

Time Commenced: 13:30pm  
Time Finished: 14.50pm

## **Integrated Care Partnership (ICP)**

### **08 February 2023**

Present:

**Derby City Council (DCC):** Councillor Webb, Robyn Dewis, Director of Public Health

**Derbyshire County Council DCoC:** Councillor Carol Hart (Chair), Councillor Natalie Hoy, Cabinet Member Adult Social Care & Health, Councillor Julie Patten, Cabinet Member for CYP Derbyshire County Council, Ellie Houlston, Director of Public Health, Helen Jones, Executive Director of Adult Social Care & Health Derbyshire,

**Derby & Derbyshire Integrated Care Board (DDICB):** John MacDonald, ICS Chair (Vice Chair), Chris Clayton, Chief Executive & ICS Lead

Elected members: Cllr Jill Mannion-Brunt, Cabinet Member for Health & Wellbeing Chesterfield Borough Council (CBC),

**Appointees of other organisations:** Avi Bhatia, GP and Clinical Chair, Clinical & Professional Leadership Group, Christine Durrant, Executive Officer rep for Chesterfield District Council, Chris Pinaar, CEO Derby Autism Services, Helen Henderson-Spoors CEO Healthwatch Derby, James Moore CEO Healthwatch Derby, Kim Harper, CEO Community Action Derby, Wynne Garnett, VCSE Voluntary, Community & Social Enterprise, Stephen Bateman, Chief Executive DHU Healthcare, Tracey Allen, CEX UHDB, William Legge, Director of Strategy & Transformation EMAS,

**Non board members in attendance:** Alison Wynn, Assistant Director Public Health and Alex Hough, Democratic Services Manager DCC, Ian Hall, Programme Director Arden and GEM CSU, James Gracey Children's Services, DCoC, Kate Brown, Director of Joint Commissioning & Community Developing ICB, Karen Tomlinson, EMAS, Sean Thornton, Assistant Director Communications & Engagement ICB, Vicky Wright and Vija Sharma EMAS, Zara Jones, Executive Director of Strategy & Planning ICB

## **01/22      Apologies for Absence**

Apologies were received from: Councillor Evonne Williams Cabinet Member for CYP DCC, Councillor Mary Dooley, Cabinet Member for Enforcement & Partnerships, Bolsover District Council, Andy Smith Strategic Director of Peoples Services DCC, Carol Cammiss, Director of Children's Services Derbyshire County Council, Drew Smith PCN Clinical Network, Hal Spencer, Medical Director, Clinical & Professional Leadership Group ICB, Karen Hanson, Executive Director of Resources, Bolsover District Council, Penelope Blackwell, Place Partnerships Clinical Chair ICB, Stephen Posey (Chief Executive University Hospitals of Derby and Burton)

## 02/22 Late Items

There were none.

## 03/22 Declarations of Interest

Avi Bhatia declared an interest at Item 10 Clinical and Care Professional Leadership Developments, Progress and Forward Plan. This was an item for information, part of the update was about the update of a substantive Chair from March 2023 which he would not cover in his briefing.

## 04/22 Minutes of the Shadow ICP meeting held on 07 December 2022

The minutes of the Shadow ICP meeting on 07 December 2022 were agreed as a true record.

## 05/22 Report from Health & Wellbeing Boards

The Board received a report from the Director of Adult Social Care Derbyshire County Council (DCoC) and the Director of Peoples Services Derby City Council (DCC). The report provided the ICP with an overview of the recent work of the Derbyshire and Derby City Health and Wellbeing Boards.

The report aimed to ensure the ICP was regularly updated on the work of the two Health and Wellbeing Boards, and to support alignment and joint effort on shared outcomes. It would also minimise duplication and maximise opportunities for work to add value to the ICS and to identify and mitigate shared risks.

The ICP noted the specific development offer from the Local Government Association which had been widened out to Derby HWB and the ICP. A joint date of 15 June 2023 for a proposed development session had been identified which would take place at a central venue in Derby.

The Board also received an overview of the HWB Guidance published by the Department of Health and Social Care on 22 November 2023.

### **Options Considered**

None were considered.

### **Decision**

The ICP noted the work of both the Derbyshire Health & Wellbeing Board and Derby Health & Wellbeing Board and proposed a joint development session to be held in June 2023 and considered if there were any implications for the ICP.

### **Reason**

To ensure the ICP was kept updated on the work of Derby and Derbyshire Health and Wellbeing Boards to:

- Support alignment and joint effort on shared outcomes
- Minimise risk of duplication and effort
- Maximise opportunities for work that is value-adding at an ICS footprint
- Identify and mitigate shared risks.

## 06/22      Update from the Integrated Care Board (ICB)

The Board received a report from the CEX NHS Derby and Derbyshire. The report provided an update to the ICP on the current priorities of NHS Derby & Derbyshire Integrated Care Board, and broader policy matters affecting the NHS.

The officer highlighted NHS England 2023/24 priorities and operational planning guidance which endorsed the need for the recovery of core services and improved productivity. NHS England had also issued guidance for the preparation of the ICBs 5-year Joint Forward Plans (JFPs). The ICB was working through planning guidance and the submission date was planned between now and the next financial year. The ICB would provide further updates and opportunities for engagement in the production of the JFP. The plan would align with the Integrated Care Strategy priorities.

Information about the Hewitt Review was also provided. It was an independent review into oversight of ICSs to reduce inconsistencies and improve health outcomes across the country. The review would report to the Secretary of State for Health and Social with a final report by the 15<sup>th</sup> March 2023. It was hoped that it would provide clarity of the role of the ICB and how it worked with NHS England.

Attention was drawn to the recent industrial action by NHS staff; it was stressed that the NHS continued to work together to provide safe services. There was work ongoing with Trusts and others to see if it was possible to reduce ambulance delays, by providing a single point of contact and using alternatives to A&E, such as medical assessment units, if available. The officer reported that there had been some reduction in waiting times and the aim was to retain the new ways of working. The pressures being faced by the NHS and their partners in social care were also spotlighted. A councillor suggested that experiences varied across the country.

Comments from other councillors included drawing attention to the Housing and Condition survey which would feed into this partnership, although it was noted that the District and Borough Councils had responsibility for housing surveys. A councillor was interested in how the Local Authorities, Mental Health Delivery Board, the Integrated Care Partnership and Health & Wellbeing Boards all fitted and worked together. The officer confirmed it was complex, but governance was a work in progress. The Health and Care Partnership link with the Mental Health Delivery Board would be assured. Another councillor highlighted the importance of the mental health of young people, which should be a priority. The officer confirmed that it was a concern for all. Another member of the ICP expressed the general feeling of welcome of bringing local, district, voluntary organisations together into the ICP.

### **Options considered**

None arising from this report.

## **Decision**

1. The ICP received the report for information and assurance.
2. The ICP noted the report.

## **Reason**

The ICP was a key partner within the ICP and matters affecting policy or performance would have implications for local service delivery. The report aimed to keep the ICP members sighted on relevant matters, to inform the broader discussion.

## **07/22 Draft Integrated Care Strategy**

The Board received a report from the Executive Director Adult Social Care & Health and DASS, Derby and Derbyshire County Council and the CEX Derbyshire Community Health Services NHS Foundation Trust. The report provided an update to the ICP on the draft Derby and Derbyshire Integrated Care Strategy.

The development of the strategy was detailed and the steps to date were described, starting with the issuing of National Guidance at the end of July 2022 to the current position today, and what would happen next. The draft framework document described the approach and outlined content for the Draft Strategy which was agreed by ICP Board 7 December 2022. The intention was to incorporate practical steps and actions, as well as strategic themes. It was important to be clear on the underpinning work needed to make a difference to integrated care delivery in Derby and Derbyshire.

The final version of the strategy would be presented at the next meeting of the ICP in April 2023. The content of the strategy must be accessible and easily understood so a Summary Document would accompany the version presented at the meeting in April 2023. This would communicate the key elements of the strategy in a shorter and more accessible format.

The move from a strategy document to the delivery of work programmes and action plans through broader engagement, would be the focus on moving forward. The Strategy would not be a static document as guidance stated that ICPs should consider revising the Integrated Care Strategy whenever a joint strategic need assessment was received. In summary, whilst good joined up work had taken place to develop the content of the strategy, today was just a starting point, and oversight would be welcomed from the ICP for the continuous improvement and ongoing renewal of the strategy.

The way the strategy was developed was just as important as the content in the strategy. A range of senior colleagues from the NHS, local authorities, Healthwatch and the VCSE sector had been part of working groups to develop the brief, framework, and approach for the draft strategy. These positive working relationships would be built upon as it represented true system working.

The officer stated that the strategy should read and feel like a strategy that belonged to Derby and Derbyshire, and not just a local version of the national guidance, or a strategy which

reads the same as any other ICS. Most of the content was produced by local leaders and reflected their views on the opportunities and constraints for integrated care. The context of the strategy was explained that it was developed and aligned with other critical plans and strategies such as Health and Wellbeing Strategies, Derbyshire Council Plan, Derby City Council Plan, NHS planning documents.

The strategy recognised that the current environment was challenging and that key constraints were not likely to reduce soon. However, more could be done within these constraints by working differently.

The four Strategic aims for Integrated Care in Derby and Derbyshire would be key in shaping work, including the process of evaluating the strategy aiming to:

- Prioritise prevention and early intervention to avoid ill health and improve outcomes
- Reduce inequalities in outcomes, experience, and access
- Develop care that is strengths based and personalised
- Improve connectivity and alignment across Derby and Derbyshire, to ensure people experience joined up care, and to create a sustainable health and care system.

An additional programme resource would be needed to drive, support and co-ordinate this work at pace. The proposal was that Integrated Place Executive undertake the role of managing delivery of the strategy on behalf of the integrated care partnership.

The impact of the Strategy was:

- Collaboration and collective working - The way in which we were developing the Strategy was just as important as the content. Stronger working relationships between partners were being seen in ways that would prove benefits beyond the remit of this Strategy
- A joined-up approach to Strategic Enablers - The Strategy captured for the first time the key, enabling actions that were critical to the development of high quality, and sustainable, integrated care, and identifies practical areas of focus to test these actions
- Key Areas of Focus were agreed – System-wide conversations had led to agreement on three areas that would test our strategic aims, and deliver key population health and service outcomes
- Engagement – To ensure improvements arising from this Strategy were meaningful and impactful for citizens. The Integrated Care Strategy provided an ideal opportunity to test, and further develop, our emerging JUCD approach to engagement.

The Chair asked for the ICP members comments, questions and thoughts on the report and presentation.

The Chair highlighted that the strategy would be brought to the ICP at the next meeting in April 2023 for agreement. She believed the vast majority of ICP members accepted the draft strategy with its principles of the three key areas of focus and the proposal that the Integrated Place Executive undertake the role of managing delivery of the strategy on behalf of the integrated care partnership.

## Options Considered

Senior Responsible Owners covering the Start Well, Stay Well and Age/Die Well domains considered other options for inclusion as key areas of focus for the Strategy. The three proposals included in the Draft Strategy had been collated following these considerations.

## Decision

1. The ICP reviewed and provided feedback on the content of the draft strategy for incorporation into the final version, which was due to be considered by the ICP on 19<sup>th</sup> April 2023
2. The ICP considered the role it would take in overseeing the implementation of the Strategy once it was approved in April 2023 so that this could be reflected in the final version.

## Reasons

1. To ensure the composition of the final version of the Derby and Derbyshire Integrated Care Strategy reflected the views of ICP Board Members.
2. To inform the development of governance arrangements for the implementation of the Strategy.

## 08/22 East Midlands Ambulance Strategy

The ICP received a report and presentation from the Director of Strategy and Transformation, EMAS, which was presented by the Deputy Director of Strategy and Partnerships. The report and presentation gave an update to the ICP on the plans of EMAS to develop a strategy and the approach being given to its development.

The officer explained that a strategy was being developed for a regional service that covered six different ICS. They had provided a presentation to articulate ideas and show some of the ambitions that they have as an organisation. They welcomed feedback from the ICP, either here or outside of the meeting.

The officer explained the backdrop for the strategy and that the work was not as detailed or finalised as the Integrated Care Strategy. The service was mindful that all ICPs were developing their own strategies. They were aware of working closer to home and in a more integrated fashion, and they did not want to be an ambulance service which was separate to delivery of healthcare and wellbeing for citizens. They wanted to provide an integrated service that dovetails with local plans and supports their delivery in each of the ICSs.

The need for a new strategy now was explained. It was important that the service respond and react to the changing landscape in the Integrated Care Boards and Partnerships, and to respond to provider collaboratives. There has been a change in demand and need in response to COVID which significantly changed the service's approach, and they needed a new delivery model to support them to deliver that.

A new urgent and emergency care delivery plan had been released which identified their approach going forward and supported the direction of the changing ambulance sector role in the system. It detailed how the service could support some of the growing demand and how they might respond to increasing different integration in the community, to support their workforce and the wider workforce better. Also, how the service could contribute to tackling health and inequalities, provide a tailored approach with most deprived communities and how it might do more in terms of keeping patients at home, treating them in the community rather than taking them to hospital. This could only be done in collaboration with the wider services of health and social care. The integration between 999 and 111 was key so patients could really understand the most appropriate route of care to access and that it would be a single point of access for patients.

The principles of engagement in the strategy and key messages were outlined. The service signaled their intent to be an integrated urgent care provider working in collaboration with the wider system. Consideration was being given to the provision of both category 1/ 2 and category 3/4 urgent care services, but not one at the detriment of the other.

The strategy development and timeline were described, and the draft Ambitions were:

- We will deliver outstanding patient care by developing new, innovative clinical practices and by working in collaboration with our partners and the public.
- We will be an attractive employer of choice, developing and retaining highly skilled, engaged, and diverse people reflective of our local communities.
- We will deliver improved outcomes for our patients through the most appropriate equipment, technology, vehicles, and facilities
- We will deliver safe, effective, compassionate care for patients, embedding a culture of compassion, continuous improvement, and productivity
- We will work in partnership to reduce health inequalities and improve the health of our population, whilst ensuring sustainability.

The officers asked the following questions of the ICP. Do the strategic ambitions seem right, and do they align with system thinking? Can the service work with the system to deliver these ambitions? What would the ICP like to see them do? How can we engage further with the system to develop the detail of our strategic ambitions as well as our clinical strategy?

The Chair asked the ICP for their comments and ideas.

The report recommended that the ICP consider how EMAS could effectively work with and engage the system to deliver these ambitions. The Chair stated that if any member of the ICP wished to comment further or had more questions they should contact the officers from EMAS.

### **Options considered**

None were considered.

## **Decision**

1. To note the intention of EMAS to develop a Strategy and the approach being taken for its development.
2. To support the strategic ambitions proposed.

## **Reasons**

1. EMAS was a key partner within the Derby and Derbyshire Integrated Care System (ICS) essential for the effective delivery of health and care locally. Its Strategy was therefore of significance.
2. To ensure that the ICP was sighted on the development of the EMAS Strategy and for key stakeholders to engage with and contribute to the development of the Strategy as appropriate.

## **Items for Information**

### **09/22      Review of Section 75 Agreements**

The Board received a report from the Director of Public Health which gave an overview of the guidance published by the Department of Health and Social Care (DHSC). The report was presented by the Assistant Director of Public Health.

The officer explained that the report had been brought to the ICP meeting to fulfil the decision of Derbyshire's County Cabinet, which met on 12<sup>th</sup> January 2023 to consider the report from the Chair of the Improvement and Scrutiny Committee – Health.

One of the recommendations of the Scrutiny report was that the report be submitted to the Integrated Care Board and Integrated Care Partnership to recommend that future joint funding structures between the Council and the NHS were a key element of the new partnership working arrangements, to ensure equality and transparency for all funding contributors.

The ICP were asked to note the findings of the report, and to ask the Integrated Place Executive to consider the use of Section 75 arrangements in all agreements to align budgets.

The chair stated that Derbyshire Health Scrutiny had done an excellent job and that Section 75 arrangements enabled finance to move in a quick and more trusted way. However, it was good that it had been scrutinised. The report was for noting and information.

## **Options considered**

Not applicable.

## **Decision**

To note the findings of the report and ask that the Integrated Place Executive consider the report findings at a future meeting.



## Reason

The benefits of joint funding arrangements as set out in the report merited further consideration in relation to how they could improve outcomes for local people. The establishment of an Integrated Care System and Integrated Care Partnership with a refreshed focus on working together meant it was timely for the partnership to revisit opportunities afforded by closer working.

## 10/22 Clinical and Care Professional Leadership Developments Progress and Forward Plan

The Board received a report from the Chief Medical Officer, ICB which provided the ICP with a progress update on recent Clinical and Care Professional Leadership (CPLG) developments.

The officer explained that the group moved away from Clinical Professional reference Group CPRG to a CPLG as part of the movement into the ICS, it moved away from a reference and engagement group more to a Leadership group and integrating into the system. Crucially the group was not just doctors, but comprised allied health professionals, social care, pharmacy, dentistry, everyone from a clinical and professional slant who were involved with the care of patients on a day-to-day basis.

The Group had a defined membership, but one which was ever evolving; this membership encompassed organisations at this meeting and had clinical input. The meetings were formatted so that some aspects were NHS related, some were wider, and others had a developmental aspect like the architecture of the current system.

A CPLG Senior Leadership Team (SLT) met fortnightly with extended CPLG meetings taking place monthly. Vice Chairs had been put in place to make sure the group had tentacles everywhere in the system

The CPLG was represented on the ICP, ICB and NHS, Provider Collaborative Leadership Board. They were trying to give a clear and coherent multi stakeholder professional view. Their aim was to try to enable certain groups to get on and undertake pieces of work, as long as it did not adversely affect others.

There had been two engagement events or sessions with attendees from across all partner organisations (including social care), and with a broad range of clinical and professional leaders and professionals working within organisations. There would be a further NHSE joint event on 16<sup>th</sup> February 2023 to make sure the CPLG were tackling commissioning as well as decision making.

A Clinical Governance Pathways mode was created to make sure, if there were clinical pathway changes, that everyone was aware.

The CEX NHS Derby & Derbyshire explained that this report had been brought to the ICP for information. However, it was hoped that the ICP would recognise the importance of the CPLG. Currently the agenda was NHS dominated, but the partnership would have to increase ownership of the agenda as it developed. An ICP member highlighted the need to

bring in professionals across the whole of healthcare. A question raised was, what constituted clinical or professional? The response given was that there should be no boundaries on what involved clinical or professional skills. It was pointed out that this could be an opportunity for the VCSE sector to take on more skills and gain more knowledge. The CPLG Chair explained the current challenge was to map all organisations.

### **Options considered**

None were considered.

### **Decision**

The Board noted the Clinical and Care Professional Leadership Developments - Progress and Forward Plan.

### **Reasons**

To ensure that the ICP was informed of developments in key groups such as the Clinical and Professional Leadership Group (CPLG).

## **11/22      Schedule of Future Meetings**

The Board received a report of the Strategic Director of Peoples Services which informed the members of the ICP of upcoming meetings and reporting deadlines. The Head of Democracy presented the report.

The officer highlighted that the ICP was now a formally constituted joint committee of Derby City Council, Derbyshire County Council and Derby and Derbyshire Integrated Care Board and was hosted by Derby City Council.

As a committee of the Council, it was required to meet in public and publish the agenda and reports for each item five clear working days in advance of the meeting.

A schedule of meetings for the calendar year had been agreed. The dates of meetings for ICP members to note were listed in the report, as well as the deadline dates for receipt of approved cover reports. The dates of meetings from May 2023 onwards were subject to approval by the constituent Councils Annual General Meetings. From that point dates for meetings running until May 2024 would be agreed to coincide with the full municipal year.

### **Options considered**

None were considered.

### **Decision**

To note the dates of future meetings and reporting deadlines.

### **Reasons**

To ensure members of the ICP were aware of the dates of the ICP, reporting and publication

deadlines to enable timely proposals of agenda items and receipt of reports.

**MINUTES END**