



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH

9 December 2024

Report of the Integrated Care Board

ICB Joint Forward Plan

1. Purpose

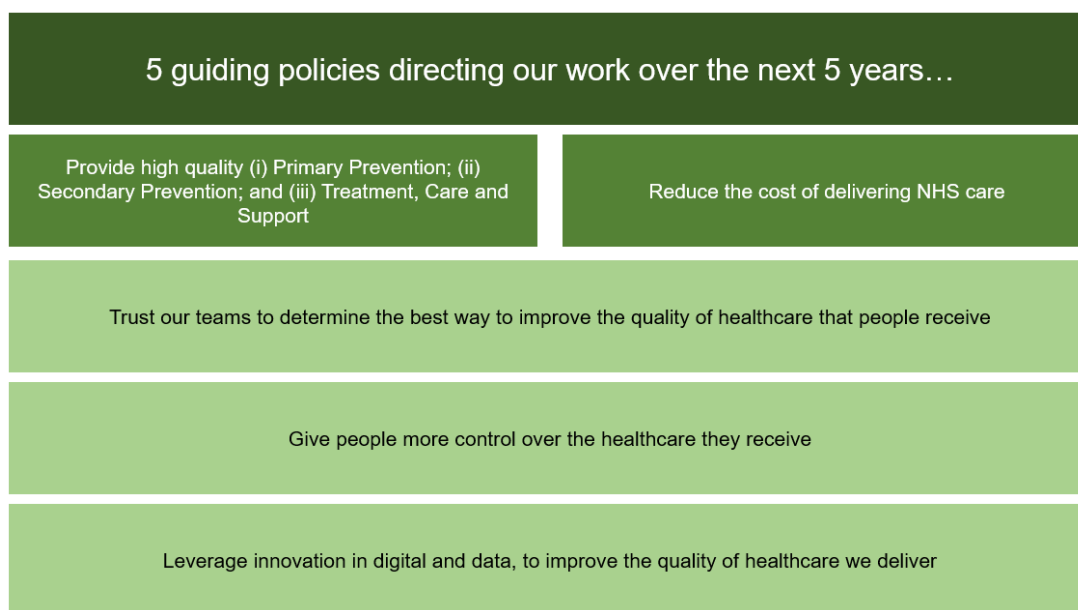
- 1.1 The Health and Care Act 2022 sets out a requirement for Integrated Care Boards (ICBs) and their partner trusts to prepare a Joint Forward Plan (JFP) covering a five-year period.
- 1.2 In June 2023, the Derby and Derbyshire ICB (DD ICB), published its JFP for the period 2023/24 to 2027/28 and it described how the NHS would respond to the Derby and Derbyshire population's health needs over this period.
- 1.3 The purpose of this report is to brief Members on progress in the 18 months since the plan's inception.

2. Information and Analysis

2.1. Background

- 2.1.1. The purpose of the Derby and Derbyshire NHS' JFP 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 (as shown in Figure 1) informed by a detailed analysis of the challenges that the NHS faces and the issues it needs to grapple with.

Figure 1 – JFP: 5 guiding policies for action



2.1.2. The course we have set will see the NHS change its operating model so that it becomes more (i) preventative in nature; (ii) personalised for the citizen; (iii) intelligence led and (iv) with services integrated by design.

2.2. Progress

2.2.1. Despite the challenges over the last 18 months in the face of industrial action and inflationary cost pressures, the NHS in Derby and Derbyshire is making fair progress in recovering access, improving the quality of care, and delivering efficiencies so that we can live within our means, over the medium term.

2.2.2. Delivering high quality preventative activity, treatment, and support

2.2.2.1. *Prevention*

2.2.2.1.1. A core assumption which underpins the JFP is that Primary Care is the cornerstone of the Derby and Derbyshire NHS' contribution to improving population health and the wider prevention agenda. We have therefore prioritised action to strengthen the primary care sector – in particular General Practice.

2.2.2.1.2. A particular focus of this work has been on delivering action to recover Primary Care Access and improve the public's experience of the care they receive from the sector.

2.2.2.1.3. The action we are taking focuses on three areas, with progress highlights shown in Table 1.

Table 1. Progress against the Primary Care Access Recovery Plan

Aim	Progress
Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy	<ul style="list-style-type: none"> • 74.8% of Derbyshire practices have enabled patients access to their prospective medical records. The ICB are working with the remaining practices to offer guidance and support to progress towards this target. • 100% of Derbyshire practices offer patients the ability to order repeat prescriptions online and 100% of Derbyshire practices offer patients the ability to book/cancel appointments online. • Across Derbyshire 196 (99%) pharmacies have signed up to deliver Pharmacy First which expands the community pharmacy offer to patients and since January 2024, around 11,000 hours of GP time has been saved as a result.
Avoid the 8am rush by implementing Modern General Practice Access	<ul style="list-style-type: none"> • We have supported and funded (over £1m) our practices to move to digital phone systems. • 85% of appointments seen within 2 weeks.
Building capacity	<ul style="list-style-type: none"> • The total permanent General Practice workforce headcount for Derbyshire (as of the 31st of August 2024) is 3,932 working a Full Time Equivalent (FTE) of 2,900.33. • This is an increase of 43.44 FTEs since March 2024. From October 2021, our GP numbers started to decline but we have seen a gradual increase over the

	last 12 months in headcount (HC) and FTE.
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2.2.2.1.4. In addition to work we are doing to strengthen the General Practice offer; the NHS in Derby and Derbyshire has delivered a range of prevention activities with real impact for patients over the last 18 months:

2.2.2.1.4.1. **Diabetes Prevention** - we achieved a 5 percentage point increase in the proportion of the people with pre-diabetes, who were offered access to the Diabetes Prevention Programme. In addition, more 3% more people took up the offer to attend the course.

2.2.2.1.5. **Blood pressure checks** - we increased the number of blood pressure checks, identifying a cohort of people identified as having high to very high blood pressure and directing them to an appropriate intervention.

2.2.2.1.6. **Diagnosing dementia early** - we exceeded our target dementia diagnosis rate, achieving 68.2%, representing a 2% improvement on the March 2023 position – above the national and regional median.

2.2.2.1.7. **Maternal mental health** - We increased the number of women accessing specialist perinatal and maternal mental health services by 80% over the 2023/24 and ended the year in the top 10 of ICBs nationally for best access levels.

2.2.2.1.8. **Cancer screening** – we continue to deliver good performance in uptake of cancer screening services for bowel, cervical and breast.

2.2.2.2. *Treatment and Support*

2.2.2.2.1. **Elective treatment** – whilst we have not totally eradicated 65+ week waits, we have made significant inroads into reducing our long wait backlog over the last 12 months, with a sixfold reduction in the number of people waiting longer than 65 weeks for their treatment.

2.2.2.2.2. **Diagnosing cancer quickly** – we delivered our target of increasing the proportion of suspected cancers that are either diagnosed or ruled out within 28 days, by 4 percentage points on 2022/2023 outturn.

- 2.2.2.2.3. **Treating cancer quickly** – we are recovering performance year on year since the pandemic, with 67% of cancer patients receiving their first treatment for cancer within 62 days of referral. We remain focussed on driving performance further on this area, aiming to deliver the 85% constitutional standard by the end of the JFP period.
- 2.2.2.2.4. **Improving access to A&E services** – against a challenging backdrop of increasing demand, we achieved our target of ensuring that at least 76% of people accessing urgent and emergency care services were admitted or discharged within 4hrs. Whilst this is improvement on the 67% we achieved in 2022/23, we are aiming on getting to a position where we deliver the constitutional standard by the end of the JFP period.
- 2.2.2.2.5. **Ambulance response** – whilst there has been marginal improvement in performance for category 2 response times in 2023/24, ambulance response performance is not where we want it to be. We will be planning for a step-change in response over the next 12 months with the additional resource that has been made available.

2.2.3. Reducing the cost of provision

- 2.2.3.1.1. NHS Derby & Derbyshire ICB is part of a £3.5bn Derbyshire Healthcare Integrated Care System (ICS).
- 2.2.3.1.2. Over the last 18 months, the ICS has experienced several financial pressures including inflation running ahead of the funding made available by NHS England; Industrial action which hampered service productivity; and part funding of pay award and equal pay for healthcare support workers.
- 2.2.3.1.3. The ICS' original financial plan in 2023/24 was to deliver a break-even position. Given some of the issues listed above, the plan was reset to achieve a £42m deficit plan, as agreed by NHS England.
- 2.2.3.1.4. This plan was achieved which involved the delivery of £135m worth of cost improvement and efficiency.

2.2.4. Managing today – the rest of 2024/25

- 2.2.4.1.1. In the here and now, it is recognised that the urgent and emergency care system is pressurised, and associated costs are

driving both our financial position and impacts in other areas, including planned care and community activity.

2.2.4.1.2. For the remainder of 2024/25 the NHS is focused on delivering three things:

2.2.4.1.2.1. To continue to provide safe and effective emergency care over the course of the period, recognising the need to balance and prioritise operational and clinical risk to achieve this.

2.2.4.1.2.2. To deliver continued improvements in our cancer, mental health and elective care position to ensure we continue to attend to the needs of those patients awaiting important non-emergency care.

2.2.4.1.2.3. To do the above, whilst living within the limits of our resource position.

2.2.5. Planning for tomorrow

2.2.5.1. At a macro level, the challenges identified by the recently published Darzi Report are recognized, and reflects the understanding of our local situation in Derby and Derbyshire.

2.2.5.2. Whilst progress has been made on some aspects of the JFP, we recognise that our improvement effort needs to focus on achieving more fundamental change at a greater scale and pace over the remaining period of the JFP period, which will be shaped significantly by the priorities of the new Government and its 10-year plan for health and care, which will be published in the spring 2025.

3. Implications

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

4. Consultation

4.1. Not applicable.

5. Background Papers

5.1. None.

6. Appendices

6.1. None.

7. Recommendation(s)

That the Committee:

a) Note and discuss the Derby and Derbyshire NHS' progress report on JFP delivery.

8. Reasons for Recommendation(s)

8.1. This paper is submitted with the intention of structuring a discussion on content to seek feedback from the Committee.

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