HEALTH AND WELLBEING BOARD
16th January 2020

Report sponsor: Ifti Majid, Chief Executive, Derbyshire Healthcare NHS Foundation Trust and Chair of JUCD Integrated Care Partnership Development & Implementation Group

Report author: Ifti Majid, Chief Executive, Derbyshire Healthcare NHS Foundation Trust and Chair of JUCD Integrated Care Partnership Development & Implementation Group

Derby City Council

ITEM 08

Derbyshire Options for Integrated Care Partnerships

Purpose

1.1 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).

1.2 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.

1.3 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.

Recommendation

2.1 To note the process followed by the Joined Up Care Derbyshire Board to appraise options for the implementation for Integrated Care Partnerships in Derbyshire.

2.2 To 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.

Reason

3.1 The report is presented to provide assurance to the Board on the detailed options appraisal undertaken to reach a final decision in this matter with reference to the impact it will have on partnership working for health and care services the future.

Supporting information

4.1 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).

4.2 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.

4.3 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...
1. 3 x Geographical ICPs: i) North - Chesterfield, North East Derbyshire and Bolsover, Derbyshire Dales and High Peak ii) South - South Derbyshire, Amber Valley and Erewash iii) City - Derby City	• 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
2. 4 x Geographical ICPs: i) Chesterfield, North East Derbyshire and Bolsover ii) Derby City iii) South Derbyshire, Amber Valley and Erewash iv) Derbyshire Dales and High Peak	• 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

4.4 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.

4.5 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 manged 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.

4.6 Next steps for implementation will see a 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.

Public/stakeholder engagement

5.1 The process to establish the ICP footprints has included all JUCD partner organisations. This approach will continue and discussions with members of the public on the broader structure of the Derbyshire health and care system as defined by the STP Plan will commence early in 2020.

Other options

6.1 The nine long-listed options are detailed in the table in Appendix 1, along with the headlines from the options appraisal.

Financial and value for money issues

7.1 None applicable to this paper.

Legal implications

8.1 Statutory duties will continue to apply to the NHS Trusts, Local Authorities and the Clinical Commissioning Group. Integrated Care Partnerships represent a way of working jointly for the benefit of local people; ICPs are not new organisations.

Other significant implications

9.1 None applicable to this paper.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal		
Finance		
Service Director(s)		
Report sponsor	Ifti Majid, Chief Executive, Derbyshire Healthcare NHS Foundation Trust	02/01/20
Other(s)		

Appendix 1 Long List Assessment

	Criteria					
Long List Options	**Leadership, Support and Relationships**	**Size and Co-terminosity**	**Delivery**	**Emerging national direction consistency**	**Overall Assessment**	**Commentary**
1. 3 x Geographical ICPs: North, South, City	+	-	+	+	+	+ Small enough to maintain grip whilst retaining sense of localism + Fits with national thinking + Better opportunity to develop integrated teams and delivery of services to a particular population - DCC not fully co-terminous as a county as north and south split - Some partner concerns in relation to boundary overlap
2. 4 x Geographical ICPs: Chesterfield & North East Derbyshire, Derby City, South Derbyshire and Amber Valley and Erewash, Derbyshire Dales and High Peak	+	+	+	+	+	+ Fits with national thinking + Co-terminous with district councils, with stronger basis for developing joint working/ relationships + Relationships already established to enable delivery + Recognised communities
3. 8 x Geographical ICPs: Based on our existing eight Places	+	+	-	-	0	+ Co-terminous with district councils, with stronger basis for developing joint working/ relationships - Do not fit size expectation - Infrastructure too diluted to enable transformation at pace and scales required, compounded by lack of capacity to deliv - Operational viability in terms of delivery for regional providers (DHU and EMAS)
4. 8x Geographical ICPs: with specific focus on universal end of the model of care	+	+	-	-	0	+ Co-terminous with district councils - Do not fit size expectation + Relationships already established - Infrastructure too diluted to enable transformation at pace and scales required, compounded by lack of capacity to delive - Operational viability in terms of delivery for regional providers (DHU and EMAS)
5. 8x Geographical ICPs: with specific focus on specialist care	+	+	-	-	0	+ Co-terminous with district councils, with stronger basis for developing joint working/ relationships 0 Do not fit size expectation, although does move towards better alignment with programme boards/ alliances + Relationships already established - Infrastructure too diluted to enable transformation at pace and scales required, compounded by lack of capacity to deliv - Operational viability in terms of delivery for regional providers (DHU and EMAS)
6. 3 x Life Course ICPs: Maternity and Children, Working Age Adult, Elderly Adult	-	-	-	-	-	- Would not support localisms/ communities consistently - Integrated teams a population level harder to maintain - Opportunities to develop consistent pathway approaches but would cut across the integrated care teams at place level a then potentially compromise them/ limit capacity as the integrated care teams would also need to support implementatio pathways
7. Mix of geographical and Pathway (e.g. Mental Health, Respiratory and MSK) ICPs (number to be determined)	+	+	+	+	+	+ Co-terminous with district councils provided geography determined on that basis + Would be greater opportunity to determine correct size expectation to ensure scale + Opportunities to develop consistent pathway approaches working across integrated care teams + Greater potential to ensure delivery through programme boards with aligned financial flows
8. New organisation as ICP (provider)	-	-	-	-	-	- Would not facilitate localism/ co-terminosity with local authorities

						- Size too large to support delivery
						- Not consistent with national direction
9. 2 x geographical ICPs: North, South	+	-	-	+	0	- Size too large to support delivery
						- Would not facilitate localism/ co-terminosity with local authorities
						+ Easier for large providers to engage