

Joined Up Care Derbyshire Integrated Care System (ICS)

Integrated Care Board (ICB) Executive Candidate Briefing Pack

March 2022



Message From Our ICS Designate Independent Chair and ICS Designate Chief Executive

Dear Candidate,

Thank you for your interest in the role for the Integrated Care Board (ICB) Executive; we hope that you find the application process to be supportive and inclusive.

JUCD has a strong record of delivery and improvement as a Sustainability and Transformation Partnership (STP) since 2016; we are proud of what we have achieved together and received designate ICS status in January 2021.

Further to the publication of the Government's White Paper (Integration and Innovation) on 11 February 2021 and subject to the final Parliamentary Bill, all integrated care systems (ICS) across the country are expected to become statutory organisations on 1 July 2022. We are now working hard to ensure we maintain the momentum and focus during this transition period; building on the strong foundations we have already established. Key to our success in managing our transition to a statutory organisation will be the development of our 'building blocks' which include establishing our corporate body to discharge the statutory ICS responsibilities, taking on the current CCG functions as appropriate and further developing our Place Partnerships, Provider Collaboratives at Scale, Strategic Intent (including strategic commissioning) and Anchor organisations; all of which will be underpinned by strong governance through our Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

Our ICS brings together the work that has been taking place across the county to coordinate services better to improve outcomes for people to ensure they have the **best start in life, stay well, age well and die well**. All partner organisations working together in JUCD continually look at improving how we work together, supporting people who are most at risk and making sure people get the best opportunities to lead happier, healthier lives. Our model of care focuses on looking after people in their home or local area so they get the targeted care needed to get better more quickly, instead of concentrating on providing services from specific buildings. At the heart of joining up care is preventing people from getting ill in the first place, by helping them take good care of themselves and be able to deal with issues before they become bigger problems.

If you join us as one of our Executive Directors you will be joining an exceptional group of colleagues, whose support you will be able to count on as we all work together to build on our strong foundations. Our Executive Directors will play crucial roles in ensuring the sustainability and effectiveness of health and care services for our populations.

We are committed to tackling the health inequalities which exist in Derbyshire to improve outcomes for people and the health of the population. This will require even stronger partnership working with Local Authorities and wider partners as we take responsibility for the wider determinants of health, to ensure these are reflected in our approach going forward.

As we emerge from the Covid-19 pandemic, we will be challenged with addressing extreme inequalities further exacerbated by Covid19 and a resurgence in long waiting times for treatments in all sectors. At the same time, our approach to our people will be crucial, creating healthy systems in which people can thrive following the pandemic and growing together to meet the needs of our communities in future months and years. We will work with all partners to help rise to the challenge, doing everything we can to meet the needs of our colleagues and communities.

This includes our role as an employer and anchor institution.

We fully understand our challenges - and are open, honest, and transparent with one another; enabling us to deliver on plans that are ambitious and realistic.

The challenge is very real, we must transform services to improve the health of our population and address the inequalities which we know exist; at the same time addressing a significant underlying system financial deficit

We are open to hearing from a wide range of candidates and we would welcome applications from candidates with protected characteristics or lived experience of health and care services who are under-represented at a senior level in the NHS. For all positions we welcome diverse and fresh perspectives; innovative and inclusive leaders who thrive with accountability and ambiguity. Comfortable in challenging at board level in complex organisations; you will be politically astute, creative, and focused on quality. You will bring to life our values as you promote the highest standards of integrity and corporate governance, ensuring that quality, finance, and operational demands are held in balance.

These are high-profile positions and the successful candidates will need to be ambassadors for our system so that together we can create a better future for our populations and to drive our ICS in its vital work. Most importantly, we are looking for individuals who are passionate about addressing inequalities and achieving the best possible health and care for the people of Derbyshire.

We are committed to improving the diversity of our leadership so that it is more representative of the people we serve. We would therefore encourage applications from people of all backgrounds and with different experiences.

If you share our values and ambitions for the people living in Derbyshire and have the skills and experience to drive our ICS forward, then we would be delighted to receive your application.

We hope this information in the pack gives you a good sense of JUCD and the opportunities for the right person to work in a vibrant and varied ICS. For more information you can also visit our website <https://www.joineducarederbyshire.co.uk>

On behalf of the JUCD system leaders, we wish you the very best for your application and look forward to meeting you. With best wishes,

The image shows two handwritten signatures in black ink. The signature on the left is 'John MacDonald' and the signature on the right is 'Chris Clayton'. Both are written in a cursive, flowing style.

John MacDonald & Chris Clayton

Process & Timescales



Closing date

9am Monday 11th April 2022

Final Interview & Stakeholder engagement

Chief Medical Officer

Wednesday 27th April 2022

Chief Finance Officer

Thursday 28th April 2022

How to Apply

For a confidential discussion please contact our recruitment advisers at GatenbySanderson:

Chief Medical Officer

Richard Murphy

07393 013 067

Chief Finance Officer

David Heaton

0113 205 6094

Candidates will be selected for interview based on how closely they demonstrate their skills and experience in relation to the job description and person specification. Applications should consist of a full curriculum vitae detailing career and achievements, as well as a supporting statement which addresses the role description and person specification.

Applications should be made via our website: www.gatenbysanderson.com.

To access the job description and person specification, please click 'apply now' and enter your details.

In addition, please ensure that you provide the following information:

- daytime, evening and/or mobile telephone numbers as well as your personal email address (to be used with discretion)
- contact details for two referees. Referees should be people who can comment authoritatively on you as a person and as an employee and must include your current or most recent employer or his/her authorised representative. Confidential references are taken up on candidates shortlisted for formal

Joined Up Care Derbyshire (JUCD) is the Derby and Derbyshire Health & Social Care Partnership for adults and children; it is made up of providers (NHS, Local Authority and Voluntary Sector) and commissioners

JUCD is the identity by which we work together in this partnership

Our
outcomes

To improve LE and HLE for the people and communities we serve AND reduce the Health Inequalities driving these differences

Our
purpose

For people to have the best start in life, to stay well, age well and die well

Our strategic
priorities

- Strategic partnership working with a common purpose and single set of outcomes agreed between JUCD ICS and broader system partners
- Strategic leadership through good governance and ways of working that empower clinical, professional and managerial teams to transform services for the benefit of the people of Derbyshire whilst ensuring financial sustainability
- Strong and vibrant communities and Places benefitting from reduced health inequalities informed by the strategic use of intelligence and innovation.
- Strategic understanding and use of our assets; our greatest asset is and has always been, Our People, strengthened by the diverse nature of their heritage, culture and experience

Key Drivers
for reduced

Cardiovascular
Disease

Cancer

Impact of Covid 19

LE & HLE

Respiratory Disease

Mental Health

Musculoskeletal Disease (Back
Pain)

Underpinned by our JUCD Quadruple Aim...

Improving the health of
the population

Improving the experience
of care

Improving staff
experience

Reducing the per capita cost of
healthcare

JUCD At A Glance

The health and care challenges we face, and our plans for addressing them, are rooted in the particular needs of the county.

Demography and Diversity

- JUCD has a population of circa 1.06 million people
- By 2033, a quarter of the population will be 65+ years (275,000 people)
- Over the next 5 years, the number of people aged 75+ years is expected to increase by around 23% to more than 116,000
- High deprivation in Derby and the North East contrasts with affluence in the Dales and South West
- Dense urban communities in Derby and North East; rural comparatively isolated communities in the North and West; smaller urban centres a mix of more affluent market towns and more deprived ex-mining areas
- Rich cultural mix across Derby City; 97.5% White British in the County

We must be flexible to meet diverse needs – in relation to both geography and population. To achieve consistent quality we must not take a ‘one size fits all’ approach.



A wide range of health and care commissioners & providers

The statutory organisations within Derbyshire are:

- NHS Derby and Derbyshire Clinical Commissioning Group (CCG)
- Two upper tier local authorities (Derby City and Derbyshire County with 8 Borough and District Councils)
- Two acute Foundation Trusts University Hospitals Derby and Burton (UHDB) Chesterfield Royal Hospital (CRH)
- One community Foundation Trust (Derbyshire Community Health)
- One mental health and wellbeing Foundation Trust (Derbyshire Healthcare)
- One Out of Hours provider; also the provider of NHS111 services
- 2 Place Partnerships (Derby City and Derbyshire); including 8 Local Place Alliances (Neighbourhoods)
- 115 GP practices (reg. pop. ranges (2-25k) forming 15 Primary Care Networks,
- Residential and care home providers
- Ambulance Trust – East Midlands-wide
- Multiple voluntary and independent sector organisations

We strive towards a common framework – and, importantly, aligned incentives – for us to work together.

Health of our population

- Life expectancy in Derby and Derbyshire is significantly lower than the national average for both men and women and is no longer improving. The national average is 79.5 years and 83.1 years for men and women; in Derbyshire this is 79 years and 82.8 years respectively.
- The gap in healthy life expectancy between the most and least deprived areas is approximately 19 years and 14 years in City and County respectively
- The rate of infant mortality is gradually worsening; in Derby it is significantly higher than the national average. Premature mortality rates, for example, from cardiovascular disease, liver disease and respiratory disease in Derby and parts of Derbyshire are significantly worse than the national average
- Around two thirds of our adult population are estimated to be overweight or obese, significantly higher than the national average (Derbyshire County: 63.8%, Derby City: 65.1%, England: 61.3%)
- 15.7% of mothers are recorded as smoking at time of delivery, significantly higher than the national average of 10.8% and more than double the national ambition of 6% or less

We must be both realistic about the challenges we face, and ambitious in tackling them – particularly in addressing the causes of ill health to slow future increases in demand.

‘Out of county’ healthcare provision

- Significant patient flows to acute hospitals in Sheffield, Nottingham, Mansfield, Burton and Stockport
- UHDB created in 2018 following merger of Royal Derby Hospitals NHS FT and Burton Hospitals FT. Significant achievement crossing 2 STP footprints
- Specialist/tertiary care is provided from Sheffield and Nottingham

We must be sensitive to reflect the current flows between Derbyshire and neighbouring footprints.

Health and care spending

As part of our 5 year strategic plan we agreed growth rates for all services across the system to provide estimates of the costs of NHS treatment and care for 2020/21 to 2023/24. These estimates generated a need for NHS savings of £127m, £81m, £68m and £55m between 2020/21 to 2023/24. Note: These figures do not reflect the impact of Covid 19 and H2/2022-23 financial planning underway.

We have re-performed our assessment of the underlying financial prognosis of the system, based on our review of the actual Q1 results and are committed to doing this work on a quarterly basis in order that we can review and assess any emergent cost pressures and how they may be controlled.

Our future plans must tackle and address the forecast growth in health and care service demand.

Our Population

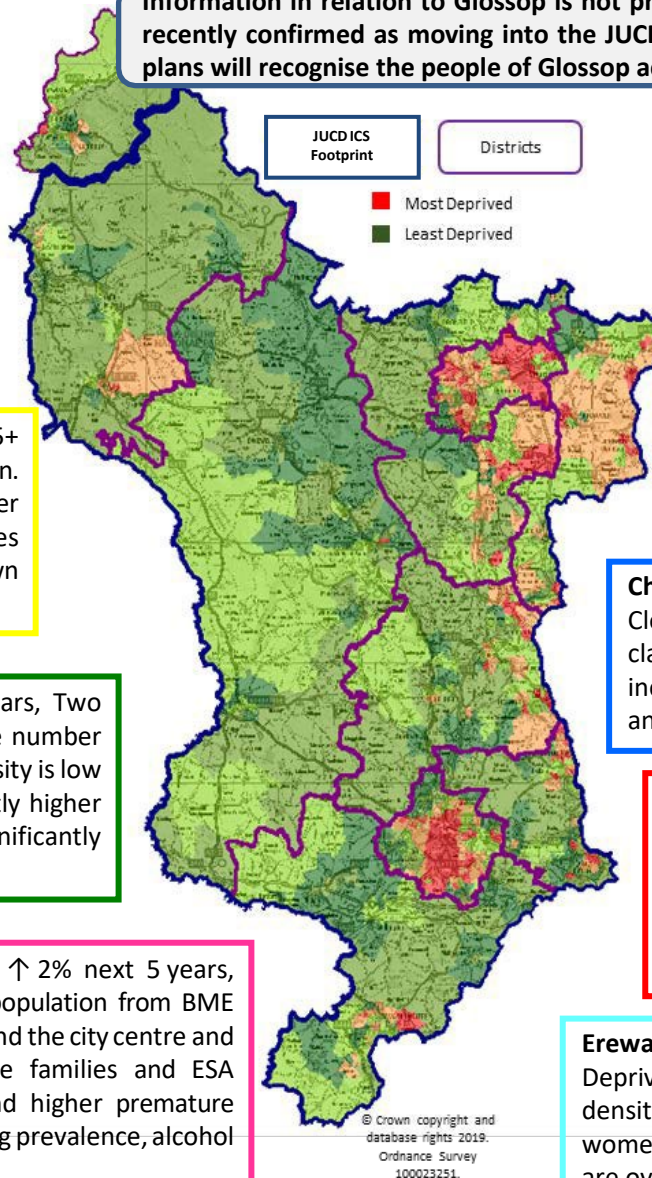
High Peak Population ↑ 0.9% next 5 years, 75+ years ↑ to 10.5K. Sparsely populated areas reflected in above average travel times to key services. Generally better than or similar to England, but alcohol specific hospital admissions remain significantly higher than average. The gap in employment for people with a long-term condition is in the highest 20% in England.

Derbyshire Dales Population ↑ 0.6% in 5 years, 75+ increase to 11K, around 15% of total population. Though a largely prosperous area, the older population, rurality, inaccessibility to key services and hidden pockets of deprivation present their own challenges.

South Derbyshire Population ↑ 4.3% next 5 years, Two thirds of the population are working age, but the number 65+ will increase by 12% to 21.6K. Relative job density is low and it is the only county district with a significantly higher rate of homelessness. Female life expectancy is significantly below average.

Derby City Population 26% 16-34 years. Population ↑ 2% next 5 years, 75+ years ↑ to 23K. Around a quarter of the population from BME groups. Significant areas of deprivation in and around the city centre and higher proportions of children in lower income families and ESA claimants. Significantly lower life expectancy and higher premature mortality from CVD and respiratory disease. Smoking prevalence, alcohol and self-harm admissions all worse than average.

Information in relation to Glossop is not provided at this time as recently confirmed as moving into the JUCD ICS footprint; future plans will recognise the people of Glossop accordingly.



Bolsover and North East Derbyshire

Bolsover: Population ↑ 2.3% next 5 years, 75+ years ↑ to 8.5K. High deprivation, significantly lower average weekly earnings, significantly higher premature mortality and significantly lower overall life expectancy. However, the self-rated happiness score is highest in the county. **NE Derbyshire:** Population ↑ 1.4% next 5 years, 75+ years ↑ to 14K. Largely rural and prosperous area but pockets of deprivation in and around Clay Cross and Grassmoor. 6.6% ESA claimants. Highest adult excess weight in county. Significantly higher rates of hospital admissions for self harm and alcohol.

Chesterfield Population ↑ 0.9% next 5 years, 75+ years ↑ to 12K. Clear areas of high deprivation throughout the district. 8% of people claiming employment support benefits and 20% of children in low income families. Average life expectancy significantly lower for men and women. Premature mortality from CVD highest in the county.

Amber Valley Population ↑ 1.9% next 5 years, 75+ years ↑ to 15.5K. Deprivation in and around Alfreton, Somercotes, Ripley and Heanor reflected in stark inequalities in average life expectancy. Gap in life expectancy for females is in the highest 20% nationally. Smoking significantly higher in both R&M occupations and pregnant women.

Erewash Population ↑ 2.4% next 5 years, 75+ years ↑ to 13K. Deprivation exists around the 2 towns of Ilkeston and Long Eaton. Job density is relatively low for an area with a younger population. 18% of women are smoking at time of delivery, and a quarter of 4-5 year olds are overweight/obese. Self harm admissions are significantly higher.

We know there are significant health inequalities that exist in our patch for example life expectancy of someone living in Derbyshire Dales is three to four years longer than someone living in Bolsover and there is up to a 10-year gap in life expectancy in different parts of Derby (between Allestree and Arboretum).

The Diversity Profile of our Population

Total Population

Total population headcount	% Women	Ethnicity			Disability		
		% BAME	% White	% Not Declared	% Yes	% No	% Not Declared
1,059,996	49.2%	7.6%	92.4%	0%	23%	Not known	Not known

Broken down by Derby and Derbyshire

Total population headcount Derbyshire	% Women	Ethnicity			Disability		
		% BAME	% White	% Not Declared	% Yes	% No	% Not Declared
802,694	49%	3%	97%		23.2%		
Total population headcount Derby	% Women	Ethnicity			Disability		
		% BAME	% White	% Not Declared	% Yes	% No	% Not Declared
257,302	50%	22%	78%		22.4%		

Our Partners....We are in this together

As a system, we are fortunate to have strength and variety across the local health and care organisations who make up our ICS. We have developed a strong relationship and collaborative ways of working which has been demonstrated in service transformation and in our Covid19 response through the introduction of mutual aid which demonstrated a substantial and consistent response from all partners, working as a system to support each other at all levels to resolve issues and more recently in our hugely successful vaccination rollout.

Our Clinical Commissioning Group (CCG)

There is a single CCG covering Derby and Derbyshire. As we transition to an ICS footprint will include Glossop which has historically been aligned to the Greater Manchester ICS.

Our Local Authorities

There are two Upper Tier local authorities within the ICS boundary, Derby City Council and Derbyshire County Council. The two Place Partnerships are aligned at Upper Tier level.

Derbyshire County Council also has 8 District and Borough Councils:

- Amber Valley Borough Council
- Bolsover District Council
- Chesterfield Borough Council
- Derbyshire Dales District Council
- Erewash Borough Council
- High Peak Borough Council
- North East Derbyshire District Council
- South Derbyshire District Council

Our 8 Local Place Alliances (Neighbourhoods) are coterminous with the council boundaries. The majority of the 15 PCNs are also aligned.

CQC ratings:

Derbyshire County Council: Reports to be published once checks complete

Derby City Council: 5 services rated as **Good**; 1 x service **requires improvement**

Our Providers and CQC Ratings

Provider	Current CQC rating (overall summary)
Derbyshire Community Health Services NHS Foundation Trust	Outstanding
Derbyshire Health Care NHS Foundation Trust	Good
DHU Healthcare	Outstanding
Chesterfield Royal Hospital NHS Foundation Trust	Good
University Hospitals of Derby and Burton NHS Foundation Trust	Good
East Midlands Ambulance Service NHS Trust	Good

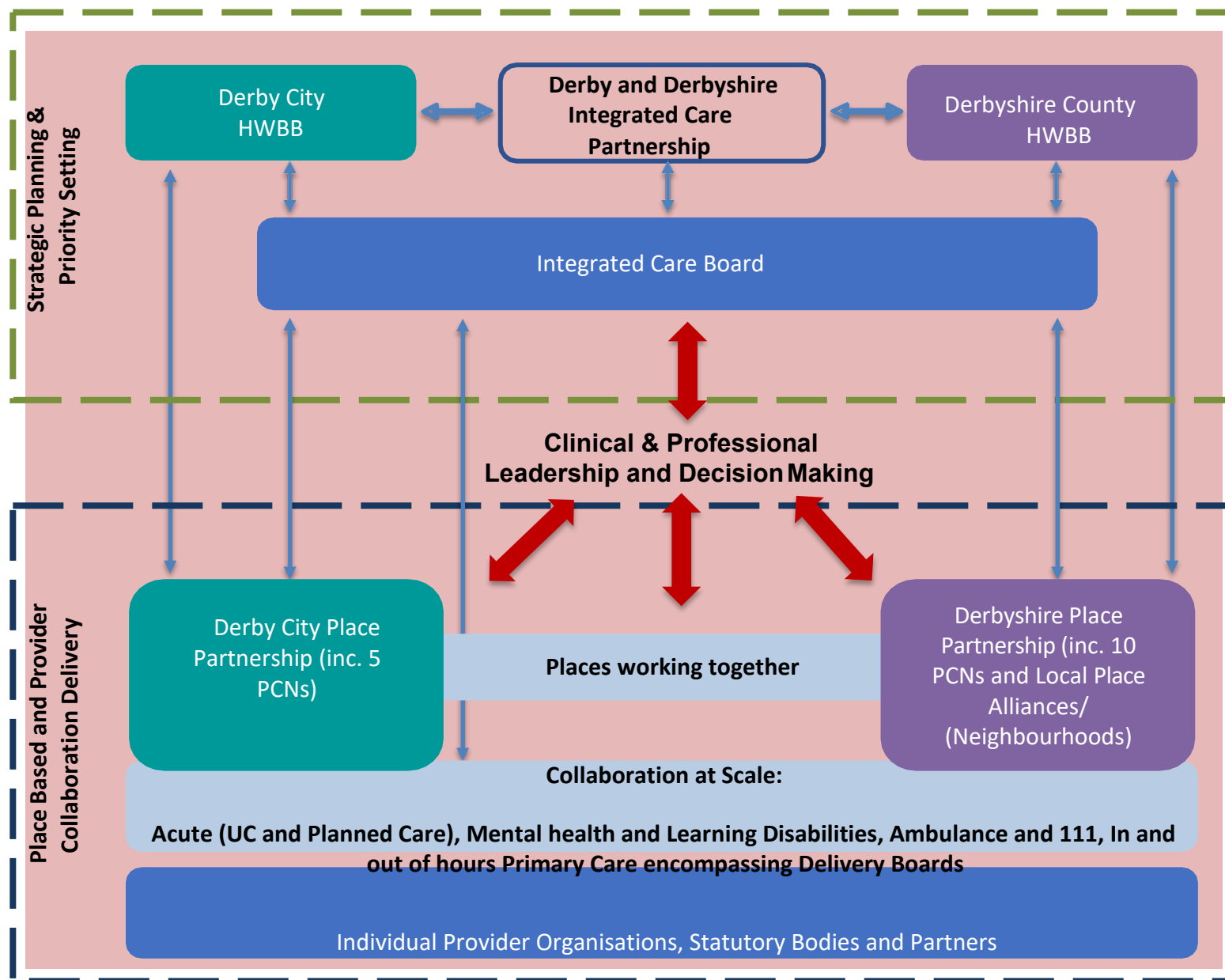
Existing Organisations and Accountable officers (CCGs & Providers)

Organisation	Chair	Accountable Officer
Derby and Derbyshire CCG	Dr Avi Bhatia	Dr Chris Clayton
Derbyshire Community Health Services NHS Foundation Trust	Prem Singh	Tracy Allen
Derbyshire Health Care NHS Foundation Trust	Selina Ullah	Ifti Majid
DHU Healthcare	David Whitney	Stephen Bateman
Chesterfield Royal Hospital NHS Foundation Trust	Helen Phillips (Outgoing)	Angie Smithson
University Hospitals of Derby and Burton NHS Foundation Trust	Kathy McLean	Magnus Harrison (Acting)
East Midlands Ambulance Service NHS Trust	Pauline Tagg	Richard Henderson

Progress since becoming a designated ICS in January 2021

- Revised operating model to better differentiate between assurance and executive management established with LA strategic leadership at JUCD ICS Board level including LA H&WB Board Chairs membership and the establishment of 4 x Assurance sub committees reporting directly to the Board, each chaired by an organisational chair.
- Strong system wide collaborative approach to covid-19 prevention, protection and recovery, including on-going strong vaccination programme roll-out.
- 2 Place Partnerships agreed – 1 x Derby City, 1 x Derbyshire County formally agreed.
- 4 Provider Collaboratives at Scale agreed:
 - 3 as per national requirements:
 - Acute focussing on urgent care and planned care
 - Mental Health and LD
 - Ambulance and 111
 - In addition within JUCD the inclusion of:
 - Primary and Community Care Collaborative
- Considering and developing the options in relation to our Provider Collaborative Governance and Leadership arrangements which will underpin the above.
- Place Partnerships and Provider Collaborative at Scale developments supported by joint ICS and KPMG accelerated transformation programme.
- Anchor Institutions approach progressed with strong collaborative working across health, care and private sector. Agreement reached to prioritise employability. We now have an agreed MoU across all partners to progress these developments.
- Strong collaborative working to produce a robust 2021/22 plan; building on this a collective approach is being taken to develop the system improvement/ Efficiency plan for H2 into 2022/23.
- Developing Distributed Clinical Leadership: Development programme underway to underpin transition from Clinical and Professional Reference Group to Clinical and Professional Leadership Group.

Emerging JUCD ICS Operating Model/ Design Framework



To become a thriving statutory ICS is dependant upon a number of key building blocks; ensuring there is coherence between them, will be crucial to our success.

Whilst there has been considerable learning as a result of the Covid19 experience, the ongoing response to the pandemic including Covid19 service recovery and vaccination programme and exhausted staff, combined with the additional pressures of a significant underlying financial cost pressure, the general public expecting near normal service levels and a nationally driven significant organisational change programme have added a new dimension to the challenges facing JUCD. We recognise that we are not alone in having to manage these additional considerations, however we are confident that the recent Covid19 experience has evidenced our ability to work both as a system and as individual organisations and partners to respond effectively, as well as giving us the drive to further build on this excellent partnership working.

Our Challenges

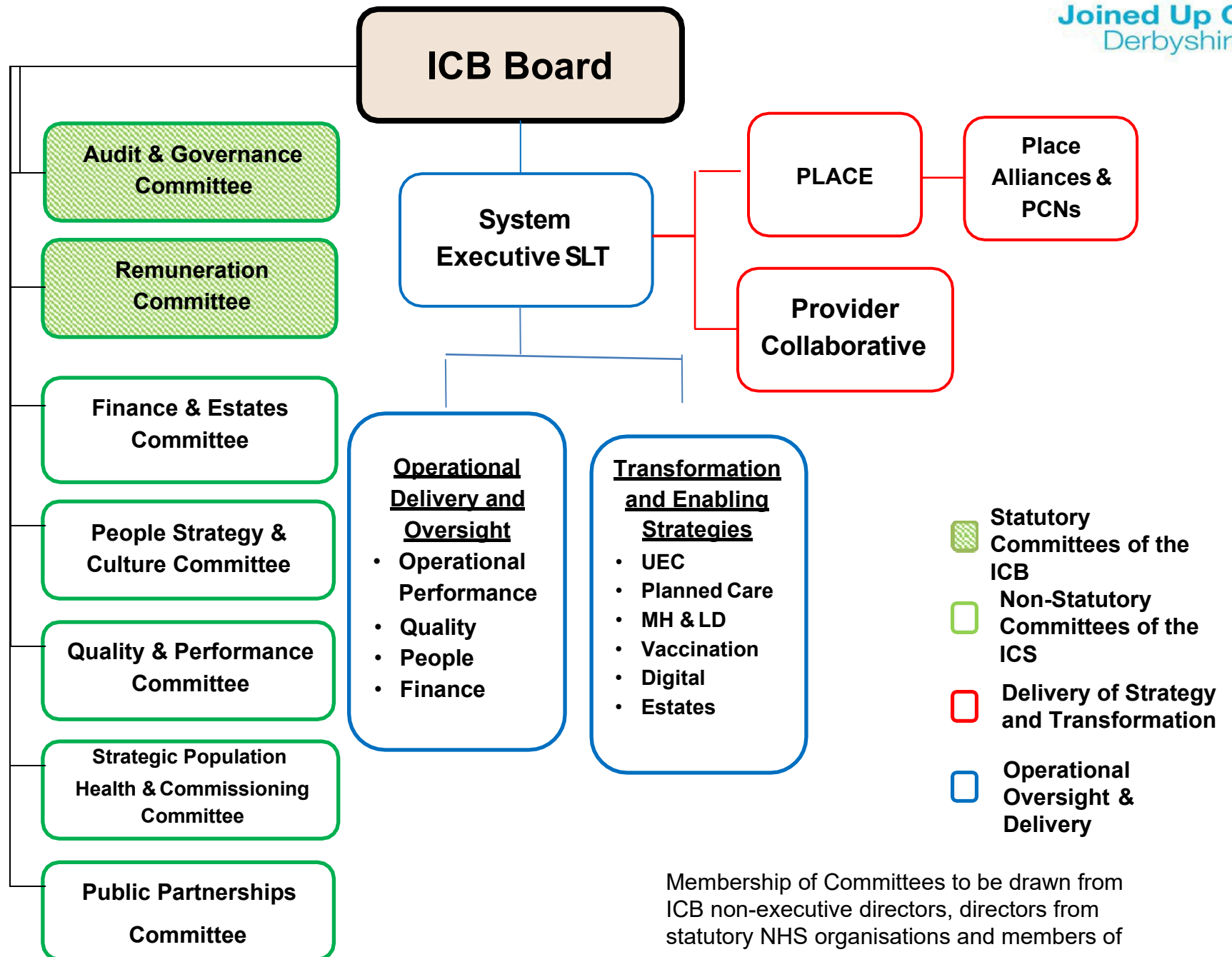
1. Comparatively poor health outcomes for local people, particularly in relation to cardiovascular disease, respiratory disease and MSK conditions.
2. Diversion of primary, secondary and community care resources and observed changes in individual healthcare seeking behaviours during the Covid19 pandemic is likely to have resulted in late or missed diagnoses and exacerbation of existing conditions, interruption of universal and wider services will affect our child health, sexual health, mental health and lifestyle behaviours. It is harder to quantify are the broader impacts relating to the economy, income, education, and psychosocial factors, all of which will be experienced disproportionately in our most vulnerable populations
3. More people in Derbyshire are living longer in poor health due to a combination of increasing life expectancy and decreasing healthy life expectancy and persisting inequalities
4. Marked inequalities in healthy life expectancy. People who live in the more deprived communities in the footprint or are part of certain groups such as those with severe and enduring mental health or learning disabilities spend more of their lives in ill health
5. Redefining place based care and provider collaboration at scale configurations and operating models to ensure appropriate capacity, infrastructure and to take on accountability for delivery.
6. Financially unsustainable model of delivery of health and care
7. Making Derbyshire a more attractive place to live and work to address some of the identified staff shortages alongside actively supporting those living within Derbyshire to be able to access better paid and less transient work which will contribute to the overall prosperity of families and our communities
8. Building a strong Integrated Care Partnership which enables maintained focus on the wider determinants of health and addressing these rather than focusing solely on NHS provision

2021/22 and Beyond: Our Priorities and What will be Different

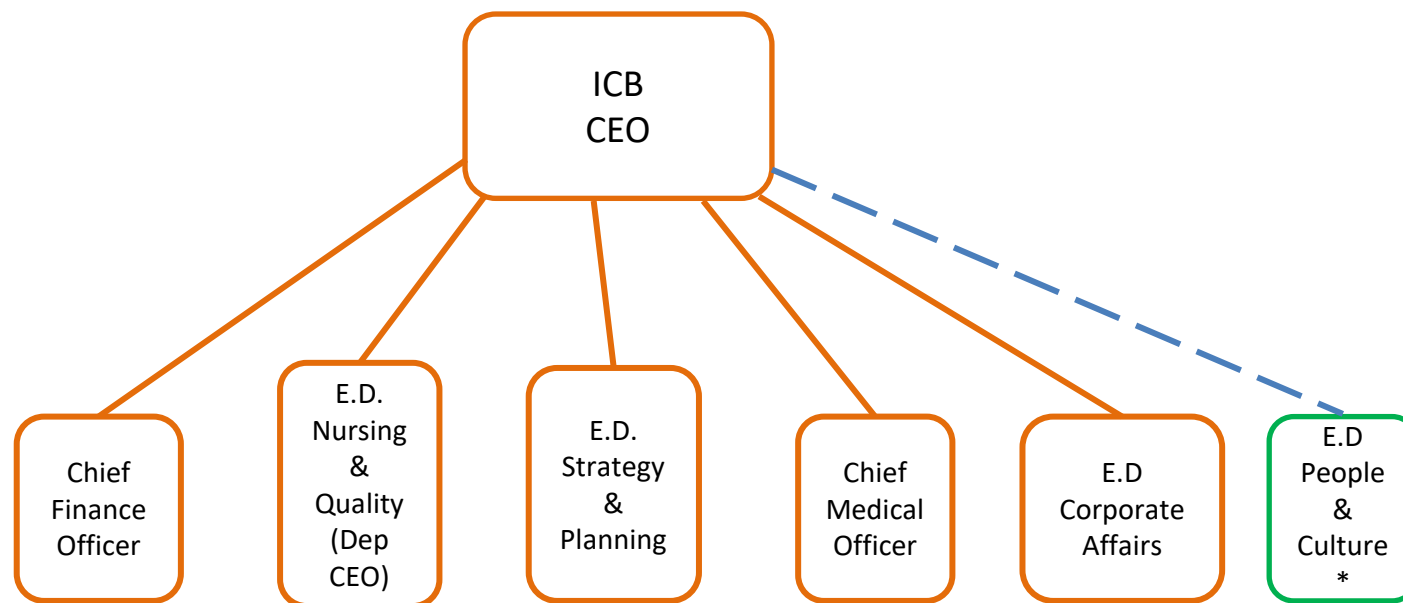
- Our system will jointly plan for the health and social care needs of the population; moving from fixing illness to enabling wellness and reducing inequalities
- We will adopt and implement core principles for how we work and challenge each other to upholding them
- We will establish strong system governance with decision making arrangements agreed
- The focus of delivery will be Place Partnerships and Provider Collaboration at Scale rather than organisations where appropriate, supported by strong Primary Care Networks
- Providers will increasingly move to integrate provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place levels within allocated resources
- We will develop a Strategic Intent function to optimize the opportunities identified through population health intelligence, with strong integrated commissioning encompassing the directly commissioned services currently led by NHS England and join commissioning with Local Authorities
- We will live within our means and ensure we address our underlying financial deficit, through a system efficiency and service improvement plan.
- We will restore and recover our planned care and cancer services to ensure people get the right care at the right time
- We will develop an agile workforce to meet the changing approach to population health and system working
- We will continue to manage our Covid19 response to prevent, protect and treat any ongoing Covid19 demands and needs

ICB Functions

Developing a plan	Allocating resources	Establishing joint working arrangements
Establishing governance arrangements	Arranging for the provision of health services	Leading system implementation of the People Plan
Leading system-wide action on data and digital	Understand local priorities, track delivery of plans, monitor and address variation and drive continuous improvement	Ensuring NHS plays a full part in social and economic development and environmental sustainability
Driving joint work on estates, procurement, supply chain and commercial strategies	Planning for, responding to and leading recovery from incidents	Functions delegated by NHE England
Functions conferred from CCGs		

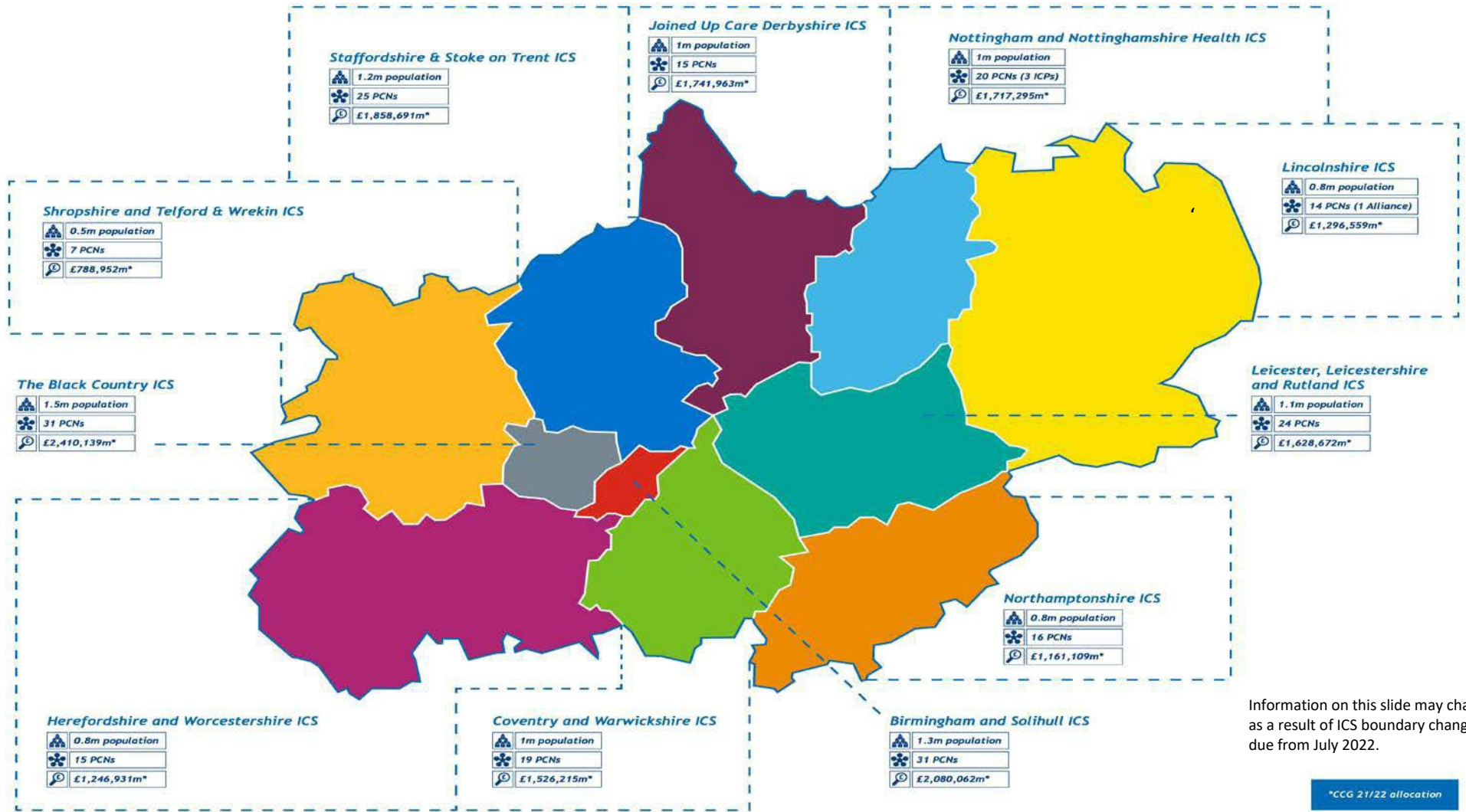


NHS Derby & Derbyshire ICB Executive Team Structure

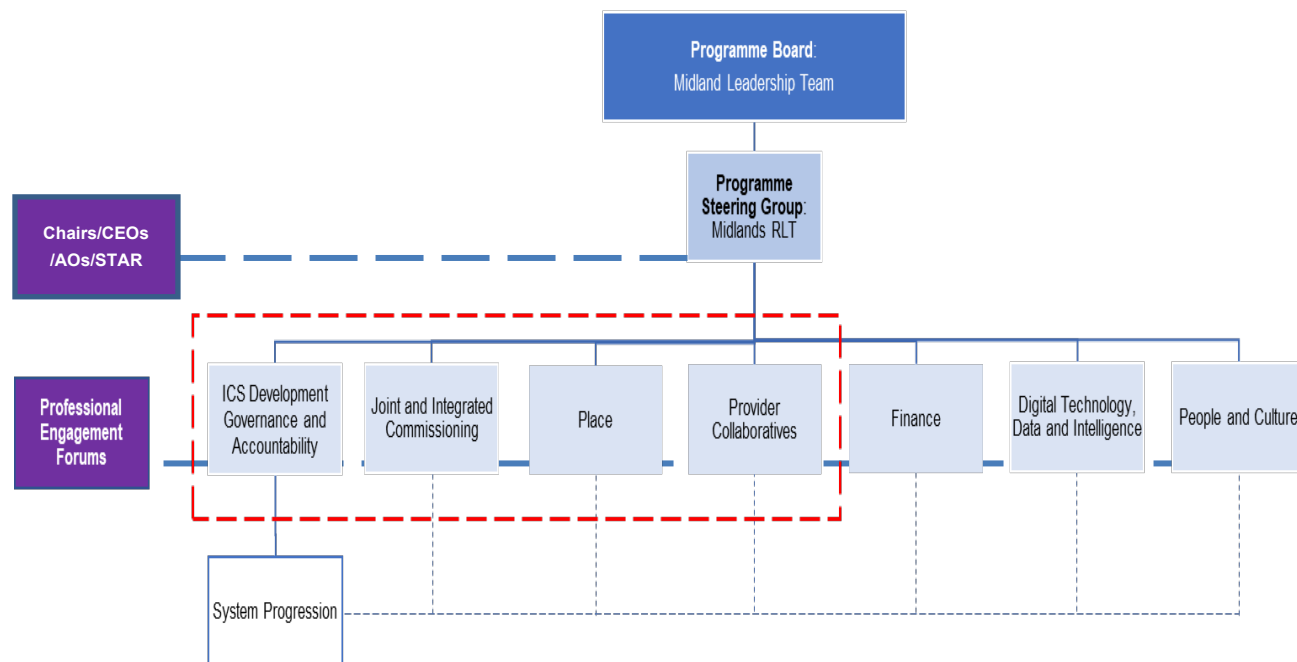


E.D = Executive Director

* = Joint role with NHS Provider Collaborative



Midlands Approach to ICS Development Programme



Workstream	Focus
ICS Governance and Accountability	Support the development of ICSs in support of ICS functions including but not limited to the accountability and governance requirements of ICSs, informed by System Development Plans, and legislative requirements of ICSs.
Joint and Integrated Commissioning	Develop approaches to integrating commissioning functions including NHSEI Specialised and Direct Commissioning and pan system provider collaboratives
Place	Further support the development of Places across the Midlands including identification and spread of good practice
Provider Collaboratives	Support the development of provider collaboratives specifically providers working at scale, across multiple places, to achieve the benefits of collaborative working
Finance	Support the implementation of national guidance for ICSs including how money will flow to and through systems and how financial governance and accountability arrangements will operate.
Digital, Data and Intelligence	To focus on the digital and technology requirements to enable effective, joined up system working and how data and intelligence is made accessible and used to drive good decision to improve health outcomes and experiences of care
People and Culture	To ensure strong alignment between national policy and framework development, regional and system priorities and achievement of the shared vision for ICS development with regards to workforce and OD.

Scope and Term of Reference;

- Influence national ICS policy and approaches to implementation based on the experience of Midlands Systems
- Ensure that there is consistency in interpretation across Midlands Systems whilst recognising that there needs to be flexibility to adapt to the needs of local Systems and characteristics local populations
- Further support the development of ICSs (including Midlands Strategic Transformation and Recovery Board recommendations) and the implementation of transition to statutory ICSs (subject to legislation)
- Identify, agree and deliver regional support offers at scale to support progression including identification and sharing of good practice and learning from the experiences of others outside of the region
- Identify those areas of collaboration where a *do once* approach would be beneficial
- Identify implications for and influence the future NHSEI regional operating model
- System sponsorship, representation and engagement throughout