 1 home care	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Based Schemes	Community Health	Local Authority	Minimum NHS Contribution	£623,220

Local Area Coordinators	Systematic effort in partnership with local communities to ensure that people can prevent their ordinary needs from becoming major problems, to avoid crisis	Prevention / Early Intervention	Social Care	Local Authority	Additional LA Contribution	£180,433
Carers	Help delivery of the Carers Strategy through Carer personal budgets, commissioned Carer Service and emergency home-based respite	Carers Services	Social Care	Charity / Voluntary Sector	Minimum NHS Contribution	£2,332,394
Disabled Facilities Grant	Adaptations, including statutory DFG grants	DFG Related Schemes	Social Care	Local Authority	DFG	£7,898,005
Integrated Community Equipment Service	Community based equipment	Assistive Technologies and Equipment	Social Care	Private Sector	Minimum NHS Contribution	£5,162,716
Integrated Community Equipment Service - additional	Community based equipment	Assistive Technologies and Equipment	Social Care	Private Sector	Additional LA Contribution	£1,647,028

Autism Support	Improve adult element of the all age pathway for people with autism, increasing access to peer support/befriending/short term skills development	Other	Social Care	Local Authority	Minimum NHS Contribution	£707,211
Workforce Development - Talent Academy	Identification, planning and delivery across health and social care to ensure workforce development is fit for purpose; ACP training programme	Enablers for Integration	Social Care	Local Authority	Minimum NHS Contribution	£275,773
Programme Management (BCF & TCP)	Support delivery of BCF and delivery of the Transforming Care Programme	Other	Social Care	Local Authority	Minimum NHS Contribution	£456,342
Information sharing across health	Delivery of nationally-prescribed Data Sharing/Information Governance conditions	Enablers for Integration	Social Care	Local Authority	Minimum NHS Contribution	£117,011
Care Act	Support continued implementation of the Care Act	Care Act Implementation Related Duties	Social Care	Local Authority	Minimum NHS Contribution	£2,434,905

(iBCF) Enablers (System and Service Redesign for Capacity)	Staffing support responsible for adult care case management and delivery of delayed transfers of care and discharge to assess programmes	Enablers for Integration	Social Care	Local Authority	iBCF	£6,619,512
(iBCF) Supporting the Care Market	Fund impact of national living wage in independent sector; increase fees in independent sector to cover training and nursing provision	Personalised Care at Home	Social Care	Private Sector	iBCF	£8,178,150
(iBCF) Preventative Services (inc. PH, and Housing)	Promote prevention and early intervention; including falls pathway and increasing community resilience	Prevention / Early Intervention	Social Care	Local Authority	iBCF	£1,923,557
(iBCF) Reduce Budget Savings to Protect Social Care	Maintenance of social care workforce and hospital based social work teams	Residential Placements	Social Care	Local Authority	iBCF	£11,695,528
(iBCF) Support to Improve System Flow	Support flow of patients through health and social care system	Integrated Care Planning and Navigation	Social Care	Local Authority	iBCF	£3,578,723

Home Care Short Term Services	Reablement service accepting community and discharge referrals	Reablement in a person's own home	Social Care	Local Authority	Minimum NHS Contribution	£10,419,209
Amber valley team dchs	Multidisciplinary teams that are supporting independence, such as anticipatory care	Community Based Schemes	Social Care	NHS Community Provider	Additional LA Contribution	£153,806
P1 Home Care Capacity - LA	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)	Home Care or Domiciliary Care	Social Care	NHS Community Provider	Additional LA Contribution	£277,000
P1 Home Care Capacity - NHS	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)	Home Care or Domiciliary Care	Social Care	NHS Community Provider	Minimum NHS Contribution	£277,000
Community Nursing	Delivery of care in the home to prevent situations from deteriorating	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£10,390,036

Integrated Teams	Community Matrons and Care Co-ordinators working proactively with primary care team	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£505,864
Evening Nursing Services	Provision of nursing care to adults within their own home due to an urgent problem related to a long-term chronic disease/condition	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£1,296,150
Care Co-ordinators	Improve co-ordination and provision of packages of care for adults with complex care needs and their families	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£791,366
Community Matrons	Provision of proactive and holistic approach to managing patient's long-term conditions	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£2,463,098
Community Therapy	Provision of highly skilled assessment and intervention to patients with physical problems, affecting their functional abilities	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£3,977,590

Senior Medical Input	ACPs delivering senior assessment and intervention to patients within their own home and within community support beds	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£406,235
Primary Care Hubs	Clinical management of primary care hubs	Prevention / Early Intervention	Primary Care	NHS Community Provider	Minimum NHS Contribution	£139,766
Care Home Support Service	"Ward rounds" carried out in care homes by multi-disciplinary team to improve care and reduce number of acute interventions	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£505,885
Glossopdale neighbourhood Team	Transformation of Community services, to improve patient experience and reduce avoidable readmissions	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£570,709
Intermediate Care Team Chesterfield	Integrated service for people who need an intensive, responsive and joined up approach	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£46,938
Intermediate Care Team BSV	Integrated service for people who need an intensive, responsive and joined up approach	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£229,276

Intermediate Care Team NED	Integrated service for people who need an intensive, responsive and joined up approach	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£1,130,017
Community IV Therapy	Service to facilitate timely discharge from acute and community hospital care	Community Based Schemes	Community Health	NHS Community Provider	Minimum NHS Contribution	£171,695
Clinical Navigation Service	Provision of single point of contact to a multi-disciplinary team	Integrated Care Planning and Navigation	Community Health	NHS Community Provider	Minimum NHS Contribution	£974,354
Wheelchairs	Assessment for people with permanent mobility problems and provision of equipment	Assistive Technologies and Equipment	Community Health	Private Sector	Minimum NHS Contribution	£1,132,403
Winter Pressures	Provision of health and social care capacity to support wider system	Other	Social Care	Local Authority	iBCF	£3,737,189
Spot Purchase Urgent step down beds	Provision of intermediate, reablement crisis support and step down services	Bed based intermediate Care Services	Social Care	Private Sector	Minimum NHS Contribution	£49,000

FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

29 March 2023

Report of the Director of Public Health

Health Protection Board Update

1. Purpose

1.1 To provide an update of the key messages arising from the Derbyshire Health Protection Board from its meeting on 10 February 2023.

2. Information and Analysis

2.1 The Health Protection Board is a cross-Derbyshire Board that is a sub-group of the Derbyshire Health and Wellbeing Board.

2.2 The purpose of the Health Protection Board is to provide assurance to the Health and Wellbeing Boards of Derbyshire County and Derby City that adequate arrangements are in place for the prevention, surveillance, planning, and response required to protect the health of the residents of Derby City and Derbyshire County.

2.3 The following updates were provided during the business of the meeting on 10 February 2023:

2.4 Infection Prevention and Control

- The Board received the recommendations of a recently completed Health Needs Assessment on Infection Prevention and Control in community settings, and the Board agreed to establish a sub-group to review and implement the recommendations.

2.5 Screening and Immunisations Programmes:

- A Statement of Intent has been issued on the proposed delegation of Immunisations and Vaccinations services from 2024, however a policy position has yet to be confirmed which will help shape a future local operating model.
- National work continues in order to understand when and if it makes sense to delegate screening functions
- Across Derbyshire, all screening programmes are recovered following COVID-19, operating under business-as-usual models with no reported backlogs
- A Screening Health Inequality Action Plan has been developed and shared with providers and system partners to enable joint planning and aligned actions across the ICB, and all providers have been completing the national Health Equity Assessment Tool to assess health inequalities, identify actions to increase uptake, improve equity in access and address the specific needs of certain population groups
- The age extension to 54-year-olds of the Bowel cancer screening programme is scheduled to go live in Derbyshire in April 2023
- Alternative siting for mobile breast screening in Glossop has been secured, with provision due to commence in February 2023
- Publication of the national vaccination and immunisation strategy is still awaited
- Updates to national immunisation and vaccination programmes were provided, including to the HPV programme, and future intentions for the COVID-19 programme
- A final national recall for the MMR programme for parents of children aged between 12 months and 6 years commenced at the end of January. Uptake of the MMR vaccination in Derbyshire remains above average, although uptake at 5 years is slightly below the target rate of 95%

2.6 Integrated Care Partnership Strategy

- The proposed health protection content for the Integrated Care Partnership Strategy was reviewed and approved. The following key areas of work that require cross-system working:
  - Developing the infection prevention and control system
  - Ensuring a successful and safe transfer of the responsibility to commission immunisation services
  - Ensuring oversight of screening programmes is appropriately linked to the system
  - Improved connection for existing strategies e.g., air quality

- Pathway improvements for individuals with complex health protection needs e.g., those with TB who have no recourse to public funds

- The following strategic actions have been identified for inclusion in the strategy
    - Request a commitment from the Integrated Care Partnership to sponsor a review of the governance and architecture for health protection in Derby and Derbyshire
    - Produce a health protection strategy for Derby and Derbyshire to clarify and drive the work of the Health Protection Board and establish agreed outcome measures.
    - Review the three key areas of the focus for the Integrated Care Strategy and identify prioritised health protection actions. Secure commitment from the SROs to include these actions as an integral element of their work plans, and to work with Public Health colleagues on their resolution.
    - Ensure health protection priorities are included within the appropriate workstreams, and that progress is reported to the Health Protection Board

2.7 Chief Medical Officer's Annual Report

- The Chief Medical Officer's annual report, published in December 2022, outlines the impact on health, and challenges of reducing air pollution. The Board noted that the report would be reviewed by the Air Quality Working Group to identify implications for Derbyshire and consider examples of good practice provided in the report that may be transferable to Derbyshire.

3. Alternative Options Considered

3.1 None considered as report for information only.

4. Implications

4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Consultation

5.1 No consultation required

6. Background Papers

6.1 None

7. Appendices

7.1 Appendix 1 – Implications.

8. Recommendation(s)

8.1 That the Health and Wellbeing Board:

a) Note the update report from the Health Protection Board.

9. Reasons for Recommendation(s)

9.1 To meet the purpose of the Derbyshire Health Protection Board in providing assurance to the Derbyshire Health and Wellbeing Board that adequate arrangements are in place to protect the health of the residents of Derbyshire County

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Appendix 1

Implications

Financial

1.1 None identified

Legal

2.1 None identified

Human Resources

3.1 None identified

Information Technology

4.1 None identified

Equalities Impact

5.1 None identified

Corporate objectives and priorities for change

6.1 None identified

Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)

7.1 None identified

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

29 March 2023

Report of the Director of Public Health
Derbyshire County Council

Health and Wellbeing Round Up Report

1. Purpose

1.1 To provide the Board with a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

2. Round-Up

2.1 **Reforming the Mental Health Act**
The House of Commons Library has published a briefing which covers reforms to the Mental Health Act 1983, including the Independent Review, white paper, draft Mental 17 Health Bill and pre-legislative scrutiny. The draft Bill contains a number of amendments to the Mental Health Act 1983 which would bring in changes such as:

- Redefining 'mental disorder' so autistic people and people with a learning disability could not be treated under section 3 without a coexisting psychiatric disorder.
- Raising the threshold for detention and reviewing the need for detention more frequently.
- Replacing the nearest relative with a nominated person, chosen by the patient.
- Expanding access to advocacy services.

- Removing prisons and police cells as places of safety.
- For patients in the criminal justice system, introducing a 'supervised discharge' and a statutory 28-day time limit for transfer from prison to hospital.

2.2 **Diet-related health inequalities**

The Parliamentary Office of Science and Technology has published a report which describes the impact of poor diet on health, the underlying causes and policy approaches to address them. This topic is a focus in the Government's 2020 Obesity Strategy, the Food Strategy, part of the Levelling Up agenda, and expected to feature in the Health Disparities White Paper, highlighting the cross-cutting issue of food and health inequalities in England.

2.3 **Mental health of children and young people in England 2022**

NHS Digital has published a report which presents findings from the third (wave 3) in a series of follow up reports to the 2017 Mental Health of Children and Young People survey, conducted in 2022. Among other statistics, the report shows a rise in poor mental health, in part due to online bullying and social media anxieties.

2.4 **Disability action plan**

The Disability Unit has announced that a new Disability Action Plan will be consulted on and published during 2023. The plan will set out the practical action ministers across Government will take over the next two years to improve disabled people's lives.

2.5 **Tackling inequality and disadvantage: Key actions policy makers, commissioners and provider organisations can take when developing an approach with a digital component**

Members from the VCSE Health and Wellbeing Alliance have launched a briefing highlighting how groups of people who experience the greatest barriers to accessing health and care are often the most likely to experience digital exclusion. The briefing also outlines how digital exclusion affects group who experience health inequalities.

2.6 **Mental health and the cost-of-living crisis report**

The Mental Health Foundation have published an overview report of the current and likely effects of the cost-of-living pressures on mental health. The report sets out recommendations to tackle the mental health impacts of the cost-of living crisis.

2.7 **NHS Health Checks**

The Government announced in the Spring Budget that they will digitise the NHS Health Check in England to identify

cardiovascular conditions earlier, resulting in improved health outcomes. This follows a pilot scheme in Cornwall.

3. Notification of Pharmacy Applications

Under the requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the NHS Commissioning Board must notify the HWB of all relevant applications to provide pharmaceutical services, including the relocation of existing pharmacies.
Notification of the following application has been received.

3.1 Please note the change of supplementary hours for the Dean & Smedley Ltd, 1 West Street, Swadlincote, DE11 9DG. The supplementary hours have changed from Monday – Friday 08:45 – 09:00, 13:00 – 13:30, 17:00 – 17:00 and Saturday 14:00 – 17:00 to Monday – Friday 08:45 – 09:00, 13:00 – 13:30 and 17:00 – 17:30. Total opening hours with effect from 06 February 2023 (core and supplementary hours) Monday – Friday 08:45 – 13:30 & 14:00 – 17:30, Saturday 09:00 – 17:00 and closed on Sunday.

3.2 Please note the change of supplementary hours for the PCT Healthcare Ltd, Peak Pharmacy, 57 King Street, Belper, DE56 1QA. The supplementary hours have changed from Saturday 09:00 – 12:00 to Saturday closed. Total opening hours with effect from 18 February 2023 (core and supplementary hours) Monday – Friday 09:00 – 14:00 & 14:300 – 17:00, closed on Saturday and Sunday.

3.3 Please note the change of supplementary hours for the PCT Healthcare Ltd, Peak Pharmacy, 190 North Wingfield Road, Grassmoor, Chesterfield, S42 FED. The supplementary hours have changed from Saturday 09:00 – 13:00 to Saturday closed. Total opening hours with effect from 18 February 2023 (core and supplementary hours) Monday – Friday 08:00 – 13:00 & 14:00 – 18:00, closed on Saturday and Sunday.

3.4 Please note the change of supplementary hours for the PCT Healthcare Ltd, Peak Pharmacy, 1-2 Oxford Street, Ripley, DE5 3AG. The supplementary hours have changed from Saturday 09:00 – 14:00 to Saturday 09:00 – 13:00. Total opening hours with effect from 18 February 2023 (core and supplementary hours) Monday, Tuesday, Thursday and Friday 09:00 – 13:00 & 13:30 – 18:00, Wednesday 09:00 – 13:00 & 13:30 – 17:30, Saturday 09:00 – 13:00 and Sunday closed.

3.5 Please note the change of supplementary hours for the PCT Healthcare Ltd, Peak Pharmacy, 67 Mansfield Road, Heanor, DE75 7AL. The supplementary hours have changed from Monday – Friday 08:30 – 09:00 & 12:30 – 13:00, Saturday 09:00 – 12:00 to Monday – Friday 12:30 – 13:00, Saturday 09:00 – 12:00. Total opening hours with effect from 20 February 2023 (core and supplementary hours) Monday – Friday 09:00 – 13:00 & 13:30 – 18:00, Saturday 09:00 – 12:00 and Sunday closed.

3.6 Please note the change of supplementary hours for the Daleacre Healthcare Ltd, Evans Pharmacy, Units N&O, The Dales, West Hallam, Ilkeston, DE7 6GR. The supplementary hours have changed from Saturday 09:00 – 13:00 to Saturday closed. Total opening hours with effect from 01 March 2023 (core and supplementary hours) Monday – Friday 08:30 – 13:00 & 13:30 – 18:30, Saturday and Sunday closed.

3.7 Please note the change of supplementary hours for the PCT Healthcare Ltd, Peak Pharmacy, 1 Limes Avenue, Alfreton, DE55 7DW. The supplementary hours have changed from Monday – Friday 12:30 – 13:30 to Monday – Friday 12:30 – 13:00. Total opening hours with effect from 20 February 2023 (core and supplementary hours) Monday – Friday 08:30 – 13:00 & 13:30 – 18:00, Saturday and Sunday closed.

3.8 Please note the one-off change of supplementary hours for the Riddings Limited, Riddings Pharmacy, 31 Greenhill Lane, Riddings, Alfreton, DE55 1LU. The supplementary hours have changed for Saturday 08 April 2023 from 09:00 – 13:00 to Saturday closed.

3.9 Please note the one-off change of supplementary hours for the Hilton Pharmacy, Welland Road, Hilton, DE65 5GZ. The supplementary hours have changed for Saturday 08 April 2023 from 09:00 – 1:00 to Saturday closed.

3.10 Please note the one-off change of supplementary hours for the Etwall (Midlnds) Limited, Etwall Pharmacy, 4-6 Chestnut Grove, Etwall, DE65 6NG. The supplementary hours have changed for Saturday 08 April 2023 from 09:00 – 12:00 to Saturday closed.

3.11 Please note the change of supplementary hours for the PCT Healthcare Limited, Peak Pharmacy, 3 Scarsdale Place, Market Place, Buxton, SK17 6EF. The supplementary hours have changed from Monday – Friday 17:30 – 17:45 and Saturday 09:00 – 13:00 to Saturday 09:00 – 13:00. Total opening hours with effect from 27 February 2023 only (core and supplementary hours) Monday – Friday 09:00 – 13:00 & 13:30 – 17:30, Saturday 09:00 – 13:00 and Sunday closed.

3.12 Please note the change of supplementary hours for the PCT Healthcare Limited, Peak Pharmacy, 21 Ilkeston Road, Heanor, DE75 7DT. The supplementary hours have change from Monday – Friday 08:30 – 09:00 & 12:30 – 13:00 to Monday – Friday 12:30 – 13:00. Total opening hours with effect from 20 February 2023 only (core and supplementary hours) Monday – Friday 09:00 – 13:00 & 13:30 – 18:00, Saturday and Sunday closed.

3.13 Please note the one-off changes of supplementary hours for the Tupton Healthcare Limited, Tupton Pharmacy, Unit 2 Green Lane, Tupton, Chesterfield, S42 6BH. The supplementary hours have changed for Saturday 08 April 2023 and Saturday 23 December 2023 from 09:00 – 13:00 to Saturday closed.

3.14 Please note the change of supplementary hours for the PCT Healthcare Limited, Peak Pharmacy, 66 South Street, Ilkeston, DE7 5QJ. The supplementary hours have changed from Monday – Friday 08:45 – 09:00 & 12:30 – 13:00 to Monday – Friday 12:30 – 13:00. Total opening hours with effect from 13 March 2023 (core and supplementary hours) Monday – Friday 09:00 – 13:00 & 13:30 – 18:00, Saturday and Sunday closed.

3.15 Please note the change of supplementary hours for the PCT Healthcare Limited, Peak Pharmacy, 6 Market Place, Staveley, Chesterfield, S43 3UR. The supplementary hours have changed from Monday, Tuesday, Thursday and Friday 13:00 – 13:30 to Monday, Tuesday, Thursday and Friday Nil. Total opening hours with effect from 13 March 2023 (core and supplementary hours) Monday, Tuesday, Thursday and Friday 09:00 – 13:00 & 13:30 – 17:30, Wednesday 09:00 – 13:00, Saturday 09:00 – 13:00 and Sunday closed.

3.16 Please note the change of supplementary hours for the Bestway National Chemists Limited, Well Pharmacy, 189 Birkenstyle Lane, Stonebroom, Alfreton, DE55 6LD. The supplementary hours have changed from Monday – Friday 08:30 – 09:00 & 13:00 – 14:00 & 18:00 – 18:15 to Monday – Friday 13:00 – 14:00 & 18:00 – 18:15. Total opening hours with effect from 19 March 2023 (core and supplementary hours) Monday – Friday 09:00 – 18:15, Saturday and Sunday closed.

3.17 Please note the change of supplementary hours for the Bestway National Chemists Limited, Well Pharmacy, 40 Market Street, Whaley Bridge, High Peak, SK23 7LP. The supplementary hours have changed from Monday – Friday 13:00 – 14:00 & 18:00 – 18:30 and Saturday 09:00 – 16:00 to Monday – Friday 13:00 – 14:00 & 18:00 – 18:30 and

Saturday 09:00 – 13:00. Total opening hours with effect from 19 March (core and supplementary hours) Monday – Friday 09:00 – 18:30, Saturday 09:00 – 13:00 and Sunday closed.

4. Performance reporting to the Health and Wellbeing Board
An update on performance indicators for the current priorities can be found at appendix 2. Performance indicators were presented to the board in January 2023. There are no significant changes in performance to report since January 2023.

5. Health and Wellbeing Board Role Profiles
The Local Government Association (LGA) recommends as good practice, that Health and Wellbeing Boards have role profiles for all members of the Health and Wellbeing Board to ensure all members feel empowered to fully undertake their specific role. Board members were asked for feedback on the role profiles. The feedback received agreed that the role profiles were suitable and therefore the final version is attached at appendix 3.

6. Background Papers

6.1 Pharmaceutical notifications are held electronically on file in the Public Health Service.

7. Recommendation(s)

7.1 That the Health and Wellbeing Board:

a) Note the information contained in this round-up report.

8. Reasons for Recommendation(s)

8.1 To provide the Health and Wellbeing Board with a summary of the latest policy information to enable the development of the work plan for the Board.

Health and Wellbeing Board Sponsor: Ellie Houlston
Report Authors: Ruth Shaw and Annette Appleton
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Appendix 1

Implications

Financial

1.1 No implications

Legal

2.1 No implications

Human Resources

3.1 No implications

Appendix 2

DERBYSHIRE HEALTH AND WELLBEING BOARD

Measuring Success

To understand our progress towards achieving key targets across the 5 priority areas we will track a number of indicators over time using a Health and Wellbeing Strategy Dashboard. A wide range of indicators will be available through the dashboard, and a number of key indicators that we will track are presented below.

Source: Indicators sourced from Office of Health Improvement & Disparities Fingertips (OHID) Public Health Profiles
(for full details on each indicator visit https://fingertips.phe.org.uk/)

Derbyshire Compared to England:

- Significantly Better
- Not Significantly Different
- Significantly Worse
- Not Applicable

CIPFA Nearest Neighbour:

CIPFA Rank: Derbyshire's rank among CIPFA neighbours. 1-16 where 1 is the worst

CIPFA Range: the range of values for the CIPFA nearest neighbours

Change from previous strategy:

- ▲/▼ Significant increase/Decrease getting better
- ▼/▲ Significant increase/Decrease getting worse
- ▲/▼ Increase/decrease – not significant
- \- No change
- \- Change cannot be calculated

*Indicators coloured shaded grey are no longer available via OHID fingertips

1. Enable people in Derbyshire to live healthy lives

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
Healthy Life Expectancy at Birth - Males	61.5	63.1	2	61.4 - 67.4	▼	Years	2018 - 20
Healthy Life Expectancy at Birth - Females	62.6	63.9	4	60.0 - 68.7	▼	Years	2018 - 20
Life Expectancy at Birth - Males	79.2	79.4	4	78.3 - 80.7	-	Years	2018 - 20
Life Expectancy at Birth - Females	82.8	83.1	3	82.0 - 84.6	-	Years	2018 - 20
Smoking Prevalence - 15 year olds - Current smokers	8.0	8.2	10	5.5 - 11.4	–	%	2014/15
Smoking Prevalence - 15 year olds - Regular smokers	5.4	5.5	10	3.2 - 7.9	–	%	2014/15
Smoking Prevalence - Adults	14.1	13.0	5	9.9 - 15.8	▼	%	2021
Smoking at time of delivery	11.8	9.1	5	7.6 - 15.0	▼	%	2021/22
Breastfeeding Prevalence at 6-8 weeks	43.6	49.3	9	41.9 - 57.0	▲	%	2021/22
Eating 5 a day - 15 yrs	50.9	52.4	6	48.5 - 60.3	–	%	2014/15
Eating 5 a day - Adults	56.4	55.4	6	52.9 - 63.7	▼	%	2019/20
Excess weight - 4-5 yrs	22.8	22.3	7	19.5 - 26.2	▼	%	2021/22
Excess weight - 10-11 yrs	36.3	37.8	7	31.3 - 38.3	▲	%	2021/22
Excess weight - Adults	69.2	63.5	1	61.4 - 69.2	▲	%	2020/21
Physically Inactive - 15 yrs, mean sedentary time >7 hours per day	70.9	70.1	5	63.2 - 73.0	–	%	2014/15
Physically Inactive - Adults	21.5	23.4	10	18.5 - 26.5	▲	%	2020/21
Admissions - Alcohol-specific	615.0	626.1	2	364.8 - 748.6	▼	DASR/100,000	2021/22
Admissions - Alcohol-specific, Under 18 years	35.7	29.3	6	18.8 - 61.5	▼	DASR/100,000	2018/19 - 20/21
Admissions - Alcohol-related*				-			
Chlamydia detection rate 15-24 yrs	1173.5	1334.2	9	793.7 - 1494.0	▼	%	2021
HIV coverage	33.8	45.8	10	21.2 - 82.9	▼	%	2021
HIV late diagnosis	47.6	43.4	6	33.3 - 78.6	▼	%	2019 - 21

* Indicators coloured shaded grey are no longer available via OHID fingertips

2. Work to lower levels of air pollution

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
Air Pollution: Fine Particulate matter	6.0	6.9	11	4.0 - 7.3	▼	Mean ug/m3	2020
Fraction of Mortality attributable to particulate air pollution	5.3	5.5	3	3.8 - 5.8	-	%	2021
Adults cycling at least 3 times a week*				-			
Adults cycling at least once a month*				-			
Licensed Diesel Vehicles per Total Vehicles*				-			
Licensed ULEV Vehicles at quarter end*				-			

* Indicators coloured shaded grey are no longer available via OHID fingertips

3. Build mental health and wellbeing across the life course

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
Suicide Rate	11.5	10.4	8	8.7 - 15.5	▲	DASR/100,000	2019 - 21
Severe Mental Illness (SMI) recorded prevalence*				-			
Excess under 75 mortality rate in adults with SMI	444.8	389.9	5	297.0 - 580.2	▲	Indirect Ratio	2018 - 20
Self-reported wellbeing: high happiness score*				-			
Adult social care users with enough social contact	40.7	40.6	5	33.8 - 48.8	▼	%	2021/22
Adult carers with enough social contact	19.3	28.0	1	19.3 - 38.7	▼	%	2021/22

* Indicators coloured shaded grey are no longer available via OHID fingertips

4. Support our vulnerable populations to live in well-planned and healthy homes

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
People with SMI receiving complete physical health checks*				-			
Fuel poverty	14.0	13.2	8	10.8 - 15.6	–	%	2020
Housing affordability	6.8	9.1	3	5.6 - 10.6	▼	Ratio	2021
Household overcrowding*				-			
Adults with a learning disability living in stable and appropriate accommodation	86.1	78.8	14	34.4 - 92.8	▲	%	2021/22
Adults in contact with secondary mental health services living in stable and appropriate accommodation	81.0	58.0	16	6.0 - 81.0	▲	%	2020/21

* Indicators coloured shaded grey are no longer available via OHID fingertips

5. Strengthen opportunities for quality employment and lifelong learning

Health and Wellbeing Name	Derbyshire	England	CIPFA Rank (1 is worst)	CIPFA Range	Change since previous strategy	Value Type	Period
KS4 pupils achieving 9-5 pass in English and Maths*				-			
KS5 achieving AAB grades or above*				-			
16-17 year olds not in education, employment or training (NEET)	2.4	4.7	16	2.4 - 7.9	▼	%	2021
Qualified to NVQ4 and Above*				-			
Working age population in employment, 16-64 years	76.3	75.4	5	72.3 - 81.1	▼	%	2021/22
Unemployment		4.5	1	-	–	%	2021
Long term claimants of Job seekers allowance	1.6	2.1	6	0.3 - 2.5	▼	Rate/1000	2021
Average weekly earnings	479.1	496.0	12	431.5 - 524.9	▲	Median £	2021
Gender pay gap	19.4	16.6	3	10.7 - 23.2	▼	Ratio	2020
Gap in employment rate for people in contact with secondary mental health services	72.6	66.1	1	54.6 - 72.6	▲	Gap % points	2020/21
Gap in employment rate for people with a long term condition*				-			
Gap in the employment rate for those with a learning disability	75.3	70.6	3	69.2 - 79.0	▲	Gap % points	2021/22
ESA claimants	6.0	5.4	4	3.8 - 6.3	▲	%	2018
Unpaid carers*				-			

* Indicators coloured shaded grey are no longer available via OHID fingertips

Appendix 3

Health and Wellbeing Board Role Profiles

Chair of the HWB – Cabinet member for Health & Communities	Cabinet Members – Derbyshire County Council
• Statutory member of the board. Can vote on all matters. • Provides leadership and strategic vision of the board. • Also Board member for ICP and other strategic partnerships. • Question and challenge throughout the meeting as part of chairing function. • Provides political leadership of the health and wellbeing agenda • Work with partner organisations to reduce health inequalities in local communities • Holds organisations and partners to account for delivering against the priorities outlined in the Health and Wellbeing Strategy. • Escalates issues from HWB to regional/ national forums where appropriate • Challenges performance against the outcomes outlined in the HWBS via the HWB dashboard indicators which make links to performance • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.	• Statutory member of the board. Can vote on all matters. • Broad knowledge of local community and specialist knowledge of Cabinet portfolio. • Question and challenge throughout the meeting. • May be a Board member for ICP and other strategic partnerships • Provides political leadership of the health and wellbeing agenda • Works with partner organisations to reduce health inequalities in local communities • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Chief Executive Officer for Derby & Derbyshire Integrated Care Board	Non-Executive Director for Derby & Derbyshire Integrated Care Board (Vice Chair)
• Statutory member of the board. Can vote on all matters. • Provides specialist knowledge of Integrated Care System. • Provides clinical leadership • Represents board priorities to ICS • Board member of ICP and ICB • Share plans from ICB with the Board • Escalate issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.	• Statutory member of the board. Can vote on all matters. • Deputises for chair when necessary. • Board member of ICP and ICB • Provides specialist knowledge of Integrated Care System. • Provides clinical leadership • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Executive Director of Adult Social Care and Health	Executive Director of Children's Services
• Statutory member of the board in role as Director of Adult Social Care Services (DASS). Can vote on all matters. • Board member of ICP. • Represents and implements Board priorities in relation to Adult Care • Shares plans and strategies from the ICP • Escalates issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.	• Statutory member of the board as Director of Children's Services (DCS). Can vote on all matters. • Board member of ICP. • Represents and implements Board priorities in relation to Children's Services • Escalates issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Director of Public Health	Healthwatch Representative
• Statutory member of the board in role as Director of Public Health. Can vote on all matters. • Board member for ICP and DPH representative on ICB • Accountable officer for Identifying needs through Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment • Accountable officer for producing Joint Local Health and Wellbeing Strategy and Director of Public Health Annual Report • Public Health, Population Health and prevention champion • Work with partner organisations to reduce health inequalities in local communities • Provides a direct link between health and local government; professional advice • Represents and implements Board priorities in relation to Public Health • Escalates issues from HWB to regional/ national forums where appropriate • Ensures that, where appropriate, system wide delivery plans or shared spaces to collaborate are in place to support the HWBS strategic priorities and outcomes. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.	• Statutory member of the board. Can vote on all matters. • Provides appropriate representation of the patient, public and carer population in Derbyshire • Works collaboratively with board partners to ensure appropriate engagement and involvement with patients and service users • Escalates issues from HWB to regional/ national forums where appropriate • Works closely with the Derbyshire Healthwatch to ensure appropriate engagement and involvement with patients and service users. • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Representative from Voluntary Sector	Police and Crime Commissioner for Derbyshire
• Non-statutory member of the board. Does not vote on any matters. • Voice of the voluntary sector on the board. • Engages and communicates with VCS colleagues in relation to Health and Wellbeing Board priorities and facilitates actions agreed at meetings in relation to the voluntary sector • Works with partner organisations to reduce health inequalities in local communities • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.	• Non-statutory member of the board. Does not vote on any matters. • Offers insight on work of police service in relation to reducing health inequalities. • Works with partner organisations to reduce health inequalities in local communities • Escalates issues from HWB to regional/ national forums where appropriate • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

Representative from Derbyshire Fire and Rescue Service	District and Borough Councillors
• Non-statutory member of the board. Does not vote on any matters. • Offers insight on work of fire and rescue service in relation to reducing health inequalities. • Works with partner organisations to reduce health inequalities in local communities • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.	• Non-statutory member of the board. Does not vote on any matters. • Provides political leadership of the health and wellbeing agenda within districts and boroughs • Feeds back and engages with local people to inform planning and contributions to board discussions and decisions • Works with partner organisations to reduce health inequalities in local communities • Links to communities to deliver practical actions that prevent ill health • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

District and Borough Council Officer	Representative from Derbyshire Constabulary
• May attend meetings to support District and Borough elected members. These officers are not able to vote on matters. • Attends coordination meetings held as part of County Place Partnership Board • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.	• Non-statutory member of the board. Does not vote on any matters. • Offers insight on work of Derbyshire Constabulary in relation to reducing health inequalities. • Works with partner organisations to reduce health inequalities in local communities • Actively progresses any strategic decision or action agreed at the Health and Wellbeing Board through their own organisation and any relevant partners and networks. • Ensures full support and implementation of the Health and Wellbeing Strategy through their own organisation and relevant networks. • Ensures their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.

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DERBYSHIRE County Council

Anticipated Work Programme: 2023/24 – correct for March 2023 HWB meeting

Please see Derbyshire County Council's website for the meeting papers', Terms of Reference & Membership and Strategy of the Health and Wellbeing Board. You can also find information on The Joint Strategic Needs Assessment here.

Items on the work plan will be either: Statutory reports; Updates on HWB Strategy Priorities or a combination of both. Please note items on the work programme may be subject to amendment between meetings.

If there are any missing or incorrect items, or for further information, please contact director.publichealth@derbyshire.gov.uk

Report Title	Purpose	Link to Strategy Priority or Statutory report	Lead Officer	Report Author(s)
Meeting: July 2023				
Draft of the Joint Local Health and Wellbeing Strategy	To provide the board with a draft of the Joint Local Health and Wellbeing Strategy	Statutory	Ellie Houlston	TBC
Annual Section 75 update for 0-19 commissioned services Update on the Best Start work	To provide the board with an update in relation to the delivery of the 0-19 Public Health Nursing Service over the 2021-22 academic year (Sept 2021 – Aug 2022)	All people in Derbyshire are enabled to live healthy lives	Ellie Houlston	Ellen Langton, Jamie Dix and Carol Ford
Health and Housing	To inform the board of the Health Impact Assessment recommendations	All vulnerable populations are supported to live in well-planned and healthy homes	Ellie Houlston	Vicky Smyth / Sam Bostock
Update on warm spaces and Household Support Fund	To provide the board with an update on the work regarding cost of living pressures	Cross-cuts all priorities	Ellie Houlston	Thom Dunn / Lois Race
Health inequalities and Gypsy/Traveller communities	To provide the board with information on work to identify and reduce health inequalities within the	All people in Derbyshire are enabled to live healthy lives	Ellie Houlston	Hayley Orgill (NHS)

CONTROLLED

	Gypsy/Traveller community			
Whole system approach to tackle childhood obesity across Derby and Derbyshire	To provide information and support for the whole system approach to tackling childhood obesity across Derby and Derbyshire	All people in Derbyshire are enabled to live healthy lives	Ellie Houlston / Carol Cammiss	Andy White (Derby City Council) / Helene Denness
Air Quality update – how can districts and boroughs be more involved	To update the board on Air Quality following clean air day and identify who districts and boroughs can be more involved	Lower levels of air pollution in Derbyshire	Ellie Houlston	Russell Sinclair / Iain Little plus D&B colleagues
Better Care Fund Outturn report	To provide an update on the outturn position of the Derbyshire Integration and Better Care Fund through reporting of the required statutory return.	Statutory	TBC	Parveen Sadiq
Healthwatch update	To update the board on the work of Healthwatch Derbyshire	All people in Derbyshire are enabled to live healthy lives	Helen Henderson	Helen Henderson
Disability Employment Strategy	TBC	All people in Derbyshire have opportunities to access good quality employment and lifelong learning	ED ASCH	Carmel Reilly
ICP Update	To provide the Board with feedback from ICP meetings	Statutory	TBC	TBC
Director of Public Health Annual Report	To inform the board of the publication of the DPH AR	Statutory	Ellie Houlston	Annette Appleton

Health and Wellbeing Board Round up (to include future work plan)	To provide the Board with a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda	Statutory	Ellie Houlston	Ruth Shaw
Health Protection Board Update	To provide the board with an update from the Health Protection Board	Statutory	Ellie Houlston	Iain Little
JSNA Update	To update the board on the JSNA	Statutory	Ellie Houlston	Thom Dunn / Shirley Devine
Meeting: October 2023				
Draft Joint Local Health and Wellbeing Strategy	To provide the board with an update on the progress of the Joint Local Health and Wellbeing Strategy	Statutory	Ellie Houlston	TBC
Climate change	To provide the board with an update on Climate change	Lower levels of air pollution in Derbyshire	Ellie Houlston	Iain Little / Russell Sinclair (possibly also corporate team)
Review of the ToR and membership of the Health and Wellbeing Board	To provide the board with an opportunity to review and refresh the ToR and membership of the board	Statutory	TBC	TBC
Update on the work of the Derbyshire Homelessness Officers Group and the Countywide Homelessness and Rough Sleeping Strategy	To provide an update to the board of the work of the Derbyshire Homelessness Officers Group and the Countywide	All vulnerable populations are supported to live in well-planned and healthy homes	Derbyshire Homelessness Officers Group	TBC

	Homelessness and Rough Sleeping Strategy			
LLBD Preventative work in hospitals	To update the board on the prevention work of the LLBD team within hospitals	All people in Derbyshire are enabled to live healthy lives	Ellie Houlston	Darran West / Hayley Gleeson
Mental Health and Suicide Prevention	To update the board on mental health and suicide prevention	All people in Derbyshire are enabled to have good mental health and wellbeing across the life course	Ellie Houlston	Helene Denness / James Creaghan
Housing and Planning	To provide the board with an update	All vulnerable populations are supported to live in well-planned and healthy homes.	Ellie Houlston	Helene Denness / Vicky Smyth
Localities Programme	To update the board on the work of the Localities Programme	Cross-cuts all priorities	Ellie Houlston	tbc
Better Care Fund Outturn report	To provide an update on the outturn position of the Derbyshire Integration and Better Care Fund through reporting of the required statutory return.	Statutory	TBC	Parveen Sadiq
ICP Update	To provide the Board with feedback from ICP meetings	Statutory	TBC	TBC
Health and Wellbeing Board Round up (to include future work plan)	To provide the Board with a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda	Statutory	Ellie Houlston	Ruth Shaw

CONTROLLED

Health Protection Board Update	To provide the board with an update from the Health Protection Board	Statutory	Ellie Houlston	Iain Little

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