Shadow Derby and Derbyshire Integrated Care Partnership (ICP)
Minutes of the Meeting held on
Wednesday 7th December 2022
Via Microsoft Teams

UNCONFIRMED

Present:		Designation:	Organisation:
Roy Webb (Chair)	RW	Councillor & Cabinet Member for Adult Health & Housing	Derby City Council
Tracy Allen	TA	Chief Executive	Derbyshire Community Health Services NHSFT
Jill Mannion-Brunt	JM-B	Cabinet member for Health & Wellbeing	Chesterfield Borough Council
Dr Chris Clayton	CC	Chief Executive	Derby & Derbyshire ICB
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery	Derby & Derbyshire ICB
Natalie Hoy	NH	Council Cabinet member for Adult Social Care & Health	Derbyshire County Council
Helen Jones	HJ	Executive Director of Adult Social Care & Health	Derbyshire County Council
John MacDonald	JM	ICS Chair	Joined Up Care Derbyshire
Dr Andy Mott	AM	GP & Primary Care Network Director – AV & Interim Chair of GP Provider Board	Derby & Derbyshire ICB
Chris Pienaar	CPi	VCSE (County Representative) & CEO Derbyshire Autism Services	VCSE
Stephen Posey	MH	Chief Executive	University Hospitals Derby & Burton NHSFT
Andy Smith	AS	Director of Adult Social Care & Director of Children's Services	Derby City Council
Hal Spencer	HS	Chief Executive	Chesterfield Royal Hospital NHSFT
Vicky Wright (rep Will Legge)	VL		EMAS NHSFT
Geoff Sweeney (rep Kim Harper)	GS		VCSE
In Attendance:		**Designation:**	**Organisation:**
Kate Brown	KB	Director of Joint Commissioning & Community Development	Derby & Derbyshire ICB
Ian Hall	IH	Joint Commissioning & Community Development	Derby & Derbyshire ICB
Ellen Langton	EL		Derby City Council
Wynne Garnett	WG	Programme Lead for engaging VCSE	VCSE
Dr Avi Bhatia	AB	GP & Clinical Chair & Clinical & Professional Leadership Group Chair	Derby & Derbyshire ICB

Dr Robyn Dewis	RD	Director of Public Health	Derby City Council
James Moore	JM	Chief Executive	Healthwatch Derby
Chlinder Jandu	CJ	Corporate Administration Manager (Minute taker)	DDICB
Apologies:		**Designation:**	**Organisation:**
Drew Smith	DS	PCN Clinical Director & Provider GP Leadership Board Rep	Derby and Derbyshire ICB
Stephen Bateman	SB	Chief Executive	DHU Health Care
Dr Penny Blackwell	PB	GP & Chair Integrated Place Executive	Derby & Derbyshire ICB
Carol Hart	CH	Councillor & Cabinet Member for Health & Communities	Derbyshire County Council
Carolyne Green	CG	Interim Deputy Chief Executive and Chief Nurse	Derbyshire Healthcare NHSFT
Sean Thornton	ST	Deputy Director of Communications & Engagement	Derby & Derbyshire ICB
Alison Wynn	AW	Assistant Director of Public Health (Corporate)	Derby City Council
Carol Cammiss	CCa	Director of Children's Services	Derbyshire County Council
Julian Corner	JC	ICB Designate Non-Executive Member	Derby & Derbyshire ICB
Mary Dooley	MD	Cabinet Member for Enforcement & Partnerships	Bolsover District Council
Christine Durrant	CD	Executive Director	Chesterfield Borough Council
Karen Hanson	KH	Executive Director	Bolsover District Council
Kim Harper	KH	VCSE (City Rep) – CEO of Community Action Derby	VCSE
Helen Henderson-Spoors	HH-S	CEO of Healthwatch Derbyshire	Healthwatch (County)
Ellie Houlston	DW	Director of Public Health	Derbyshire County Council
Garry Hickton	GH	Cabinet support member – Children's Services & Safeguarding	Derbyshire County Council
Zara Jones	ZJ	Executive Director of Strategy and Planning	Derby & Derbyshire ICB
Will Legge	WL	Director of Strategy & Transformation	EMAS NHSFT
Ifti Majid	IM	Chief Executive	Derbyshire Healthcare NHSFT
Julie Patten	JP	Council Cabinet member for Children Services & Safeguarding	Derbyshire County Council
Chris Poulter	CPo	Leader of Derby City Council & Chair of Health & Wellbeing Board	Derby City Council
Evonne Williams	EW	Council cabinet member for Children & Young People	Derby City Council

070123/10	**Welcome, Apologies and Minutes of Previous Meeting**	**Action**

	The Chair, Cllr Roy Webb (RW), welcomed members to the meeting and apologies for absence were noted as above. It was confirmed that the meeting was quorate. The minutes of the meeting on 12 October 2022 were agreed as a true and accurate reflection of the discussions held with the following amendment. Christopher Pienaar asked (CP) for amendment to Page 9, first bullet point to read: "From CPi's background in development, effective co-production produces a level of cohesion essential for sustainability"	
070123/11	**Action Log**	
	There were no outstanding actions on the Action Log. Support the Developing Clinical and Professional Leadership CC to bring paper to the February ICP meeting.	
0701223/12	**Declarations of Interest**	
	RW requested any changes to the Declarations of Interest, the purpose of which is to record all conflicts of interest and note any other conflicts in relation to this meeting agenda. No further declarations of interest were made.	
0701223/13	**Integrated Care Strategy (ICP)**	
	The proposed framework and approach for the development of the Derby and Derbyshire Integrated Care Strategy, December 2022 which shows how the development of the strategy and the thinking around further work. Much of the content of the papers has been written specifically for the purpose of engaging Board members at this early stage of development, and to seek consensus on the approach to developing Strategy content between now and the next ICP Board meeting in February 2023. TB took the paper and framework document as read and shared the slides for each section. TB spoke about the following areas: • Proposed hallmarks for the strategy - the strategy will be broad and inclusive. The more engagement and co-production of this strategy the better it will be. This is a strategy primarily for the citizens and communities of Derby and Derbyshire. • Engagement - a small multi organisational, multi professional team has been working with the insights from the Joined Up Care Derbyshire Insights Framework. Working with colleagues from public health, digital, workforce and delivery board leads and developing the longer term strategy, looking into the operational planning for next year and the ICB for a three to five year period and understanding that processes go in parallel and they have to be convergent and coherent. • Core approach within the Draft Framework document - the strategy is built up around a set of shared priorities, what is to be achieved for citizens and communities and the strategic enablers, different elements of architecture governance enabling functions and	

transactional technical ways in which improvement by integration can be driven and the shared purpose values, the culture, the commitment and the behaviours.

- Four proposed strategic aims for JUCD Integrated Care Strategy – aims shared when engaging colleagues in the development of the framework.
- Questions for the ICB Board – Do members support the proposed strategic aims, support the proposed focus on enabling culture and enabling actions, suggested 'hallmarks' for the strategy, and does the proposed JUCD framework with shared purpose and aims help to frame how we need to develop and enable integrated care?

Feedback/Comments

- Request for the word 'trust' to be included in the strategy as we have to trust each other to be representing whatever philosophy and strategy we put together and connectivity?
- Alignment will look different in different organisations.
- The culture is going to be key around how we set the conditions as system leaders try to deliver the strategic aims on the ground with staff.
- It will provide the means to explore how we do things differently as a system.
- Collaboration sometimes means a different way of working for your organisations that can feel uncomfortable.
- Is there a wider role for the ICP in terms of being a key partner in the wider determinants of health with the devolution agenda which opens up some opportunities as a partner in housing/education? HJ confirmed that wider determinants have determined that the ICP will focus more on the tertiary, the service type prevention and the health and well-being boards will be more in the space of the secondary and primary type prevention. There is an overlap with reports on the agenda today, the dialogue, the reports that come from the health and well-being board here, the reports that come from the ICB into the ICP but it has been determined that there will be some separation in the first instance to give core purpose to both the ICP and the health and wellbeing boards with assurance that the overlap issues are being addressed.
- To align work being done within the ICB on culture with work being done more widely in the system.
- Should VCSE alliance be included in the diagram in the strategy document, as while the VCSE alliance is at the table it does not have the visibility. TA explained this was an oversight and VCSE would be included.
- A suggestion was made to have a group specifically to focus on developing a collaborative culture and working as one system.
- With regard to wider determinants, the focus needs to be on the fact that the prevention and early intervention are where the tertiary wider determinants need to come in this area.
- With regard to culture, in Chesterfield as part of all of the partnerships within their terms of reference there are some partnership principles and they talk about equity of all the

organisations, particularly the voluntary sector and working as a system and challenging organisations to let their employees work as a system and not for their organisation.

- The Health and Wellbeing Boards are there to capture the wider determinants aspects. Picking out those wider determinants that directly relate to the impact on outcomes of those individuals within our services is important.
- Strategic Context
  TA shared section 2 of the presentation emphasising that the integrated care strategy needs to be picking out key things that can be focussed on together as a partnership and it is important that it does reference and is aligned to all the other strategies across Joined Up Care Derbyshire.

TA asked if anything had been missed in terms of key strategies or documents to support the development of the draft strategy?

TA asked for colleagues to ensure that this work is taken back into organisations ensuring that organisational work is properly informed and aligning with this to continue to do this with these touch points between now and the sign off of the final strategy.

- Priority population health outcomes
  This is included in the draft Health Inequalities Population Health and Prevention Strategy includes the start well, stay well, age well and die well priority outcomes for our population and turning the curve indicators that are the main causes of death, illness and inequalities. The proposal is to build the strategy around this work in terms of the population cohort and the outcomes we want for them.
- Service delivery priorities
  TA shared that there are big care quality and financial gaps in service delivery across the integrated care system and proposed that the strategy is an opportunity to pick some priority areas where aspirations will be set about delivering much better integration and improve service delivery and close some of those gaps.
- Identifying a small number of system wide priorities to create a more focussed approach to delivery
  TA proposed that a small number of system wide population health and service outcome priorities are identified within the 3 thematic areas.
- Proposed next steps in establishing and using shared priorities to drive the Integrated Care Strategy and Questions for ICB Board Members TA asked:
  Do the population outcomes and indicators reflect our shared priorities for integrated care alongside priorities service deliver outcomes?
  Will the proposed approach of selecting a smaller cohort of priorities help to form a more defined focus the development of JUCD integrated care?
  Is it helpful for the integrated care Strategy to include a focus on health protection and if so for what purpose and scope?

Comments/Questions

CC stated that health protection is crucial. In the executive space health protections are core elements of the strategic intent work that is carried out and what can be done to protect the health of the nation.

RD stated that the Health Protection Board agreed to produce something for this strategy. Need to decide how it fits and looks. RD and KB to meet to discuss further.

JM supported a number of priorities in terms of integrated care and asked for the strategy not to be looked at from the point of view of the health and outcomes of the population only as there are things that can be done in integrated care and place and the key partners that have a major role in improving the efficiency and effectiveness of the system as well. TA stated that one of the initial 4 aims is about sustainable health care system and the gaps that need to be closed.

EH commented with regard to Health Protection the scope, the purpose, the focus should be around the integration.

GS asked what happens if new priorities emerge and how does that work fit with the setting of these priorities.

HJ commented on the point about priorities is important when talking about setting up small number of priorities, we need to be clear that that is not the only work that is going to be done. In local place alliances there will be bits of work that are priorities in those local communities to resolve.

KB shared slides regarding strategic enablers which will be critical to success:

- System architecture and governance – need parity of attention, need clarity on accountability and responsibility.
- System shared purpose values, principles and behaviours – the need for culture, commitment, behaviours to underpin strategy and delivery, guided by a shared purpose and strategic aims.
- Enabling function and services but not an exhaustive list – workforce, digital data, strategic collaborative planning and commissioning including a finance, population management, strengths based approaches, engagement using insights an public and staff engagement, quality drivers and continuous improvement, estate, carers.
- VCSE sector can be seen as both a key enabler and partner in developing the JUCD integrated care approach.

KB shared initial themes and priority developments from feedback to date:

- The need for a more collaborative, culture, working including how to pool and coordinate resources and expertise across organisational boundaries to support effective partnership working.

- Delivering the conditions that will enable a JUCD 'one workforce' spanning health and local authority organisations.
- Joined up IT systems/platforms eg. Derbyshire Shared Care Record.
- Derbyshire wide systemic approach to PHM.
- Strength based approaches – further work to assess how the current uses of strength based approaches can be expanded and embedded.
- Further development of training education and development in support of integrated care strategic aims that is available to all staff across the System.
- The importance of the VCSE sector as a key enabler for integrated care.
- The need to use insights and citizen engagement to identify how we can improve connectivity and alignment across the System, so people experience joined up care.
- How benefits from investments and current financial resources can be maximised including pooling funds.
- A JUCD has an 'insight library' (a system wide library where people can upload their insight reports for sharing and learning across the systems). Version 1 of this document has been shared with system leaders and key stakeholders and following feedback which has been incorporated into Version 2. The theming document will be able to show what is known and highlight gaps. Through this process difficult questions can be drawn out such as, what do we think collaborative commissioning could or should achieve? How do we balance innovation and change with deliverability given current challenges? How can our financial planning support a shift to prevention.

KB set some questions for the Board:

- Do you agree that a focus on architecture and governance will support development of the strategy?
- If there is not currently a whole system shared set of values and principles to underpin the development and delivery of the strategy then should this be a key piece of enabling work with OD support to facilitate?
- Are there any key enabling functions and services missing?
- Is the suggestion of focus on some 'difficult questions' helpful in testing our approach to integrated care?

Comments/Questions

Following a question on data KB confirmed the data at all levels is seen, not just around individual care, but in terms of planning and is critical in terms of how we bring that together.

JM commented that with regard to the 'difficult questions' further questions need to be asked from an ICB perspective: What is meant by integrated care and what is meant by integrated governance and wider discussions

need to be had as part of these three with other partners as well as making sure we all understand that. With regard to enabling functions, not to remove them all at the same time and to prioritise or decide where we want the real change to come.

CC made the following comments:

- Agreed that there should be a focus on governance and architecture for a purpose to help with some tangible areas of joint partnership work.
- Need a set of values and principles to help move on with an agreed set of 3-5 priorities and need to have agreed these ahead of 2023/24
- The enabling functions were good, and the 'difficult questions' will help get to this stage.

TA reassured CC with regard to architecture and governance that it is very much about things that will help integrate care around the priorities and want to test risk appetite and thresholds.

PB commented with regards to data that it is how data is triangulated and used.

KB shared slides on measuring, evaluation, Impact.

- The outcome measures would be linked to JSNA's
- Will get a balance between the measures that are included
- Have noted that there is national work underway (including by the CQC and by the King's Fund) and will draw on outputs and use to engage local stakeholders.
- It will be key that partners can hold each other to account for delivery once measures have been agreed, in a no blame environment but using a 'comply or explain' culture and when data and recommended practice demonstrates unwarranted variation colleagues at all levels should feel comfortable in respectfully challenging current practice on this basis.

Questions put to the Board: Is the outlined approach including the links back to JSNA's appropriate as a start point for measures? Are the suggested principles helpful? Does the ICP wish to consider external evaluation of the Integrated Care Strategy?

No comments, questions shared.

KB shared a slide on strategy development process and next steps.

- Proposed timeline
- Sharing draft with JUCD organisations
- Consider the engagement process
- Surrounding ICP strategies being developed. Some issues may arise around slightly different approaches
- Linking to the five-year forward plan

Questions to the Board:

	Is the proposed high level timeline for the production of a draft (February 2023) and the final draft Strategy (April) agreeable)? Does the ICP agree to this framework document being shared with JUCD organisations and key stakeholders after amendments are made to reflect ICP comments and requests for change? GS commented in terms of timing of information disseminated and to get that information back, we need to ensure there is community engagement. KB agreed will need to work with the different sectors and look at what opportunities are prioritised. CP commented that a little more time allows a chance to reach more for widely feedback and also to consider what does go out there and what does not. With regard to the pooling of resources, wanted to add the crucial importance of commissioning. When resources are tight one should look at leveraging and building on existing assets that are already there with a small amount of leveraging can get very big return. KB said this forms part of the conversation around the financial model and the commissioning model to best support delivery of integrated care and improved outcomes. RW congratulated the team on providing such a good quality report to the ICP. **The Integrated Care Partnership:** **NOTED the update provided and to continue to shape and support the proposed approach to development and commit to necessary input from all partner organisations.**	
070123/14	**Place Development**	
	To receive an update on Place development KB shared slides which had been circulated regarding a Place update and key elements. KB stated place has been in place and the national guidance recognised the Integrated Care System is a phased approach. • Have built on the successful Local Place Alliance and single system Place Board. • The Integrated Place Executive has held overall Place planning and delivery since May. • Formal structure has Place Partnership Boards aligned to the upper tier local authority footprints. • Other structural elements of the ICS have been developing too. • Moving into the next phase of development to ensure structure and processes are clear, aligned and fit for purpose. The Place role of the ICB was established in terms of integrating services, understanding populations, improving outcomes and planning, managing and using resources for community based services, also recognising that it is a social model. Reviewing for partners and ensuring that the place partnerships are being established to deliver those.	

There are two separate slightly different structures for the City and the County. Each of the place partnership boards has the same core responsibilities below and what that means and what the responsibilities of the place partnerships were confirmed at the Integrated Place Executive last week.

- Coordinating and integrating local services built on a mutual understanding of the population and shared vision.
  The additional proposed function for County*: Overseeing delivery of the Local Health and Wellbeing Strategy (LHWS) though local health and wellbeing partnerships and other workstreams*
- Taking accountability for the delivery of coordinated high quality care and improved outcomes for their population.
  The additional proposed function for County: Overseeing delivery of the Local Health and Wellbeing Strategy (LHWS) though local health and wellbeing partnerships and other workstreams
- The planning, management of resources, delivery, and performance of a range of community based health and core services in line with the strategic requirements of the ICB and ICP.

PB shared a slide on the importance of culture and behaviour aspirations of Place behaviour that we continue to work on and be brave and challenge each other and others in the system to body the attributes and behaviours of distributed leadership:

- Shared, democratic, collaborative
- Shared vision and organisational priorities
- No idea off the table, not more of the same
- Careful communication which is key to understanding one another, forming trust and creating transformation
- All staff and people we serve feel empowered to work in partnership

Place Delivery Local and System:
TA presented a slide on areas that have been prioritised and focussed on integration across the partners to strengthen the proactive and reactive Community response that supports people to stay independent at home and can intervene and work with them should they have crises eg:

- Set up of acute home visiting at scale by supporting PCN's
- Support implementation of a phased delivery programme of an integrated local access point for urgent community response.
- Continue to develop mental health working groups
- Continue to maintain, support, and develop multi-disciplinary team working at scale to support care homes
- Connections across the wider Place between all partnerships
- Continue current work on priorities based on local need as identified via local population health needs assessments and other local sources of intel/data/ information

TA continued to share a slide highlighting other important work making the links between program specific development work in the system:

- Proactively identifying the links between key strategies and Place delivery
- Championing the use of insights to drive change including supporting community research
- Agreed to take oversight of discharge transformation and delivery

	• Identifying and resolving new and complex challenges around regulatory requirements and integrated provision • Modelling behaviours of distributed leadership and development of mutual accountability • Influencing infrastructure enablers to support integrated delivery across partners • Championing collaborative working, prevention, early intervention and health inequalities in every Place project and workstream at local system level plus identifying and tackling constraints **Comments/Questions** CP asked a question which he said had been raised by providers over many of the initiatives. What is the position of Derbyshire scale providers who provide across districts and city, where do they fit in here and then communities of Place as opposed to communities of interest, which in a way is linked because the larger providers will tend to focus on particular areas of work eg. eating disorders. KP responded by saying it is about being flexible, one size, one data set, one mode delivery is not going to fit all. We will need to look at the difference between place of interest and place of community. It depends on what project is being looked at. JM asked if conversations had taken place with community groups. In Leicester 50% are non-white and there have been some discussion started with some of these different community groups where you have got different ethnic groups and different cultures, often what they are doing is very similar to some of the things we are trying to do. This would be a real opportunity for synergy and collaboration with some of these groups. BP asked if another system had got a way of engaging with specific communities of interest then that would be something definitely worth exploring. JM agreed to meet and start the conversation. **The Integrated Care Partnership NOTED the recommendations and updates the progress on developing a suitable operating model for Place and the proposed next steps including formal sign off at the next Integrated Care Partnership meeting and continue delivery of improvements through local and system Place based work.**	
070123/15	**Health and Wellbeing Boards**	
	Derby and Derbyshire Health and Wellbeing Boards quarterly update to Integrated Care Partnership HJ presented the Health and Wellbeing report from a County perspective and highlighted the following: • The refreshed Terms of Reference have been approved. • Action required from the Action Log was to clarify the distinct purpose of the ICP and health and welling boards, this has been completed (if Board is in agreement). • Refresh in the County of the strategy during 2023 which included engaging the Integrated Care Partnership. • Have established the County Place Partnership, first meeting in December, the partnership board will be the 'doing' place of both the	

	Integrated Care Partnership and the Health and Wellbeing Board in the County. The Terms of Reference from the ICP perspective will be signed off in December. It is anticipated that Health and Wellbeing Board members will join in the County Place Partnership around February in the New Year. • AS added that in the City the Joint Strategic Needs Assessment is currently being updated and the Joint Local Health and Wellbeing strategy is going to be updated in 2023. RW stated the Health and Wellbeing report will be a standing item for the Integrated Care Partnership. **The Integrated Care Partnership NOTED and ACCEPTED the Health and Wellbeing Board quarterly update.**	
070123/16	**NHS Integrated Care Board**	
	To receive a report from the NHS Derby and Derbyshire ICB CC took the report as read and as this is the first time the report has been presented CC asked for thoughts on structure of the report and content. The report talks about a range of issues from establishment, where the ICB is structurally, what is being done on the NHS side, performance and some of the operational challenges faced and is for information. RW stated the Integrated Care Board report will be a standing item for the Integrated Care Partnership and asked for any comments on the format or content of the report. **The Integrated Care Partnership NOTED the report from the Integrated Care Board**	
FOR INFORMATION		
070123/17	**Constitution Update**	
	To update the ICP Board on a recent amendment to the original ICB Constitution document. Paper brought to ICP for information as it is important for the ICP to see the application that the ICB is making to update and amend its constitution, two changes have been made: • the creation of a clinical member - changing the current 5 non-executive members to 4 to allow for the creation of the new clinical member role. • to provide greater clarity to the ICB - Board in securing the knowledge, expertise and experience relating to services relating to the prevention, diagnosis and treatment of mental health, and that will come from the NHS Trusts as a partner member to be able to fulfil that that role. **The Integrated Care Partnership NOTED the report from the Integrated Care Board.**	

07/01/23/18	**Any other Business**	
	Letter from Rt Hon Patricia Hewitt re Rapid Review CC informed the Board that Rt Hon Patricia Hewitt has been asked by the Chancellor as part of the autumn statement to do a very rapid review of the Integrated Care Boards, their position and the relationship that would best work between Integrated Care Boards, Department of Health and Social Care and partners and has received a letter from Patricia Hewitt that she wanted to pass on to Integrated Care Partnerships because she also wants to hear a broader voice on this. CC has sent the letter to the Chair, the secretariat and will get to colleagues in term of the link to participate. Commissioning WG met with Zara Jones and Helen Jones to talk about the current procurement and commissioning approaches and how that sometimes is not accessible to small, medium, VCSE organisations, local organisations and because of that felt the system misses out on quite a powerful set of local assets. It was felt that it would be helpful to put on a system wide workshop to start to explore what the challenges around commissioning and procurement for the VCSE sector are and what we can learn from what already happens in Derbyshire already, and from other systems. It was thought it would be useful to raise this with colleagues on the ICP so that when people start to hear about this workshop the ICP can encourage Commissioners and other colleagues who area involved in this line of work to get involved in it and help to make improvments. The ICP agreed to support where possible. Board Papers Wynne Garnet - two VCSE representatives are still not getting the papers sent directly to them. The papers are sent to WG who has to forward them on. WG asked if it could be arranged that papers are sent directly to colleagues.	
07/01/23/19	**Date of Next Meeting(s) – ALL TO NOTE**	
	Wednesday 8th February 2023 (1330-1600) face to face – to be chaired by Cllr Carol Hart	