

Time Commenced: 1:30pm

Time Finished: 3.30pm

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

### **18 October 2023**

Present:

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

**Derbyshire County Council DCoC:** Councillor Carol Hart (Chair), Councillor Julie Patten  
Cabinet Member for Children and Young People, Ellie Houlston, Director of Public Health  
Derbyshire County Council.

**Derby & Derbyshire Integrated Care Board (DDICB):** Kate Brown, Director of Joint  
Commissioning & Community Developing ICB, Chris Clayton, Chief Executive and ICS Lead,  
Chris Weiner Chief Medical Officer ICB, Richard Wright, Interim ICS Chair (Vice Chair).

**Appointees of other organisations:** Michelle Arrowsmith, Executive Director of Strategy &  
Planning DDICB, Kate Brown, Director of Joint Commissioning & Community Developing ICB,  
Jonathan Davies, Cabinet Member for Health and Wellbeing Chesterfield, Gino DiStefano  
Director of Strategy, University Hospitals of Derby & Burton NHS Foundation Trust, Christine  
Durrant, Executive Officer rep for Chief Officer Chesterfield, Duncan Gooch, Provider GP,  
Kim Harper, CEO Community Action Derby, Chris Pinaar, CEO Derby Autism Services, Faye  
Rice, rep for Mark Powell, Derbyshire Healthcare NHS Foundation Trust, Sean Thornton,  
Assistant Director Communications & Engagement ICB.

**Non board members in attendance:** Lisa Burn, Consultant in Public Health, Alison Wynn,  
Assistant Director Public Health.

## **30/23      Apologies for Absence**

Apologies were received from: Councillor Alison Martin, Cabinet Member Integrated Health &  
Adult Care, Tracey Allen, Chief Executive Derbyshire Community Health Services NHS  
Foundation Trust, Stephen Bateman Chief Executive DHU Healthcare, Avi Bhatia, GP and  
Clinical Chair, Clinical & Professional Leadership Group, Carol Cammiss, Director of  
Children's Services, Derbyshire County Council, Wynne Garnett, VCSE Voluntary Community  
& Social Enterprise, Mary Dooley, Cabinet Member for Enforcement & Partnerships, Bolsover  
DC, Karen Hanson, Executive Director of Resources, Bolsover DC, Helen Henderson-Spoors,  
CEO Healthwatch Derby, Stephen Posey, Chief Executive University Hospitals Derby &  
Burton NHS Foundation Trust, Mark Powell, CEO Derbyshire Healthcare NHS Foundation  
Trust, Andy Smith Strategic Director Peoples Services, Hal Spencer, Medical Director & Chair  
Clinical and Professional Leadership Groups, Simon Stevens, Interim Executive Director of  
Adult Social Care & Health Derbyshire,

## 31/23 Late Items

There were none.

## 32/23 Declarations of Interest

There were none.

## 33/23 Minutes of the ICP meeting held on 17 July 2023

The minutes of the ICP meeting on 17 July 2023 were agreed as a true record.

## 34/23 Integrated Care Strategy: Start Well

The Board received a report from the Strategic Director of Peoples Services Derby City Council (DCC). The report provided the ICP with an overview of Start Well which was a key priority within the Integrated Care Strategy, what it was, what it was aiming to achieve, why it was important and how it would be measured.

The ICP had already heard that the Integrated Care Strategy has three areas of focus. Start Well, Stay Well. Age/Die Well. The Start Well delivery outcome was overseen by the Joined-Up Care Derbyshire's (JUCD) Children and Young Peoples Delivery Board. The outcome for Start Well to achieve was that *"Women have a healthy pregnancy, children are born safe and well into a nurturing and secure relationship with care givers, with good nutrition, access to health care, social care, and education. Children thrive and develop positive and healthy relationships"*.

The focus was on improving school readiness as an outcome indicator of starting well. School readiness was a measure of how prepared a child could be to succeed in school: cognitively, socially, and emotionally. Investing in quality early care and education was one of the most effective measures to take.

Early years development was affected by a range of factors that could be controlled or changed:

- Related to the family (maternal mental health, homelessness, family income and parental education)
- The child (low birth weight, health status and immunisation rates)
- Services (quality and availability of funded early education) among many others

The current position of School Readiness Indicator 2020-21 showed the percentage of children with a good level of development in Derby was 62.9%, in Derbyshire it was 64.4%; both performed worse than England (65.2%) in the 2020-21 assessments.

The Start Well key area of focus will take the following steps to identify where key improvement opportunities exist to improve school readiness.

- Identify the key questions to prompt thinking as to what was tackled within the School Readiness indicators.
- Identify the questions that will prompt consideration of inequalities within clinical priorities and the local plus 5.
- Identify current services which are effective in supporting school readiness.
- Extract locality/place-based school readiness data and inequality data.
- Engage with the 8 Place Alliances recognising the need for local solutions to local challenges with the data being used to drive decisions.
- Complete a gap analysis to determine recommendations for resource allocations if required and /or for areas of investment where opportunities present.
- Jointly work up delivery plans to address identified gaps / weaknesses in the system response to need and in support of school readiness.

The progress so far was detailed by officers, feedback from public briefing and discussion sessions in May, highlighted that local areas wanted to consider and decide areas of focus aligned to local need. The plans to deliver via Place were confirmed, but the existing Place Alliances membership was not aligned to Children's expertise as schools were not linked in, and professionals were from adult services. Other existing place-based groups were then looked at for support. In Derby City links to the Children Families and Learners Board were made, their key priorities were aligned to the planned approach, but they were unable to take on delivery. It became clear that more support and direction was needed to drive this priority forward. Links with other alliances to support delivery was progressing.

One of the main challenges for Start Well was the lack of capacity. There was no dedicated CYP Delivery Board Programme Manager to prioritise oversight, development, and delivery of the Start Well Plan.

The ICP were aware that many families in Derby are in difficult situations. One challenge was children starting the reception year in school with no social skills or not being independent in their own personal care. Some parents have difficulties in preparing children for entering the school system and need support. Children can use technology but sometimes the interaction between parents and children was lacking.

Public health has key touch points/contacts with families such as Health Visitors, Play Groups where support could be offered. There was a role for the voluntary and community sector in giving the right information out to families. The system could link together better to provide support, but they needed to be clear about what can be done, and how to work together to create opportunities for people.

Start Well's focus on what will be done was on School Readiness; partner agencies are already undertaking work in their statutory capacity in this area and Start Well could work together with them, but firstly there was a need to be clear about services being delivered locally at individual place level, for example in the City and County.

The recommendations asked the ICP to acknowledge the power of getting it right for children. The evidence was strong and lifelong in terms of improvement. Investing in early years development would improve health outcomes for people in the long term. There would be

less depression, social problems, better employment, and incomes. It would also benefit the next generation, getting it right for children would bring a lifelong benefit.

The choice of using school readiness as a priority was discussed, Start Well had already been agreed as a priority and this ICP meeting was asked to agree that school readiness would be an outcome priority of starting well. Other stages, like continuation of school at 18 years were suggested as possible focus areas. However, it was felt that the approach on school readiness was a good measure for attainment. There was a strong evidence base behind the presentation which pointed to School Readiness as a good outcome priority.

The ICP recognised that resource release was a big pressure, it was important to think about data beyond a static way. The data collected should be accessed across partnerships, an offer to link in with the Start Well officers regarding data was given.

The choice of using Place Alliances was discussed. They heard from one ICP member that work was already ongoing in their local Place Alliance with the Children's Locality Partnership, and that work was better led by the local place alliances. However, the focus on young people from Start Well was good.

The Integrated Care Strategy (ICS) was testing integration, are partnerships able to galvanise around one priority and how can the partnerships work together to achieve that priority. It was valuable to work as part of an integrated system. Community based and voluntary services will add worth, but there should be better data sharing across systems.

The Chair thanked the ICP for their feedback, the presentation will be shared with all the ICP members. The ICP agreed to note and support the recommendations.

### **Options Considered**

Not applicable

### **Decision**

**The Board noted and supported the recommendations:**

- 1. To acknowledge the importance of “getting it right” for children.**
- 2. To acknowledge other priorities exist in the system**
- 3. To support the release of resource through efficiencies in system governance and assurance processes**
- 4. To acknowledge pace of delivery is impacted by resource available.**

### **Reason**

This is aligned to the Integrated Care Strategy Delivery

## **35/23      Establishing a Prevention & Health Inequalities Board in the Joined-Up Care Derbyshire System**

The Board received a report and presentation from the Chief Medical Officer Derby & Derbyshire ICB, Ellie Houlston, Director of Public Health, Derbyshire County Council, and

Robyn Dewis, Director of Public Health Derby City Council. The report gave an overview of the prevention and health inequalities agendas and set out a proposal to establish a multi-agency Prevention and Health Inequalities Board (PHIB) in the Joined-Up Care Derbyshire system (JUCD) system architecture, reporting into the ICP Board. The PHIB would provide strategic direction, co-ordination and oversight of the prevention and health inequalities agendas across the whole system.

**Prevention** - In the Health and Wellbeing context prevention was “taking action to reduce the incidence of disease and other health problems in the population”. Prevention activities can give improved outcomes in the short, medium, and longer term but need to have sustained focus and action to be effective.

**Health Inequalities** – these are “Unfair and avoidable differences in health across the population, and between different groups within society”. There are a complex range of individual characteristics and societal factors that contribute to health inequalities:

- Protected Characteristics
- Socio-economic deprivation
- Geography
- Inclusion health and vulnerable groups

It was explained that all are separate areas, but the socio-economic domain’s impact/ coexists with and makes the other areas effects worse. Disability was given as an example – more likely to have a disability if born into poverty, also those with a disability are more likely to move into poverty.

**Local Priorities** – Prevention and tackling health inequalities run through the key local system strategies: JUCD Integrated Care Strategy, Derby and Derbyshire NHS 5 Year Forward Plan, Derbyshire, and Derby HWB Strategies.

There was a need to ensure that Prevention and Health Inequalities are embedded in all the work done. There are areas of positive work, but consistency was lacking. If the PHIB was established, it would be an opportunity to give consistency and drive system wide joined-up effort to achieve shared ambitions. It could also identify and un-block issues which limit progress. The PHIB would be knowledge led and use data to ensure the needs of local communities are understood and interventions would be based on evidence and best practice.

The idea of establishing the PHIB was welcomed and endorsed by the ICP members. It would advise and guide the HWBs, ICS and ICP. However, the PHIB should link into the current governance arrangements and not work in a silo. The voluntary and community system should be able to feed into it and would be keen to be a part of the process. It would provide opportunities for co-location and provision of services, for example space could be made available in leisure facilities for primary and secondary care providers, which would make leisure centres more sustainable, and help links into NHS and health services. It was important to maintain a balance between giving strategic direction and getting involved and should be seen as a somewhere to co-ordinate and learn what others are doing. It would provide value, local assets could be improved, and links with the NHS and other organisations to share information. The PHIB would need to be open to feedback and challenge. The purpose of the PHIB should be strategic direction, co-ordination, guidance, and oversight.

The membership of the PHIB was discussed and the proposed governance arrangements for the PHIB were explained. It was proposed that the PHIB would be a sub-group of the Integrated Care Partnership and would routinely report to the ICP but would also have wider reporting relationships with other Boards.

The ICP agreed the recommendations and asked that Terms of Reference be brought back to the December meeting.

### **Options considered**

Progression with the establishment of a Prevention and Health Inequalities Board (PHIB). This was the current status and there was difficulty in aligning effort and progressing any significant action, hence this proposal.

### **Decision**

- 1. The ICP noted the rationale for the establishment of a Prevention and Health Inequalities Board (PHIB)) in the Joined-Up Care Derbyshire System.**
- 2. The ICP approved the establishment of the new PHIB, which will align to the Integrated Place Executive (IPE) and be accountable to the ICP Board.**
- 3. The ICP requested that they receive regular future reports on system wide action to tackle health inequalities and increase prevention activity from the new PHIB.**

### **Reason**

Increasing prevention activity and tackling health inequalities are core priorities for the JUCD system, to improve the health and wellbeing of the population and ensure that the system meets the needs of every community. In order to coordinate and drive progress in these complex agendas across a multi-agency system, clear governance and oversight was required. The PHIB will provide the ICP with the mechanism to ensure health inequalities are addressed systematically and prevention activity increases across the system. Additionally, this will support the long planned “left shift” in funding as well as clarity of governance.

**MINUTES END**