

Sent via email

Kathy McLean – ICB Chair
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Dear Kathy,

Annual assessment of Derby and Derbyshire Integrated Care Board’s performance in 2023/24

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as “*The Act*”), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making our assessment we have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that our Executive and their teams have had with you and your colleagues throughout the year.

This letter sets out our assessment of your organisation’s performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2023/24 financial year.

We have structured our assessment to consider your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of our assessment, we have summarised those areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

In making our assessment we have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan (JFP) which you have reviewed and rebaselined. A key element of the success of Integrated Care Systems will be the ability to balance national and local priorities together and we have aimed to highlight where we feel you have achieved this.

Thank you to you and your team for all your work over this financial year in what remain challenging times for the health and care sector, and we look forward to continuing to work with you in the year ahead.

Yours sincerely,

Julie Grant

Director of System Co-ordination and Oversight, East Midlands

cc.

Dale Bywater – Regional Director, NHS England – Midlands

Chris Clayton, Chief Executive Officer – Derby & Derbyshire Integrated Care Board

Section 1: System leadership and management

The ICB has collaborated effectively with partners and has continued over 2023/24 to develop its joint working, both within the Board and across the ICS supported by several development sessions.

There is substantial evidence of partner engagement in the development of strategies and plans. The JFP was co-produced with all Integrated Care Partners and the ICB led operational planning with input from all providers. Progress in implementing the plan and its ambitions has been reviewed by the Board throughout the year. The ICB should reflect on its operational and strategic planning and consider how recent experience can inform and improve future processes, aiming to embed planning as a continuous cycle throughout the year.

The ICB has engaged with partners to support the development of the Health and Wellbeing Strategy, and partnership working is still developing and evolving. Several Health and Wellbeing Board priorities have been reflected in the ICB's strategy and the Joint Forward Plan, and the ICB has actively engaged with partners in several areas.

The ICB processes and relationships for provider oversight and escalation continue to mature. There are opportunities to further strengthen these processes and develop stronger collaborative working to mitigate risks and achieve critical targets. The ICB has established committees within a clear governance structure that support its statutory duties. Achievement of the ICB's duties for the Triple Aim is addressed through these committees, however it is not always clear how the impact of decisions on quality, outcomes and finance are weighted together and decided.

The ICB has a comprehensive public engagement strategy, underpinned by a number of frameworks, and has provided several examples of how this feedback is used to inform service planning and delivery. Engagement with young people and partners on the delivery of mental health services has resulted in changes in how information is shared with young people, and community engagement has informed local projects to increase screening for hypertension.

System-wide improvement and transformation is delivered through the Transformation Coordinating Group which brings programme and provider transformation leads together, coordinating the approach and managing interdependencies. The Joined-Up Improvement Network ensures that learning and good practice is shared across the system. Horizon scanning, spread of innovation and development of evaluation is supported by the Innovation Network. With funding through the Network, the ICB has been able to expand its improvement capability providing Quality Service Improvement and Redesign training for system leads.

Clinical leadership is embedded in the ICB's governance and decision-making processes. The development of systems to enable clinical leadership and expert advice within the ICB was developed through a series of engagement sessions and supported by ongoing monthly Clinical and Professional Leadership meetings.

Section 2: Improving population health and healthcare.

The ICB made significant progress in 2023/24 to meet the operating planning trajectories and priorities. The challenges in delivering the operating plan were clearly articulated and addressed through multiple interactions over the year. There has been staff turnover at

executive leadership level, but the ICB is now fully established and working within the broader system architecture.

The ICB implemented plans and mitigations throughout the year to address the impact of Industrial Action on service delivery. Despite challenges with quality, safety issues, and maintaining services, the whole system worked hard to deliver for patients.

For cancer, the ICB delivered against its trajectories to address the 62-day backlog and in line with national expectations. Elective recovery targets were challenging for the ICB, and it did not meet its ambition of no patients waiting over 78-week waits by the year end. Going forward there are opportunities for greater collaborative working with providers in the ICB to deliver the required reductions in long waits for elective care.

The system has worked well together to deliver improvements in Urgent and Emergency Care, improving patient flow and this is reflected in their performance. The ICB did not meet the 30-minute Category 2 calls ambulance response times target but there are opportunities to share the positive work within the ICB to support the East Midlands Ambulance Service improve delivery across the East Midlands.

Good progress was made in the delivery of mental health services, on access to community and perinatal mental health services, and improvements to the dementia diagnosis rate. Out of Area Placements remain an area of challenged delivery. The ICB has made good progress in reducing the number of adults with a Learning Disability and Autism in inpatient beds by 23%.

Primary care delivery is supported with a strategy for sustainability and the GP Provider Board. 2023/24 saw an increase in GP activity and appointments with improvements overall in accessibility of services. The ICB assumed delegated responsibility for pharmacy, optometry, and dental services in 2023/24 and we look forward to seeing how the ICB has supported improvements in these areas.

During 2023/24, the ICB has focused on collaboration with health and social care providers, voluntary and independent partners, including hospices, to strengthen integrated community services in Derbyshire. Efforts have targeted projects aimed at optimising the health and social care system under challenging conditions.

The ICB has implemented the National Quality Board (NQB) Guidance for Integrated Care Systems and quality is embedded in the ICB strategies. The ICB has supported University Hospitals of Derby and Burton (UHDB) in addressing major maternity challenges and must continue in enhancing assurance processes to promote quality improvement. For 2024/25 the ICB should seek to embed the NQB guidance with all providers to strengthen the ICB's oversight and assurance, and support the improvement work already taking place. For Safeguarding there is effective leadership and robust processes in place to deliver the ICB's statutory duties within a clear governance framework.

Improvements have been made to services across a range of services including end of life care, and discharge processes. There is a benefits realisation framework in place for Children and Young People (C&YP) services to measure improvements, assessing value, impact, and effectiveness. For C&YP, the Long-Term-Plan transformation and broader programme goals are identified and are being actively pursued. Excellent work is being done to incorporate the voices and participation of C&YP in the system, and transformation efforts are well-coordinated.

For the coming year, the ICB should develop increased provider collaboration and system working to deliver these targets, and to support decisions that balance financial sustainability with the delivery, quality, and safety of services.

Section 3: Tackling unequal outcomes, access, and experience.

The delivery of the ICB's ambitions to reduce health inequalities has been formalised through the recent formation of the Prevention and Health Inequalities Board, chaired by the Chief Medical Officer, and supported by public health teams in both local authorities. The Board has clear areas of focus including population health management, prevention, and health inequalities. The leadership of these priorities is shared amongst the key partners.

Within the ICB itself, there is a strategic approach to health inequalities and population health management (PHM), particularly for cohorts of people with multiple disadvantages. To support and inform its work, the ICB is working with partners to develop a PMH system, a central repository of data underpinned by data sharing arrangements.

These PHM systems, and improvements required to capturing ethnicity with the Trust's data systems, will enable the ICB to provide evidence that the ongoing restoration of services following the pandemic is being delivered inclusively, and with regard to inequalities. The ICB has used the Derby and Derbyshire Joint Strategic Needs Assessments inform its priority areas and population health outcomes, supported by a number of "Turning the Curve" key indicators.

A Cardio-vascular plan is in development to target population health management and health inequalities across the system, taking a Place based approach. The ICB has already undertaken notable work on hypertension particularly in reaching the South Asian and Black African Caribbean population. The community project raised awareness and rolled out blood pressure checks at multiple locations across the area including by trained local volunteers to reach diverse communities. This project - Hypertension Going Faster, Further - won the NHS Communicate Award for its successful engagement and partnership working.

The patient experience work will support the ICB's aims to reduce inequalities and engaging some of their higher risk populations through increasing choice and greater involvement in care decisions.

Through the mental health system delivery group, the ICB has worked with the system on a programme of work to reduce suicides, raising awareness of suicide prevention within its services and has provided funding to the wider partnership programme.

As part of the Healthy Lives priority, the ICB is the lead for tobacco dependency treatment, an area where higher prevalence is linked to deprivation and a significant contributor to ill-health and inequalities around premature mortality. The ICB's ambitions are described in its Integrated Care Strategy and will be reflected in the Health and Wellbeing Board refreshed strategic priorities.

To fully evidence the ICB's compliance with its legal duties to reduce health inequalities, the ICB must develop its systems to provide the required data report and Annual Statement within its annual report. NHS England regional teams will support the ICB to develop this to ensure it can demonstrate delivery over the coming year.

Section 4: Enhancing productivity and value for money

In the financial year 2023/24 the system's reported financial performance was £59.8m deficit against an initial plan of break-even. Within the reported value, the ICB financial position was £1.0m surplus.

Total system efficiencies delivered were £134.7m; 5.4% of system allocation. Of this total £59.0m (43.8%) was recurrent increasing the recurrent efficiency requirement in future years.

The system has faced significant financial challenges throughout the year and has worked collectively to identify and mitigate risks. Consideration should be given as to how the ICB can further strengthen its leadership and governance processes to ensure early identification and collective ownership of risks in the coming year. The ICB should continue to develop a granular understanding of drivers of the deficit to support delivery of its 2024/25 plan. Further work is required to ensure providers develop medium-term financial plans alongside the delivery of financial commitments in the short term. This approach will need to be scaled up and accelerated to return the system to balance.

Regarding workforce, system leadership and collaborative working have improved over the year. This has resulted in greater engagement with partners, and a more strategic and unified approach. The ICB has made notable progress in its approach to new delivery models, for example, the Derbyshire Academy. These improvements provide the ICB with a sound foundation to build on and develop over the year.

In 2023/24, pay was overspent by £49.4m and there is an opportunity in 2024/25 to strengthen workforce controls across the system. In 2023/24 the workforce grew by 1,783 WTE (6.2%) compared to the 2022/23, month 12 position. The month 12 Derbyshire provider workforce totalled 30,463 WTE and was 1,353 WTE above the original plan position. The original 2023/24 plan had been to increase the workforce by just 430 WTE (1.5%). The levels of actual workforce growth above plan are not sustainable and further grip and control is required to deliver the 2024/25 plan. NHS England will work with the ICB with a suite of tools to support its system workforce transformation ensuring workforce planning and productivity are aligned.

In the 2023 staff survey the ICB performed well, scoring above the regional average across all domains.

The ICB's approach to promoting and using research innovation and technology is well developed. The ICB has a Digital and Data Strategy; a research strategy is in progress lead by the CMO who is the ICB's executive lead. There are many examples of research projects in progress and completed, supporting improved vaccination uptake through mobile clinics and the Men at Work study to look at health and wellbeing amongst working men, amongst others.

Section 5: Helping the NHS support broader social and economic development –

The ICB has performed well in 2023/24 in fulfilling its role as an Anchor Institution, for the benefit of its communities, with good partnership working through the System Anchor Partnership. This Partnership has enabled and facilitated the ambition of resilient, inclusive local economies within Derby and Derbyshire, with more local spend and fair employment. There is an Anchor Charter, approved by the Board, and there are two clearly described

priorities in 2023/24 - workforce and social value in procurement. These priorities and the charter principles are embedded within the organisational strategies and plans.

An example of the achievements against one of the priorities – workforce - is seen in the ‘Step into Work and Careers project’ in 2023/24. The ICB worked closely with Derbyshire BME forum, Links CVS, Derbyshire County Council, DWP and East Midlands Chamber to develop support that more closely addresses the needs of individuals within BME communities and with the aim of improving engagement from these communities in employment opportunities within health and social care. Linked to this project was the successful launch of the BME Respite Sitting Service.

The Joined-Up Care Derbyshire Health and Social Care Employment Charter is now in place, which pledges to improve collective wellbeing and creating a strong, resilient, and inclusive community economy.

The ICB is an active member of both local Health and Wellbeing Boards (HWBs), and it has worked closely with these in the development of its first Joint Forward Plan in 2023/24. There is consistency between the ICB plans and strategies and those of system partners, reflected in the Joint Forward Plan and as noted previously, the ICB has used the Joint Needs Assessments to inform its work and priorities. Moving forward, the ICB should focus on building and strengthening the relationships with the Health and Wellbeing Boards to deliver these shared priorities.

'Delivering a Net Zero NHS' is a key priority for the system and the ICB has taken a strong leadership role to embed its ambitions through delivery plans and robust programme management. There is an appointed lead for Net Zero and the ICB is an active member of the Midlands Green Board. Amongst the successes in 2023/24, the ICB has worked with system partners to eliminate Desflurane, they have made a 33% reduction in emissions from inhalers, and it is meeting its targets to achieve low, ultra-low and zero vehicle emissions.

The ICB should ensure that its Net Zero work and future ambitions are described within their Joint Forward Plan supported by clear targets and priorities.

Within the system the ICB has worked to develop a shared quality and equality impact assessment to ensure that services meet the needs of its population and the ICB engagement strategy has a focus on ensuring equality of access across its communities.

As an organisation, the ICB has developed corporate objectives for equality, diversity and inclusion and described the actions taken to meet these.

Conclusions

This has been a challenging year in many respects and in making our assessment of your performance we have sought to fairly balance our evaluation of how successfully you have delivered against the complex operating landscape in which we are working. This is the first full year in which you have been operating as well as the first year of your Joint Forward Plan and we are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them. We will continue to work alongside you in the year ahead and look forward to working with you to support improvement throughout your system.

Please can you share our assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.