

**Joined Up Care Derbyshire Board
Minutes of the Meeting of
Thursday 21 March 2019 09h00 to 12h00
Conference Room, Toll Bar House, Ilkeston
CONFIRMED**

Present:		
Avi Bhatia	(AB)	GP, JUCD Clinical Lead & Chair Erewash CCG
Ben Milton	(BM)	Chair, North Derbyshire CCG
Caroline Maley	(CM)	Chair, Derbyshire Healthcare NHSFT
Cate Edwynn	(CE)	Director of Public Health, Derby City Council
Chris Clayton	(CC)	Chief Executive, Derbyshire CCGs
Gavin Boyle	(GB)	Chief Executive, University Hospitals Derby & Burton NHSFT
Helen Phillips	(HP)	Chair, Chesterfield Royal Hospital
Ifti Majid	(IM)	Chief Executive, Derbyshire Healthcare NHSFT
Jane Chapman	(JC)	Acting Locality Director, NHS England
John Rivers	(JR)	Chair, University Hospitals Derby and Burton NHSFT
Karen Ritchie	(KR)	Head of Engagement, JUCD
Kath Markus	(KM)	GP & Chief Executive, LMC Derbyshire
Lee Outhwaite	(LO)	JUCD Finance Lead & Director of Finance, Chesterfield Royal Hospital NHSFT
Paul Wood (Chair)	(PW)	JUCD Chair & Chair, Southern Derbyshire CCG
Phil Cox	(PC)	Deputy Chair, Derbyshire Health United (on behalf of David Whitney)
Prem Singh	(PS)	Chair, Derbyshire Community Health Services NHSFT
Rachel Gallyot	(RG)	Chair, East Staffordshire CCG
Stephen Lloyd	(SL)	Medical Director & JUCD Clinical Lead (Chair), Derbyshire CCGs
Tracy Allen	(TA)	Chief Executive, Derbyshire Community Health Services NHSFT
Vikki Taylor	(VT)	STP Director, JUCD
Apologies:		
Andy Smith	(AS)	Strategic Director of People Services, Derby City Council
Chris Sands	(CS)	Director of Finance, Derbyshire Community Health Services NHSFT
Dean Wallace	(DW)	Director of Public Health, Derbyshire County Council
Deborah Widdowson	(DWi)	Senior Delivery & Improvement Lead, NHS Improvement
Duncan Gooch	(DG)	Chair, Erewash Health Limited
Helen Jones	(HJ)	Director of Adult Social Care, Derbyshire County Council
Paul Tilson	(PT)	Managing Director, DHU Derbyshire
Pauline Tagg	(PT)	Chair, EMAS
Perveez Sadiq	(PSa)	Service Director, Adult Social Care Services, Derby City Council
Sean Thornton	(ST)	Assistant Director, Communications & Engagement, Derbyshire CCGs
Stephen Bateman	(SB)	Chief Executive, Derbyshire Health United
Sukhi Mahil	(SKM)	Assistant STP Director, JUCD
Simon Morrill	(SM)	Chief Executive, Chesterfield Royal Hospital
William Legge	(WL)	Director of Strategy & Transformation, EMAS
In Attendance:		
Elzabet Lombard	(EL)	Business Manager, Derbyshire Community Health Services NHSFT
Falu Bharmal	(FB)	Director Lead for EU Exit and Director of Corporate Delivery – Derbyshire CCGs
Iain Little	(IL)	Derbyshire County Council (on behalf of Dean Wallace)
Lynn Andrews	(LA)	Director of Nursing and Patient Care
Shanice Bailey	(SBa)	Programme Support Officer, JUCD (Scribe)

210319/1	Apologies and Minutes of the Previous Meeting	Action
	<p>The Chair welcomed members to the meeting and introductions were made. Apologies for absence were noted as reflected above.</p> <p>The minutes from the meeting held on Thursday 21 February 2019 were agreed as an accurate record.</p>	
210319/2	Action Log	
	<p>211218/6: STRATEGIC DIRECTION: Provider Alliance Group (PAG) Proposal</p> <p>LO confirmed the proposal was due to go to the next Place Alliance group. An update will therefore be provided at the next Board meeting in April.</p> <p>All other actions were agenda items for the meeting or future items.</p>	LO
210319/3	Declarations of Interest (DOI)	
	<p>The Declarations of Interest were considered; the purpose was to record any conflicts of interest and confirm any other conflicts requiring inclusion.</p> <p>The Board reviewed the register and confirmed the register was fully reflective and accurate. No additions were recorded.</p>	
210319/4	SYSTEM OVERSIGHT: EU Exit Planning for Derbyshire	
	<p>Falu Bharmal (FB), Director Lead for EU Exit and Director of Corporate Delivery for the Derbyshire CCGs was welcomed to the meeting, to provide an update on the planning work around EU Exit.</p> <p>FB advised that EU Exit Operational Readiness Guidance had been issued jointly by NHS England and NHS Improvement; the guidance identified the actions that providers and commissioners of health and care services in England should take, if the UK was to leave the EU without a ratified deal or a no deal scenario.</p> <p>FB reported that a command and control process was now in place through NHSE in order to provide assurance; the process was led by commissioners working with providers. Commissioners were responsible through this process to report back to NHSE on the readiness submissions. FB confirmed that NHSE were assured by Derbyshire's EU exit submission.</p> <p>All returns required to date were specific CCG or Provider returns rather than a single aggregated system response and included social care.</p> <p>PW thanked FB for the update. FB exited the meeting.</p>	
210319/5	SYSTEM OVERSIGHT: Chair's Report (Lead Paul Wood)	
	<p>PW provided members with an update on key developments related to the STP on the period since the last JUCD Board Meeting.</p> <p><u>System OD Programme</u></p> <p>The CEO time out took place on 7 & 8 March, led by Angela Pedder. PW emphasised that all system leaders were present and there was good representation from Local Authorities. PW summarised, all system leaders present committed to a different approach and way of working; this was to be based around the development and implementation of a single Derbyshire plan. It was also recognised that all partners needed to demonstrate commitment to the approach, through their behaviours and actions, both as a system and within respective organisations.</p> <p>PW reported that following the session, a letter outlining the outputs of the OD session and the intent from the meeting was shared with colleagues across the constituent organisations. PW confirmed the letter had been well received. PW asked for further reflection from members</p>	

who attended the session.

GB reflected on the previous JUCD Board meeting; describing a sense of disconnect within the system. GB felt the OD session was positive, as it was open and honest and assisted in tackling the tensions that had been noted at the previous meeting. GB added that the messages from the new regional director for NHS I and E and collectively considering how to translate that into action into the STP were helpful and had acted as a catalyst for change. It was however recognised there would be further challenges in changing from a historical way to a new way of working. GB emphasised that the letter outlining the outputs of the session, was delivered by each CEO to their respective organisations with a consistent message which was really important.

JUCD STP Chair Role

PW confirmed the chair role will be advertised imminently.

STP/ICS Leadership Development Day - 6 March 2019

PW and CC attended the event on behalf of the Derbyshire system. This event was headlined by Matt Hancock, Secretary of State for Health. PW summarised the key messages from the event:

- There was clear direction that integration was the focus; with the necessity for Local Authority partners to be around the table and part of ICS development. PW re-enforced this message by stating this approach must be weaved in through all the work being done in Derbyshire, including the STP refresh.
- There was an emphasis on quality improvement and technology; a digital update will be provided at the next board.
- There was a potential future opportunity for Foundation Trusts to have property moved from NHS property services; this would be subject to business cases describing the integration benefit. This was early thinking that was being modelled though but was something to consider in local plans and approaches.
- In terms of ICS development, Simon Steven was clear regarding the importance of moving away from testing approaches to real delivery.
- There was a discussion on workforce planning in terms of what would be beneficial to delegate down to systems and ICS's in relation to planning to deliver the model of care.

TA

Celebrating Success: 2018/19 STP Workstream Achievements

PW expressed that positive progress to improve services for people across Derbyshire were being made. The Communications and Engagement team were essential in sharing the good work to date and planned improvements. KR added Sean Thornton was in the process of reviewing the year end STP work-stream year-end reports, with the aim of creating both visual and graphical material to be shared publicly over the summer.

National Recognition for our Place Alliance Organisation Development (OD) Programme

PW raised national recognition and awareness of the local OD work that had been progressing within the Place Alliances. PW congratulated those involved in the programme development.

Clinical Review of NHS Access Standards

PW commented on the clinical review of NHS access standards and stated the importance of

	<p>reducing the waiting times for mental health services and community health services.</p> <p>The Board noted the report.</p>	
210319/6	<p>SYSTEM OVERSIGHT: University Technical Collage (UTC) Bid</p> <p>VT welcomed Nick Crew (NC), CEO/Executive Principal at The Sheffield UTC Academy Trust and Richard Wright (RW), Chair Sheffield UTC Academy Trust and NED Derbyshire Health Care NHS FT to the meeting. NC and RW had been invited to the Board following a meeting with VT, IM and Linda Garnett. The purpose of the presentation was to raise awareness of The Sheffield UTC Academy Trust and seek support for a Health Science specialism at Derby Manufacturing UTC.</p> <p>RW provided a brief introduction, and summarised UTC as an education establishment which was a partnership between employers and education; with employers playing a major part. Both parties worked together to find and develop the skills people needed, but also to form a platform for new technologies to try and utilise overall efficiencies going forward. The UTC took a vocational approach opposed to a purely academic approach. NC then gave a presentation on their work to date at Sheffield UTC Academy Trust.</p> <p>Both CE and GB expressed interest and requested a follow up meeting. CE informed NC and RW of a social mobility problem in Derby which would need to be considered. RW reassured CE that the UTCs in Sheffield had a mix of students including children that came from deprived areas. As the UTC was a vocational route, RW felt this route was more achievable for children with social mobility problems as opposed to going to College.</p> <p>IM reminded colleagues that the intention of working with the UTC was to be done as a system, collectively rather than bilaterally. All members were in agreement. TA confirmed full support in working with the UTC but agreed this should be done as a STP and suggested this should be done through the Local Workforce Advisory Board (LWAB).</p> <p>CC commented that as a system there was a need to create a new integrated workforce; the UTC could potentially help make this happen. CC added it would be beneficial to see a more quantitative outcome analysis of the UTC. RW stated that the UTC had extensive qualitative data, but quantitative data was not yet representative.</p> <p>PW thanked both NC and RW for attending the meeting and positive discussions and energy that had resulted from their presentation. It was agreed that the presentation described an interesting proposition that could offer great benefits to students and the system. A discussion followed regarding how the UTC could be taken forward as a system partnership, ensuring the process remained 'joined up.'</p> <p>Collectively, the UTC proposition was supported and it was agreed that LWAB would take a lead role in progressing this on behalf of JUCD, and ensure Local Authority partners be involved in the discussions through the LWAB meetings. GB suggested reviewing the LWAB ToR to confirm whether Local Authorities representatives were included.</p> <p>The next steps were agreed as follows:</p> <ol style="list-style-type: none"> 1. UTC received an open invite to come back to Board meeting at an appropriate future date 2. LWAB to take a lead on behalf of JUCD in relation to the potential development of a Derby UTC 3. Letter of support to be written through LWAB with the support of the STP. The letter would need to be actioned promptly, with the support of Derby City Council 	<p>GB</p> <p>GB</p>

	<p>and Derbyshire County Council as both were essential to ensure this was joined up.</p> <p>PW thanked colleagues for attending the meeting.</p>	
210319/7	<p>SYSTEM OVERSIGHT: Derbyshire System Financial Plan & Planning Update</p> <p>LO updated the Board on position against the aggregated Derbyshire STP financial plan at month 10, and the status of the year end forecast. The key highlights were as follows:</p> <ul style="list-style-type: none"> • UHDB and CRH continued to report off-plan performance at month 10. • The 2019/20 financial challenge was currently valued at £142.2m, but further work was underway to better reconcile and describe this. <p>LO advised, in terms of the next steps there was further work to be done on the approach to joint financial management as we move towards an ICS for 19/20; including, High Resource Consuming Patient and joint systems savings monitoring and delivery, all requiring a particular emphasis on Place Based reporting and improvement. The aim to monitor the overall system position at Place level was intended to give Place greater focus.</p> <p>LO reported on various pieces of work that were currently being overseen by the Directors of Finance group:</p> <ul style="list-style-type: none"> • 19/20 tariff changes: these had highlighted financial inconsistencies in relation to provider and commissioner views. LO reassured members that DOFs group were aware of the issue and were in the process of adding up the system total challenge in the right way. The inconsistencies were the result of various issues such as; tariff information released late and technical work on assessing the impact needing to be undertaken. • Validation of commissioning QIPP work relating to activity changes across system: LO advised this was a critical piece of work. The 2019/20 financial challenge for the system would be circa £140m, with a £72m provider CIP requirement and a £69.5m CCG QIPP requirement and contractual work needed to stabilise in order to move it to the delivery stage. <p>A discussion took place regarding systems savings requirements and approach. In summary the redesign of services in order to improve outcomes for people was crucial.</p> <p>LO commented on the shared intent to develop a common savings programme and monitoring of this against common savings objectives.</p> <p>SL suggested utilising the Strategic Intent Group to look at pathways, prevention, self-care and both primary and secondary care. VT advised further clarity was required in relation to this group and it was agreed VT and SL would discuss the purpose of the strategic intent group and ways in which it could potentially contribute as an STP forum.</p> <p>PW confirmed full support of upcoming discussion between VT and SL. PW thanked colleagues for the discussion and asked all to note the financial position. The Board noted the report.</p>	VT/ SL
210319/8	<p>STRATEGIC DIRECTION: High Resource Utilisation</p> <p>LO provided an update on the outputs of the High Resource Consuming Patient (HRCP) analysis work, which had also been presented to the Place Board in January.</p> <p>LO summarised that £50k was allocated from the STP budget to combine the secondary care data to identify High Resource Consuming Patients and the four NHS Foundation Trusts had shared data to help develop the Derbyshire, Place, GP and nursing home views to inform the Place Based improvement hypothesis.</p> <p>LO reported, the data covered a 24 month period and was provided to iQvia to complete the analytical work; as a result the high resource consuming patients could be viewed by GP practice, by weighted and non-weighted population, and by care home (number of beds) and</p>	

	<p>provided a resource consumption map by GP Practice and care home, linked to Place. The data included out of county flows to ensure the results were compensated for by the areas of the county that more routinely did not use the four in-county providers.</p> <p>LO advised he was now in the process of building theographs for each GP practice's top 10 or 20 high resource consuming patients covering a 12 month period. The theographs would look at clinical events where the patient had entered or been admitted to the emergency department, hospital admission or had interaction with mental health or outpatients.</p> <p>LO summarised the proposed next steps:</p> <ul style="list-style-type: none"> • To develop the GP Practice Resource Consumption Index – population and deprivation index adjusted • To develop the Care Home Resource Consumption Index – looking at the number of beds in care homes versus the general acute and other admissions • To develop the top 10 Resource Consuming Patient Theographs – for each GP practice • Identification of Complex Patients • Predictive Model of the next Wave of Complex Patients • Working with iQvia on wider access to the system for GPs, Practice Managers, Provider Doctors and Managers • Refresh the data 18/19 and broaden the contribution to include EMAS, DHU, the Local Authorities <p>By the April JUCD Board meeting, LO hoped to have finalised the commercial arrangements with iQvia, completed data and value add reviews with two clinical reference groups, met with the CCG to review how this would links and support existing work, to bring back a proposal to confirm the financial cost of further progression.</p> <p>A discussion followed and members provided the following feedback:</p> <ul style="list-style-type: none"> • Information governance and the legitimacy of sharing data with iQvia was confirmed as in line with legal requirements • Explore opportunities for including Local authority and police data <p>Following discussions, members were in full support the work so far and expressed interest in hearing more on how the data could be used in practice. It was agreed that LO would bring HRCP back to Board meeting in April, including updates in relation to the information governance issues highlighted.</p>	LO
210319/9	STRATEGIC DIRECTION: STP Plan Refresh	
	<p>VT presented the 'JUCD STP Refresh Approach - April to September 2019' to the Board. VT asked colleagues to consider the following questions that would be discussed at the end of the presentation:</p> <ol style="list-style-type: none"> 1. <i>Is this the right approach? Will it enable a good response to the NHS LTP and will it be sufficiently different from the 2016 approach so that public and stakeholders buy into it?</i> 2. <i>Are we missing anything?</i> 3. <i>How do we make it happen in terms of engagement, co-development of the plan, writing the plan, and implementation?</i> 4. <i>Is the engagement process sufficient for the public, our staff, councils (District and Borough), and third sector?</i> <p>VT summarised the requirements and approach as follows:</p> <ul style="list-style-type: none"> • Every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) had to develop a five-year Long Term Plan. 'ICSs will be central to the delivery of the Long Term Plan'; we must plan to become an ICS by April 2021 	

- The STP plan would be outcomes driven so that the citizens of Derbyshire ‘have the best start in life, stay well, age well and die well’
- The plan was a ‘refresh’ not re-write’
- The focus would be on people not patients
- The plan would include a focus on the wider determinants of health such as housing, education and air pollution management leading to improved outcomes for people in Derbyshire
- Derbyshire STP would ensure a stronger focus on addressing inequalities and population health management
- The refresh would be underpinned by strong engagement with people, patients, staff and wider stakeholders

In terms of what would be different in the future, VT stated the following:

- There would be a joint plan for the health and social care needs of the population; moving from solely fixing illness to enabling wellness
- The locus of delivery would be Place Alliances rather than organisations where appropriate
- Commissioners would increasingly move towards an integrated commissioning budget across health and social care to jointly commission at place
- Providers would increasingly move to integrate provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place levels
- Provider Alliances would be at the heart of Place Alliances to deliver care pathways to meet the local needs of individuals

This would be delivered through an Integrated Care System whereby:

- NHS organisations, in partnership with local councils and others, would take collective responsibility for managing resources so we live within our means, and improving the outcomes of the people we serve
- The system would better understand data about local people’s health, allowing better provision of services that are tailored to individual needs
- The refresh of the plan and approach would enable staff to better collaborate
- Drawing on the expertise of district councils, local charities and community groups, JUCD would help people to live healthier lives for longer, and to stay out of hospital when they did not need to be there

VT stated if all of the above was achieved, greater freedoms to manage the operational and financial performance of services would be possible. VT emphasised that the STP plan was a refresh not a re-write; the original plan still holds true for Derbyshire.

KR presented the engagement approach aligned to the STP Plan refresh as follows:

- Phase 1 – would lay the foundations for the ongoing conversation. This was important as communication with the public needed to be better and more consistent.
- Phase 2 - high level case for change where system leaders would be involved in engaging on financial elements, the care model and delivery approach.
- Phase 3 - workstream level engagement which would include open workstream meetings to promote involvement in plan development.
- Phase 4 - similar to Phase 3, but would be applied to Place Alliances and Primary Care Networks
- Phase 5 - wider stakeholder involvement at a strategic level. This would be for groups who didn’t necessarily fit other phases; including trades unions and others.

KR reported on four complementary components, Healthwatch Derby & Derbyshire, Citizen’s Panel, Patient Experience and the Engagement Committee:

	<ol style="list-style-type: none"> 1. Healthwatch Derby & Derbyshire would undertake some engagement around the long term plan. 2. A Citizen’s Panel; funded by NHSE would be developed. This would be an online panel to get approximately 1200 stratified sampling surveys that was representative of the population. The purpose of this was to help assess the assumptions made by using a representative example of the population. The aim was for the survey to be up and running by June/July 19. 3. Utilisation of Patient Experience data gathered across providers and within commissioning patient experience teams to inform the plan 4. The Engagement Committee would commence 1 May sitting beneath the Joined up Care Derbyshire Board and the CCG Governing body. The committee would be formed with a group of lay people who would be responsible for scrutinising the engagement process going forward. <p>In reference to the STP outcomes to ‘have the best start in life, stay well, age well and die well’ BM highlighted End of Life and raised awareness that this was not in the original plan but felt it absolutely had to be part of the refresh.</p> <p>HP confirmed full support for a refresh not a re-write of the STP plan, and felt the change of emphasis was accurate. HP referred to the five phases outlined in engagement approach and suggested these to be drawn into either a distinctive strands or customer segmentation around engagement; there was a need to be clear on who we were engaging with to identify the strands, service users, staff, district councillors etc. HP suggested shifting the focus to how we were going to make the proposals from the Long Term Plan a reality rather than focusing on the sections of the plan were already agreed. HP recommended each Place should be asked to respond to this ask of the strategy.</p> <p>CE recommended that the Health and Wellbeing Boards be included in Phase one or two of the engagement approach as the Local Authorities are integral to the conversations early on in the process. VT confirmed a joint presentation with Andy Smith (Derby City Council) and Dean Wallace (Derbyshire County Council) would be delivered at the respective Health and Wellbeing Boards to ensure involvement and engagement early in the process.</p> <p>CM suggested inclusion of Governors in the engagement approach as there were four Foundations Trusts, all with councils of governors, most of which were elected by people in the community and this was an engagement opportunity which wasn’t currently reflected.</p> <p>It was agreed that inclusion of the wider determinants of health were crucial and that there was lots of work already underway.</p> <p>PW thanked all for their feedback and contributions.</p> <p>The Board supported the approach to the refresh of the Derbyshire JUCD STP Plan.</p>	
210319/10	STRATEGIC DIRECTION: Live Well	
	The Board noted the report.	
210319/11	OPERATIONAL DELIVERY: Performance Report	
	The Board noted the report.	
210319/12	OPERATIONAL DELIVERY: Risk Register	
	<p>VT presented the report to enable review as per the risk management policy. The last bi-annual review of the risk register in its entirety was undertaken in September 2018 and risks scoring above 12 were reviewed in December 2018. This was therefore a bi-annual review of the register to consider the overall position and any new risks.</p> <p>VT specifically highlighted risk R003 <i>‘There is a risk that insufficient programme resourcing</i></p>	

	<p><i>across the system compromises delivery and implementation at the pace and scale require'</i> had increased from 16 to 20 as this was a significant issue. This risk continued to compromise delivery and had caused significant issues as identified in the workstream closedown reports.</p> <p>All other risks remain unchanged. VT asked colleagues to approve the risk register and were asked to provide any recommendations or additions where appropriate.</p> <p>PW asked CC if there was an update with regards to R011 <i>'There is a risk Commissioners will lose the £44m Commissioning Sustainability Funding (CSF) as a result of the system failing to deliver the required QIPP savings'</i> CC confirmed that the CCG Governing Bodies had been provided with assurance that the control total would be achieved which would therefore release the CSF; Chris Clayton confirmed that this risk would need to remain until the position is confirmed.</p>	
210319/13	STANDING AGENDA ITEMS: Communications and Engagement (Lead Sean Thornton)	
	<p>VT provided a verbal update on behalf of Sean Thornton and identified the 3 key message for the system wide staff briefing following today's meeting as:</p> <ol style="list-style-type: none"> 1. Shared commitment to system working following Leadership OD session 2. Place Based Resource Consumption modelling 3. Refresh of the STP plan 	
210319/14	STANDING AGENDA ITEMS: Any Other Business	
	<p>PW informed Board members that this was the last Board meeting that Ben Milton would be attending as he would no longer be the Chair of North Derbyshire CCG once the single Derby and Derbyshire CCG arrangements came in to place in April. PW thanked BM for all his contributions; BM wished all members the best for future endeavours.</p>	
	Date of the Next Meeting	
	<p>The next meeting was scheduled to take place on Thursday 18 April 2019, 9.00am to 12.00pm, Conference Room, Toll Bar House, Ilkeston.</p>	All to Note