



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

21 November 2022

Report of the Integrated Care Board

Commissioning of Healthcare Services in Glossop

1. Purpose

1.1 To provide information to the Improvement and Scrutiny Committee – Health on the process of transitioning the commissioning of healthcare for the Glossop population from the former Tameside and Glossop Clinical Commissioning Group (TGCCG) to the newly formed NHS Derby and Derbyshire Integrated Care Board (DDICB) on 1 July 2022.

2. Information and Analysis

2.1 Integrated Care Systems are partnerships of health and social care providers. Each part of England has an Integrated Care System (ICS), and the ICS for Derbyshire is called Joined Up Care Derbyshire (JUCCD). In 2021 the draft Health and Care Bill, which would go on to establish ICSs in legislation, outlined that Health and Social Care provision should be coterminous. In July 2021, the then Secretary of State for Health and Social Care Rt Hon Sajid Javid confirmed his decision that the boundary of the Derbyshire ICS would be amended to incorporate the area of Glossop, with effect from 1 April 2022.

2.2 The decision was underpinned by the principle that aligned boundaries deliver clear benefits in integration between local authorities and NHS organisations. With Glossop already being geographically part of Derbyshire, social care and other services were being managed across two ICS footprints by Derbyshire County Council and High Peak Borough Council.

- 2.3 In late 2021, it was agreed that the implementation of legislation would be deferred until 1 July 2022; this boundary change would therefore take effect on that date.
- 2.4 Following notification of the boundary change in July 2021, the transition programme commenced with the formation of the Glossop Steering Group and four associated workstreams, with equal membership from TGCCG and the Derby and Derbyshire CCG. This transition process concluded on 30 June 2022 with the successful and safe transition of responsibility for Glossop health provision into DDICB on 1 July 2022.

The four established workstreams were:

- Finance, Contracting, IT and Primary Care/Estates
 - Statutory Duties and People
 - Communications and Engagement
 - Neighbourhood Development
- 2.5 Each workstream met monthly to 6-weekly and was led by a Senior Responsible Officer from either TGCCG or DDCCG (or jointly) with responsibility for achieving a set of key deliverables. Workstream members were specialists in their field and able to commit time and expertise to achieving the goals. The workstreams were accountable to the Steering Group (meeting monthly) which in turn reported to the Transition Assurance groups within the respective CCGs to provide assurance on progress and risk management.

Decisions requiring DDCCG approval were also taken through formal governance groups, including the Clinical and Lay Commissioning Committee, Engagement Committee and Audit Committee as well as through local NHSE/I Midlands Transition Assurance. Additional project management resource was funded by NHS England to support the transition.

3. Alternative Options Considered

- 3.1 Alternative options were not considered due the mandated amendment to the boundary announced by the Secretary of State for Health and Social Care.

4. Implications

- 4.1 As part of the transition, DDICB inherited 39 contracts for the provision of various aspects of healthcare - with contracts split in the following way:

- 14 service contracts for the provision of general acute services
- 9 service contracts for the provision of community health services
- 8 service contracts for the provision of mental health services
- 8 service contracts covering a range of other services, including, NHS111, 999 and primary care out of hours.

4.2 Work continues to understand how commissioning arrangements, enshrined in these contracts compares with those arrangements that DDICB works to. A particular focus in this regard is to understand how policies on clinical treatments differ. In the meantime, all services will be maintained without change and the flow of patients through all services remains unaltered.

5. Consultation & Engagement

5.1 Consultation on this transition was not undertaken due to the boundary change being mandated by the Secretary of State for Health and Social Care. Views were collected from local stakeholders prior to the Secretary of State for Health and Social Care's decision making. In making the decision, the Secretary of State outlined that there was no local consensus in this area and while the historic partnership and strong relationships developed in Tameside and Glossop were noted, the decision was taken based on a consideration that the benefits of coterminous boundaries outweighed the challenges. The benefits of the decision are that alignment enables more opportunities for joined-up working with the local authority and the creation of joined-up plans for prevention and population health to improve provision for local people as well as greater alignment between community, mental health and ambulance service provision which provide a county-wide service.

5.2 The local NHS has worked closely with community leaders from the Glossop area to understand local sentiment and taken steps to help alleviate concerns. This has included days spent in Glossop speaking with local people and answering their questions, and such opportunities continue. A designated area was created on the JUCD Engagement Platform to provide updates and collect feedback from residents: <https://derbyshireinvolvement.co.uk/glossop-ics-transition>

5.3 A recurring concern from local people has been the likelihood of a change in access to services, or a loss of services due to the boundary change, along with the potential impact on staff. It was confirmed from an early point that the decision itself would not impact any individual patient's right to choose or use services outside of their ICS, nor would the amended boundary mean that any local services would change because of the transfer. As with any health and care system, services may naturally evolve over time to ensure to continued improvement of

integrated care for local people. Local people and service staff will be involved in those discussions as usual.

- 5.4 Staff working for Tameside and Glossop CCG at the point of transfer were covered by NHS England's employment commitment for colleagues impacted by the legislative changes. All TGCCG staff had their employment transferred to the new Integrated Care Board for Greater Manchester on 1 July 2022. Staff working in NHS provider organisations that serve patients from Glossop also saw no change because of the transfer. Patients continue to access services in the same way, have the same choices of care available to them and existing patient pathways, for example into the Manchester health system, continue. General Practice became part of the Derbyshire Primary Care Network and Place Alliance arrangements, with some change in relationships and geographical integration, but services to patients remain the same.
- 5.5 Services may naturally evolve over time to ensure to continued improvement of integrated care for local people, and staff will be involved in those discussions as usual. A commitment was given to the residents of Glossop that no services would be changed for a minimum period of 12 months following the change to boundary, therefore before 1 July 2023. Any future proposals will be discussed with the Improvement and Scrutiny Committee – Health at the appropriate time.

6. Background Papers

- 6.1 The full report outlining the boundary decisions by the Secretary of State for Health and Social Care is [available on the Department of Health and Social Care website](#).

7. Appendices

- 7.1 Appendix 1 Implications.

8. Recommendation(s)

That the Committee:

- 1) note the process for the transition of healthcare arrangements into the Derby and Derbyshire Integrated Care System from 1 July 2022;
- 2) note the engagement undertaken to build and sustain relationships with local community leaders; and
- 3) note the process currently being undertaken to understand variation on health service provision across Derbyshire.

9. Reasons for Recommendation(s)

9.1 To provide assurance and transparency on the background to change and the ongoing processes for arranging healthcare for the whole population of Derbyshire.

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Implications

Financial

1.1 The budget for the provision of NHS services

Legal

2.1 Alongside the ICS due diligence process for the closedown of DDCCG and initiation of DDICB, there was a process of due diligence for the transition of Glossop into DDICB to provide assurance to DDCCG's Audit Committee, Chief Officer and NHSE/I Midlands that the Glossop transition programme followed due process. This process identified any assets and liabilities that DDICB would be responsible for following transition and included staff and property (in its widest sense). This information was included in the Schedule of Staff and Property Level 3 template shared with NHSE/I Midlands together with the letter of assurance from TGCCG's accountable officer to DDCCG's accountable officer.

2.2 During the transition period, colleagues from both DDCCG and TGCCG made connections to share knowledge and information about services and service delivery. They discussed service challenges and variations in provision.

Arrangements were made, via an approved data sharing agreement, to share 'Live' caseload information through a secure share point to facilitate safe transfer of clinical cases from TGCCG to DDCCG case managers. Clinical cases were transferred appropriately in time for the transition on 1 July 2022.

Human Resources

3.1 Implications described in Section 5.4.

Information Technology

4.1 Implications described in section 2.1 above.

Equalities Impact

5.1 Equality Impact assessments were completed for a range of issues in relation to this boundary change. These included Commissioning for Individuals, Continuing Healthcare and Individual Funding Requests.

Corporate objectives and priorities for change

6.1 The overarching aim of the Glossop Transition Steering Group was to ensure the safe transfer of healthcare commissioning responsibilities from TGCCG to DDICB on 1 July 2022, including full due diligence, assets transfer and reassurance and transparency for local patients that their health services would remain unchanged due to the boundary change for a minimum of 12 months. These objectives were felt to be successfully delivered.

Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)
Not applicable.