

DERBYSHIRE HEALTH AND WELLBEING BOARD**6 February 2020****Report of Ifti Majid, Chief Executive,
Derbyshire Healthcare NHS Foundation Trust****DERBYSHIRE OPTIONS FOR INTEGRATED CARE PARTNERSHIPS****1. Purpose of the report**

As part of the journey towards becoming an Integrated Care System (ICS) by April 2021, all STPs across the country will be required to develop more integrated care which will be delivered through Integrated Care Partnerships (ICPs).

ICPs will include Places, Primary Care Networks or neighbourhoods. These terms are used interchangeably and there is a degree of variation nationally, but essentially form the sub-ICP level to ensure integrated care is delivered as close to people and communities as possible.

This paper provides the Board with an update on the process followed to identify the footprint of the ICPs for Derbyshire and share the decision made by the December meeting of the Joined Up Care Derbyshire Board.

2. Information and analysis

Integrated Care Partnerships (ICPs) will require health and care providers to move increasingly to integrate provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place/Primary Care Network levels. Through the ICPs there will be aligned incentives to improve population health outcomes by encouraging integrated provision and preventative approaches, this will require flexible redeployment of resources to best meet needs and encourage a stronger focus on overall wellbeing and health within allocated resources. 'Integrated care partnerships (ICPs) are alliances of providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers' (Making Sense of Integrated Care, Kings Fund, February 2018).

Ifti Majid, Chief Executive of Derbyshire Healthcare NHS Foundation Trust has chaired the Integrated Care Partnership Development and Implementation Group; the initial stage was to consider the options for the local ICP configurations across the Derbyshire footprint. This was done through a series of workshops to consider the key things which must be taken into account in developing our ICPs. These workshops included stakeholders, broader than the ICP Development &

Implementation Group membership, to ensure wider engagement in identifying the preferred option. It is intended that the next phase to define the scope and operating model for the ICPs will again progress through a series of workshops.

Whilst the initial stage worked through some elements of the ICP Development and Implementation Group's remit, it is expected that the detailed implementation will be taken forward more formally through the ICP group from April onwards.

Options Appraisal

From a long-list of nine options, the Implementation Group considered an initial option appraisal and concentrated further discussion on two possible options, as detailed in the table below:

Option	By this we mean...
<p>1. 3 x Geographical ICPs:</p> <p>i) North - Chesterfield, North East Derbyshire and Bolsover, Derbyshire Dales and High Peak</p> <p>ii) South - South Derbyshire, Amber Valley and Erewash</p> <p>iii) City - Derby City</p>	<ul style="list-style-type: none"> • Derby City Council fully coterminous at a unitary level, • Derbyshire County Council divided North and South to enable population size consistency with national direction whilst maintaining co-terminosity at council borough level • Focus on geography and size rather than pathways
<p>2. 4 x Geographical ICPs:</p> <p>i) Chesterfield, North East Derbyshire and Bolsover</p> <p>ii) Derby City</p> <p>iii) South Derbyshire, Amber Valley and Erewash</p> <p>iv) Derbyshire Dales and High Peak</p>	<ul style="list-style-type: none"> • Aligned to district/ borough councils whilst maintaining scale and size (i.e. with combined areas) • Builds on existing Place Alliances, but S Derbyshire/Erewash/Amber Valley not an obvious fit • Retains focus on population health need

Following agreement of the case for change, the working hypothesis of either 3 or 4 ICPs was further considered by a sub-group of the wider workshop attendees. The discussion focused on the identification of the potential benefits/opportunities of either 3 or 4 ICPs (as identified in the previous table) to confirm the preferred option for 4 ICPs which was recommended to the JUCD Board for approval and approved at its meeting on 19 December 2019.

Recommendation

Based on the assessment process and considerations undertaken, the recommendation made was for four Geographical ICPs (Option 2):

- i) Chesterfield, North East Derbyshire and Bolsover
- ii) Derby City
- iii) South Derbyshire, Amber Valley and Erewash
- iv) Derbyshire Dales and High Peak

This is based on:

- Local Authority boundaries taking primacy, to enable a focus on population health, prevention and relevance to local populations – all of which were identified as key factors throughout the considerations.
- Recognising that the value of existing Place Alliances remains important both in terms of progress, development and alignment with council boundaries; the

mixed economy of existing Place Alliances will need to be considered in the development of the ICP and Place interface.

- Cross boundary working being recognised, for PCNs in particular; some PCNs in South Derbyshire for example are already working in this way across Place boundaries and it is being managed.
- Respective ICPs will need to remain cognisant of this in the developments.
- Patient flows identified as lower in ranking in terms of the considerations; the key factor is the heterogeneous nature of the local communities and how that will be managed to maintain localism (which also links to the ICP and Place interface).
- Recognition that the South Derbyshire issues require mitigations and that the ICPs role would be to manage these.
- A further sense check having been undertaken based on the primacy of certain criteria over and above others which reaffirmed the preferred option for four geographical ICPS.

Next steps for implementation will see a series of workshops taking place to develop the approach to enable ICPs to commence operating in shadow form from April 2020, including:

- Agreeing meaningful descriptors for each ICP
- Confirming the scope and developing the operating model by drawing upon previous work undertaken for the Erewash MCP where appropriate, defining the interface with the workstream/Programme Boards and alignment to approaches being taken to develop a proof of concept approach in relation to specific disease pathways for example. This will be brought back to the JUCD Board in February 2020.
- Continued engagement with stakeholders i.e. PCNs, Place Alliances and District Councils will also continue to inform the operating model and ensure all partner concerns are addressed wherever possible in advance.

3. Links to the Health and Wellbeing Strategy

This report explains how the Derbyshire health and care system is seeking to establish Integrated Care Partnerships across Derbyshire to support delivery of the previously agreed STP Plan.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. NOTE the process followed by the Joined Up Care Derbyshire Board to appraise options for the implementation for Integrated Care Partnerships in Derbyshire.
2. NOTE the decision of the Joined Up Care Derbyshire Board to move to establish four ICPs for the county, to run in shadow form from 1 April 2020.

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