

Derbyshire Dialogue

24 June 2021 11:00 – 12:00

The session was led by:

Dr Chris Clayton – Accountable Officer & Chief Executive, NHS Derby and Derbyshire CCG, Executive Lead, Joined Up Care Derbyshire

John MacDonald – Independent Chair, Joined Up Care Derbyshire

The session was facilitated by:

Katy Hyde – Involvement Manager

Miriam Doherty – Communications and Involvement Officer

Lee Mellor – Communications and Involvement Specialist

During this session we explored what is meant by the term 'Integrated Care System' also referred to as an 'ICS' and what this means for Derby and Derbyshire. Including the ways in which health, care and wellbeing improve when NHS services, councils, other sectors, communities, and citizens all work together.

The session also touches on some of the things we are planning to do as an ICS and talk to you about all the ways you can get involved in the development of the ICS in Derbyshire.

The full session recording and slides presented can be found here on our website:

[Derbyshire Dialogue :: Joined Up Care Derbyshire](#)

We would also like to bring your attention to two ICS explainer guides that have been developed and added to our website here:

[Guide one: The Vision](#)

[Guide two: The Process](#)

This Question and Answer document has been put together to capture any outstanding questions that had been raised during the session and didn't get directly answered due to lack of time.

If there are any further points you wish to raise or questions you want to ask, please contact us on our enquiries email referencing the Derbyshire Dialogue ICS session:

DDCCG.Enquiries@nhs.net

- 1. Question:** How will Joined Up Care Derbyshire procure services - will it be different from the current procurement, s75 partnership procedures etc.?

Answer: We will be continuing with existing procurement (purchasing) arrangements and await further guidance on the procurement processes and regulations for Integrated Care Systems as they are made available to us.

If you are not familiar with s75 agreement, a summary can be found at the bottom of this page: [NHS England » Better Care Fund support offer](#)

- 2. Question:** I would like to have a similar session with representatives from the Local Authorities present telling us how they are going to pay for this ICS initiative when they are massively overspent. What additional money is the County Council going to be getting to make this Integration work and how is the officer responsible going to protect it from other demands? Is it ring-fenced?

Answer: There isn't one individual who is responsible from the council, on social care for example we have Helen Jones Director of Social care for the County and Andy Smith for the City, along with the respective Directors of Public Health, Dean Wallace and Robyn Dewis so if we were to work on a project such as housing it would be the lead responsible director for that specific area of work.

As we move into an official ICS, we are continuing the joining up of existing services. We therefore are not talking about separate pots of money that will be given for the integration and ring fenced. This way of working isn't new to us and we have taken an integrated approach with the councils long before the announcement of the ICS taking form in April 2022.

There is still a huge amount of work that needs to be done to provide our population with one joined up service as they move through the system.

- 3. Question:** Health Care is generally free on NHS model. Social Care is not. How much extra money will ICS need to have an ICS model which is free?

Answer: The NHS will remain free at the point of delivery; any changes to social care funding and fees would be the subject of changes to national guidance, policy and legislation not yet covered by the Health and Social Care Reform Bill. The ICS in itself will not change the funding mechanisms of health or social care, but will enable commissioning and provision to better integrate, thus hopefully providing efficiencies which can be reinvested into local care. There are existing mechanisms we can use to do this, including the [Better Care Fund](#).

The transformation and integration of services is a way of saving money i.e. by making services more efficient and ironing out duplication and by preventing people from going into hospital unnecessarily. It is also worth noting that 20% of the population get 80% of NHS funding due to Long Term Condition's, so prevention and

early intervention will also save us money, which is very much a priority for workstreams such as cancer.

4. Question: Will the ICS of Derbyshire & Staffordshire be the same and What about UHDB which incorporates part of Staffordshire?

Answer: University Hospitals of Derby and Burton (UHDB) will work with two ICSs, ours, and Staffordshire's. This is common practice, and an example of cross boundary working. East Midland Ambulance Service is another good example as to how we are used to working with organisations across boundaries.

5. Question: If Glossopdale is taken out of its current provision and partnership with Tameside. Will the Derby and Derbyshire ICS be prepared to buy in services from Glossopdale, and NHS North West so people in the area will still be able to receive the quality of treatment from Glossopdale they currently have?

Answer: When talking about generally working across boundaries and what the boundary is for JUCD – and whether this now includes Glossop and Glossopdale; this is still a question and the reason for that is that the "white paper" that the government produced set out that in most circumstances the boundary for the ICS should mirror the upper tier of county councils. The boundary of JUCD doesn't mirror the boundary of the county council because the NHS services for the area of Glossop are part of the greater Manchester boundary. When the white paper was set out the question was asked of us by NHS England to ask the stakeholders for their view on the boundary, so we held an engagement process and put together a report that brought together the views. We weren't asked to give our views but instead to put together others views and agree a report of considerations. The report has been sent and we now await a decision from the secretary of health. Should there be a boundary change in relation to Glossop, patients in the area would continue to access NHS care in the same way as they do today, through the same hospitals, GPs, and community services.

What is the white paper?

The white paper describes two component parts of the ICS: the NHS body, which is mandated to integrate NHS services; the health and care partnership, which is aimed at the wider integration of partners, including local government and voluntary sector partners.

Useful links:

[Parliamentary briefing: What the NHS white paper means for the future of health and care in England - NHS Employers](#)

[Integration and innovation: working together to improve health and social care for all \(HTML version\) - GOV.UK \(www.gov.uk\)](#)

6. Question: What safeguards will be in place to prevent commercialism when becoming an Integrated Care System?

Answer: Health and social care services work within markets, and whilst there is a move towards reduced competition, we will still need to run procurement processes of some description for most services. That's not commercialism, it's good governance to ensure we are being transparent, and we are getting the best value for taxpayers' money.

7. Question: After becoming a legal entity in April 2022, will JUCD run its own information infrastructure, or will the component organisations collaborate using their own systems?

Answer: A new multi-million-pound initiative to generate a shared health and social care digital record for each Derbyshire and Derby city resident is now gaining momentum.

There is a national requirement to develop these shared care records by September 2021 and Derby and Derbyshire is on track to deliver the first step of its solution in line with the national ambition.

IT solutions firm, Orion Health, has been awarded the contract and work is underway to implement a fully secure shared care record for everyone living in the area, on behalf of the public sector partnership, Joined Up Care Derbyshire (JUCD).

It will mean that health and social care professionals working across all Derbyshire and Derby city's NHS and local authority social care organisations will be able to access the same records to support their care of individual patients.

Please see the July and February Joined Up Care Derbyshire newsletter for further information on shared care records: [Newsletters :: Joined Up Care Derbyshire](#)

8. Question: Will JUCD ICS be able to make any impacts on current suicide statistics across Derbyshire?

Answer: JUCD is fully committed to following the national strategic guidance for suicide prevention and is led by a strong partnership of providers and stakeholders. Derbyshire was successful in being awarded funding to invest in innovative ways and has developed primary care training reaching out to men's groups via community and sports projects as well as newly commissioned postvention services.

There is also an established cross-system Derbyshire Self-Harm and Suicide Prevention Partnership Forum under the leadership of Public Health. This brings together representatives from public health and social care, health services, emergency services, rail services, as well as the independent and voluntary sectors. This allows coordination of efforts to understand and take action to reduce the risks

of self-harm and suicide. More information about this partnership is available from: ASCH.Suicide.Prevention@derbyshire.gov.uk

9. Question: When we refer to better integration within mental health services, is there any plan to share IT and recording systems?

Answer: There are some exciting possibilities of much better data sharing happening now since most of general practice, most of community care and now recently the mental health trust are also using the same platform of patient data, called SystemOne. As always sharing data in the best interests of patients' needs continually balanced with patient confidentiality and informed consent.

The shared care records will also be utilised by mental health services who will be able to access the same records across the JUCD health and social care system. Please see the July Joined Up Care Derbyshire newsletter for further information on shared care records: [Newsletters :: Joined Up Care Derbyshire](#)

10. Question: Do you believe that the new integration of care system will be able to combat the stigma associated with personality disorders, inherent in some health professionals? And will there be more transparency so that we can access outcomes in detail?

Answer: The new community mental health framework includes improving the access to community care for people with a personality disorder and better pathways and services will need to be demonstrably operational by April 2024.