FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

24th July 2023

Report of the Integrated Care Board

The Derby and Derbyshire Joint Forward Plan – 2023/24 to 2027/28

1. Purpose

1.1 The Health and Care Act 2022 sets out a requirement for Integrated Care Boards (ICBs) and their partner trusts to prepare a Joint Forward Plan (JFP) covering a five-year period. The JFP describes how the ICB, and its partner trusts indent to arrange and/or provide NHS services to meet their population's physical and mental health needs.

1.2 The purpose of this paper is to brief Members on the Derby and Derbyshire NHS' 'Joint Forward Plan' – referred to as the *Derby and Derbyshire NHS' Plan* in the remainder of this document.

1.3 The Derby and Derbyshire NHS' Plan was published on 30th June 2023.

2. Information and Analysis

2.1 Introduction

2.1.1 The purpose of the Derby and Derbyshire NHS' Plan is to set the NHS on a different course over the next five years and change the way it operates. In doing so it has formed a set of guiding policies for action, informed by a detailed analysis of the challenges that the NHS faces and the issues it needs to grapple with.

2.1.2 The course, as set out in this Plan, will see the NHS changing its operating model so that it becomes more **preventative** in nature; more **personalised** for the citizen; **intelligence** led; and the clinical sectors/organisations are **integrated by design** in how they interact with patients and citizens.

2.1.3 The Derby and Derbyshire NHS' Plan for the next five years has not been constructed in isolation. It has been shaped by numerous National and Local imperatives. For example:

2.1.3.1 The **Long-Term Plan**, as set out by NHS England in 2019, is as relevant now as it has ever been, with a focus on halving the neonatal mortality rate, reducing the number of heart attacks and strokes, diagnosing more cancers early and expanding adult and children's mental health provision.

2.1.3.2 The recently published **Derby and Derbyshire Integrated Care Strategy** establishes a vision for population health and a set of supporting strategic aims for how the Integrated Care Partnership (ICP) will work together, to improve the health of the Derby and Derbyshire population.

2.1.3. The positioning of this Plan

2.1.4 The Derby and Derbyshire NHS' Plan has been constructed with clear recognition of the extent to which good healthcare provision contributes to health, and we want to avoid medicalising the population health and health equity agenda.

2.1.5 As such, the Plan's scope focuses exclusively on how the NHS in Derby and Derbyshire can **'maximise the 20%'** – as shown in Figure 1 - by addressing a series of structural service design issues which has hampered our ability to improve access and quality over the last decade or so.

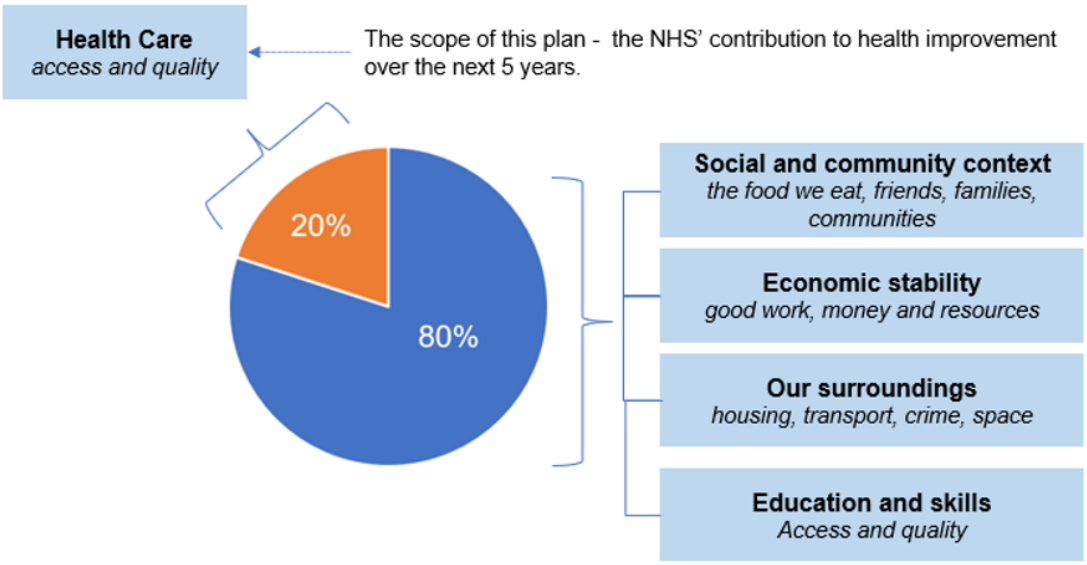

Figure 1. Drivers of health

2.2. Challenges

2.2.1. There are a series of challenges for the NHS and wider Public Sector to work through over the next five-year period. In section 2 of the document attached at Appendix A, these challenges are detailed.

However, in summary some of the issues include:

- When thinking about improving the stock of good health across the population, it is important to understand where we are now and where we have come from. This plan is therefore pitched against a background where for Derbyshire as a whole, the level of good health is marginally better now than it was eight years ago. However, there are areas for concern relating to mental health, personal wellbeing, and difficulties in daily living - which have all deteriorated.

- The growth in multi-morbidity intersected with the growth in the older adult population will require a fundamental shift in how the NHS operates.

- We do not have a sufficient number of General Practitioners and community-based nurses in place to provide the care that is required.

- Evidence shows that patients feel less in control over the healthcare they receive, despite wanting it. It is imperative that we tackle this particularly given the proven benefits of better

clinician relationships, improved adherence to advice and increased satisfaction with the outcome of treatment.

- The growth and expansion of new technology will revolutionise healthcare over the next five years and beyond, presenting both opportunities and challenges for us. The issue that the Derby and Derbyshire healthcare system will need to grapple with isn't whether we choose to adopt these technologies, rather how best to prepare for the change ahead.

- The financial, productivity and environment challenge over the next five-year period go hand in hand. There are significant opportunities to reduce waste which must be realised to get the system on a better financial footing.

2.3. Issues that the NHS needs to resolve

2.3.1. Whilst the causes of the challenges are multifactorial and complex, there are some fundamental aspects of design – both from the perspective of local NHS policy (e.g., finance and workforce) and operations (e.g., how care is delivered) which, if properly addressed, would allow the NHS to meet these challenges in a more effective way.

2.3.2. The type of workforce that we invest in

2.3.2.1. The historic way that the NHS has been funded, has incentivised a greater proportion of the monies available to propagate specialist and acute care - rather than primary and community-based physical and mental ill health care.

2.3.2.2. This has reduced the ability of primary care to deliver effective population health management by preventing, postponing, and lessening disease complications and playing its full potential role in delivering integrated and proactive care, working alongside other parts of the system.

2.3.2.3. Reversing this approach is a fundamental prerequisite to improving the structure and quality of chronic and multimorbidity disease care over the next five-years and beyond. Addressing this will also require the NHS to rethink the way that different professional groups are deployed, ensuring that there is enough capacity and the right skills to deliver an integrated, community-based model of care at the scale required.

2.3.3. How we invest financial resource

2.3.3.1. Over recent years, the desire to direct resource to services which can reach into the most disadvantaged communities, has not been met with any substantive, practical change in how the £3bn worth of revenue expended each year is distributed. Funds have been allocated on an institutional basis and largely based on what has happened retrospectively, reflecting how services have been delivered in the past - rather than what the local population health needs are now and are to be in the future.

2.3.3.2. Most financial resource flows in a 'blocked' way and is not linked to the delivery of clear and agreed health outcomes. This also means funding can be out of line with changes in patient demand. Pooling financial resource between providers is a critical component for places to design and deliver interventions to improve health and wellbeing of communities. However, the pooling of financial resource between providers of NHS services and NHS services with local authority and voluntary sector provision, is limited and under-developed.

2.3.4. Changing the way care is delivered

2.3.4.1. Adverse health impacts and financial inefficiency are due in part to fragmented and reactive care delivery with restrictive access points, poor continuity and co-ordination across pathways and a fundamental gap between the policy aim of greater personalisation and actual routine clinical practice.

2.3.4.2. Over the period of this NHS Plan, there are several issues relating to the operating model which therefore need to be resolved, including but not limited to the following:

- In many areas of provision, patients can be made to feel remote from decision-making relating to their care, due in part to fixed arbitrary points where information is exchanged between a patient and the clinician/care team. The opportunity cost of this is that vital information about a patient's condition and/or general health and wellbeing and opportunities to intervene can be missed.

- Targeting limited clinical resource to those people who are most at risk of their health deteriorating and thus developing a more proactive care offering, can be improved by the further development of risk stratification technologies.

- There has been little progress on restructuring the way that clinicians work across different settings of care, to combine the collective power of the specialist and expertise of the generalist within integrated clinical networks.

2.4. What the NHS is going to do to improve the situation

2.4.1. The Derby and Derbyshire NHS' Plan represents a reset in how the NHS will operate and will strengthen its contribution to achieving better health for all communities in Derby and Derbyshire.

2.4.2. To facilitate this, five core guiding policies have been established to direct coherent and co-ordinated action, over the next five-year period.

2.4.3. Allocate greater resource to activities that will prevent, postpone, or lessen disease complications and reduce inequity of provision

2.4.3.1. During the period covered by this NHS Plan, the Derby and Derbyshire NHS will allocate a greater proportion of its resources – financial, human and estates – to enhance both the scale and quality of its prevention activity. It is fully recognised that there will be short to medium term issues and risks – quality, performance and finance related – that we will need to explicitly trade-off, given that our collective resource is limited. This requires detailed work up, including modelling over the five-year period.

2.4.3.2. This represents a different approach to what has gone before, and we are choosing it because it is a pre-requisite for putting our local NHS on a more sustainable footing.

2.4.3.3. Key actions will include:

- Strengthening primary care, specifically General Practice – both in terms of financial investment and clinical workforce.

- Re-purposing the function of acute based general medical provision and integrate it with general practice chronic care management provision, in a more substantive way.
- Reallocating primary and community care resource between localities – so that people with the poorest health outcomes have greater access to services.

2.4.3.4. Delivering this action will allow us to build a more preventative model to how the NHS currently operates across Derby and Derbyshire. However, it is also important that we define what type of preventative activity we want to enhance the scale and quality of.

2.4.3.5. In every interaction between a clinician and a patient, it is vitally important that interventions designed to prevent disease or injury before it happens, are being utilised by the people who would benefit. As such, the NHS' support role in primary prevention will be strengthened over the five-year period of this plan. However, in full recognition that introducing and scaling *impactful* primary prevention interventions at a population level is something that goes well beyond the boundaries of the NHS, the health system in Derby and Derbyshire will prioritise providing high quality, evidenced based secondary and tertiary prevention services.

2.4.4. Give the teams working in our localities, the authority to determine the best ways to deliver improvements in health and care delivery for local people

2.4.4.1. The first guiding policy focusses the NHS to act on the prioritisation of resource to deliver *more* and *better* preventative activity. However, this on its own is not enough to have the impact we need.

2.4.4.2. Therefore, the second guiding policy over this NHS Plan period, will focus action to create the infrastructure and incentives that are necessary to bring about a fundamental shift in how preventative activity is delivered – powering the creation of multidisciplinary teams (consisting of staff from the NHS, wider public and voluntary sector) to deliver improvement to the health of the populations they serve.

2.4.4.3. The further development of multi-disciplinary teams of professionals, working in and with local communities over the next five-years, will mean that they will possess greater insight into the specific needs, challenges, and cultural considerations of these communities. This **new** form of 'organisation of professionals' offers significant opportunities for greater innovation and flexibility – quickly adapting to errors and fixing problems.

2.4.4.4. To harness this collective power, our actions will focus on the following:

- Training and capacity building - developing an achievable workforce plan that focusses on transitioning the current workforce to deliver the requirements described in this Plan.

- Decision making – creating the right conditions for organisations (and their staff) to make decisions together, including the allocation of resource, for the benefit of improving population health, as opposed to being driven by individual organisation's needs and priorities.

- Performance incentives – designing a performance improvement approach that incentivises the *right* type of work being undertaken in the *right* way.

- Management support – ensuring an increased focus across our NHS organisations on (i) a high-quality data and analytics service to provide local teams with a clear analysis of local problems and assets; (ii) communication and engagement teams to design and deliver more effective ways of engaging with marginalised and disadvantaged communities; and (iii) high quality project management support to manage change.

2.4.5. Give people more control over their care

2.4.5.1. Establishing the first two guiding policies sets the direction for action in relation to the type of activity delivered and giving a new mandate for a different 'organisation of professionals' to deliver it. This third guiding policy builds on this by focussing attention on the person receiving the healthcare.

2.4.5.2. Giving people more control over their care is therefore a guiding policy of this NHS Plan, with focussed work required to establish a set of coherent, scalable, evidence-based actions to advance the following aspects, across all areas of provision:

- Promoting health literacy, helping people to understand their conditions and the choices they can make – particularly amongst people living in some of the most disadvantaged communities in Derby and Derbyshire, as a way of improving self-management of conditions.

- Ensuring tailored information and support for individuals ensuring equality, diversity, and inclusivity. For example, information being provided in different languages. Also ensuring that inequity is not created through systems and processes which are not easily accessible for some communities.

- Personalised care and support planning – giving people access to all the information about their health that the NHS holds and supporting patients.

- Shared decision making - embedding this as the default way of working.

- People will be able to source health care provision outside of routinely funded services where this would meet their identified health needs.

2.4.6. Removing activities from the provision of care which result in time and cost being expended but do not materially improve patient outcomes

2.4.6.1. This fourth guiding policy builds on the first three, by focussing action on the fundamental redesign of the process by which care is delivered, thus guiding action to achieve a more systematic approach to reducing inefficiency from the process.

2.4.6.2. Developing action to deliver this guiding policy will be complex and complicated, with more immediate focus on:

- Reframing the Derby and Derbyshire NHS efficiency improvement programme – by focusing on identifying waste as an organising principle and reducing waste as a core objective, we will be able to address the issue of 'inefficiency' in a more holistic and scalable way, across different care and service settings.

- Connecting experts on our key change programmes – When it comes to 'improvement' and delivering 'transformation', our experts – the people who support and deliver care – are spread too thinly and are not always focussed on working collectively to address agreed system priorities.

- Re-prioritising projects within our efficiency improvement programme – focusing resource on identifying and redesigning clinical and administrative work that is generalisable to many different care settings and sectors so we can achieve change at a greater scale.

2.4.7. Prioritise the improvement of the System's Intelligence Function and the capacity and capability of its research programme

2.4.7.1. The people who work in the Derby and Derbyshire NHS are its most valuable resource. The knowledge, skills, expertise, and experience of our people is vital for the long-term success of the service and contributes significantly to achieving better health for the Derby and Derbyshire population.

2.4.7.2. However, the next five-years will see technology fundamentally change how care is delivered, with vast amounts of new data being generated. Health and Care Systems which can effectively collect, analyse, and leverage data to gain insights, make informed decisions and drive innovation will create a competitive edge, in the following ways:

- Enabling predictive and preventative care –by leveraging data strategically, we can develop predictive models to anticipate disease outbreaks, identify individuals at risk of developing chronic conditions, and intervene proactively.

- Supporting research and innovation –building new collaborations and strengthening existing ones with academic, public, voluntary, and private sector stakeholders – advancing knowledge, improving practice, and creating opportunities for new financial revenues to flow into our health system.

- Enhancing operational efficiency – moving away from treating data as a 'by-product' of operational care processes and treating it as a strategic asset will provide us with the means to get better insight into how to optimise these operational processes, identify bottlenecks and improve resource allocation.

2.5. Next stage of works

2.5.1. Over the course of the next 3 -6-month period, the ICB and its partner trusts will work with partners from across the Public and Voluntary Sector to set out in more detail the action that will be taken and by when to implement the five core policies.

2.6. From a strategic perspective, there are three important aspects of work that will be advanced:

2.6.1.1. Creating a Strategic Commissioning Prioritisation Policy

This is a policy framework to enable the ICB to prioritise (and thus deprioritise) which healthcare interventions are to be commissioned during the 5-year period. This will enable Providers of NHS care (at both an individual and collaborative level) to focus their efforts on creating the operational plans that are necessary to deliver the interventions within scope.

2.6.1.2. Developing a PLACE level financial allocation policy

This is a policy that will guide the equitable and efficient distribution of NHS financial resources to PLACEs across the Derby and Derbyshire ICB jurisdiction, relative to need.

This will establish PLACE level financial budgets and give local PLACE teams and Providers of NHS care, a transparent and evidence-based framework within which to allocate financial resources for the provision of NHS services.

2.6.1.3. Developing a workforce plan

The recently published NHS Long Term Workforce Plan is built on a core assumption that the NHS operating model needs to be more preventative and proactive by design. This is completely in line with the Derby and Derbyshire NHS' Plan. Therefore, the ICB and its partner trusts will create the programmes of work that are necessary to implement it.

3. Consultation

3.1. To produce this plan, an extensive range of perspectives have been sought from organisations across the NHS in Derby and Derbyshire, partners from the wider Integrated Care Partnership as well as insights drawn from the Public via a recent engagement event about the NHS@75.

3.2. However, this is just the start of a substantive period of engagement with all stakeholders, as we are committed to ensure that it connects with people who both deliver and receive the care that this plan is about. We therefore expect the content to change and develop over time.

4. Appendices

4.1. Appendix 1 – The Derby and Derbyshire NHS' Five Year Plan: 2023/24 to 2027/28.

5. Recommendation(s)

That the Committee:

a) note and discuss the Derby and Derbyshire NHS' Five Year Plan.

6. Reasons for Recommendation(s)

This paper is submitted with the intention of (a) disseminating the information contained within the ICB's Five Year Plan and (b) structuring a discussion on content to seek feedback from the Committee.

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