

Time Commenced: 1:30pm
Time Finished: 3.30pm

Integrated Care Partnership (ICP) **13 December 2023**

Present:

Derby City Council (DCC): Councillor Alison Martin (Chair), Cabinet Member Integrated Health & Adult Care and Co-Chair, Robyn Dewis, Director of Public Health, Andy Smith Strategic Director Peoples Services.

Derbyshire County Council DCoC: Councillor Carol Hart (Co-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, Stephen Bateman, CEX DHU Healthcare, Kate Brown, Derbyshire Community Health Services NHS Foundation Trust, Jackie Carpenter, VCSE Alliance, Jonathan Davies Cabinet Member for HWB, Chesterfield, Christine Durrant, Executive Officer rep for Chief Officer Chesterfield, Wynne Garnett, VCSE, , Kim Harper, CEO Community Action, Helen Henderson-Spoors, CEO Healthwatch Derby, Belinda Hobbs, Deputy Director of Strategy University Hospital of Derby & Burton NHS Foundation Trust, Chris Pinaar, CEO Derby Autism Services, Drew Smith, Provider GP, Sean Thornton, Assistant Director of Communications & Engagement DDICB,

Non board members in attendance: Jayne Needham, Director of Strategy, Derbyshire Community Healthcare Services, Alison Wynn, Assistant Director Public Health, Linda Garnett, DDICB.

36/23 Apologies for Absence

Apologies were received from: Tracey Allen, Chief Executive Derbyshire Community Health Services NHS Foundation Trust, Avi Bhatia, GP and Clinical Chair, Clinical & Professional Leadership Group, Carol Cammiss, Director of Children's Services, Derbyshire County Council, Gino DiStefano, Director of Strategy, University Hospitals of Derby & Burton NHS Foundation Trust, Duncan Gooch, Provider GP, Helen Henderson Spoors, CEO Healthwatch Derbyshire, Cllr Natalie Hoy, Cabinet Member, Adult Social Care Derbyshire County Council, William Legge, Director of Strategy & Transformation EMAS, Stephen Posey, Chief Executive University Hospitals Derby & Burton NHS Foundation Trust, Mark Powell, CEO Derbyshire Healthcare NHS Foundation Trust Simon Stevens, Interim Executive Director of Adult Social Care & Health Derbyshire,

37/23 Late Items

There were none.

38/23 Declarations of Interest

There were none.

39/23 Minutes of the ICP meeting held on 18 October 2023

The minutes of the ICP meeting on 18 October 2023 were agreed as a true record.

40/23 Implementing the Integrated Care Strategy: Stay Well

The ICP received a report from the Strategic Director of Peoples Services, Derby City Council (DCC). The report provided the ICP with an overview of the Stay Well Key Area of Focus (KAOF) and progress made to date. The report also was to inform the ICP of any challenges and barriers which would limit the scale and pace of implementation.

The aim of the Stay Well KAOF was to improve prevention and early intervention of the three main causes of ill health and early death in the population for Derby and Derbyshire. The three clinical conditions are circulatory disease, respiratory disease, and cancer. They are also the main causes of the gap in life expectancy between the most and least deprived communities.

The Population and Health Management (PHM) Steering Group took on the leadership of the Stay Well KAOF to support its implementation. The PHM Steering Group recognised that the scale of the KAOF was huge and there was no additional resource available to support work.

The PHM reviewed the drivers identified and decided to focus on one specific driver “smoking cessation” for several reasons, including that smoking was the single biggest cause of preventable ill-health and actions to address this driver cross into the work of all partners. Work was already taking place in this area, and it was an opportunity to see if there was potential for integrated approaches to go further and faster with intervention and prevention.

As well as selecting an initial driver to focus on, the PHM Steering Group agreed to trial a new way of working. They adopted a time-limited “sprint” approach, partners would agree to focus on one driver “smoking” and consider what actions they can take to positively impact on that driver. The decision for this approach was informed by the experience of Covid.

The start date of the “sprint” encompassed January when a lot of people are trying to quit smoking. Communications was deemed important key messages had to be to the population about quitting smoking, not starting to smoke or even not starting to vape. Delivery groups were needed, people in main provider organisations, like local authorities and the voluntary sector.

The PHM agreed that evaluation was critical to the Stay Well KAOF, so a lesson learned exercise would be planned for the end of each sprint to ensure there was reflection throughout the process. The period of the sprint was extended to dovetail with the planned

establishment of a JUCD Tobacco Control Group before March 2024. The extension would make sure that any actions that have taken place or are in progress would continue past the end of the time-limited sprint.

Challenges had arisen that the PHM Steering Group had been found difficult to resolve and it was likely that the same challenges were being experienced by other KAOF:

- IT connectivity and accessibility between partners was difficult especially for voluntary sector representatives in the PHM group who could not access shared project documentation in virtual meetings.
- The PHM Steering group identified that, beyond the initial “sprint”, it was necessary to establish a shared data set for population health beyond immediate individual patient care to undertake population health interventions or personalised prevention activities.

The ICP raised concerns about the lack of resources available to drive forward this work as the resources of all organisations are stretched, and suggested there was a need for a designated person to have the responsibility of driving forward this work.

The ICP welcomed the single priority area idea as it aligned with national ambition; the sprint enabled an action plan to be created and it was in alignment with ICP and HWB objectives. There was good evidence that Tobacco Control would contribute to improving population health. There was new government legislation, and more funding would be provided to Public Health to improve smoking cessation services, and encouraging more people to attend these services and also to Trading Standards to enable prevention of the sale of illegal vapes. The challenge would be sustaining a long-term marathon on smoking cessation. Smoking was a leading cause of mortality across the county and city.

The communication of key messages around smoking and vaping had been improving, but it was challenging to engage the youth organisations; it was suggested the Voluntary services (VS) should have a presence on the PHM Steering Group. It was confirmed that VS are on the Tobacco Control Group. Work has taken place on smoking and vaping, the sector of strategy around tobacco dependency sits with the HWB and involved Trading standards.

The method of delivery of the communications and work around smoking cessation was felt to be too strategic currently. It was confirmed that the delivery would be through “Place”, who had more knowledge of the local area and services available. ICP highlighted the need to deliver services where the need was greatest, there should be a strategy of communication for those who do not speak English. There was also a need to ensure the local population are engaged with and made aware of the services available to them, written communications need to be tailored to ensure they are understood. The idea of different communications for different groups was welcomed. The issues of neuro-divergent people were considered, people who are at a higher risk, for example if the substances they use are removed and no alternatives are provided. Could funding be put into research to find alternative ways such as coping strategies, to stop tobacco dependency.

The ICP were asked to support the PHM Steering group’s approach, who had reviewed the initial driver of smoking and thought of trialing a new way of working which was a time limited sprint approach on this priority area. It would bring clarity to an Action Plan and enable the partnership to go a bit further forward. The ICP agreed to work in the spirit of going a bit

further.

Areas of escalation identified by the PHM Steering Group at their November meeting were discussed by the ICP. One was the escalation of the need to enable the use of data across the ICS for the purpose of PHM utilising a Section 251 application for Public Health Management purposes to the Clinical Advisory Group of the Health Research Authority.

The ICP recognised the need to ask the question but suggested it was a question that should be discussed in the ICP and HWB forums, and not as part of this report. There was partnership commitment to information and data sharing. They agreed the principles for purpose of intent around the “sprint” and tobacco reduction programme but suggested it should be discussed further to it around a broader population management path by the ICP and HWB.

Data integration as an enabler for integrated care strategy warranted a conversation around digital access across a broad partnership. There are reasons to protect systems and information, but there was a need to be mindful to work out what permissions are needed. There was a need to have a practical solution create a safe mechanism for a sprint, but a bigger conversation needed about how to create integration of digital systems data. However there was a need to understand the broader issues in terms of integration and working together.

Options Considered

Not applicable

Decision

The ICP:

1. Acknowledged the importance of positively impacting on the clinical areas within the Stay Well Key Area of Focus (KAOF), both for the patients themselves, as well as the System.
2. Acknowledged that other competing priorities exist in the system and that pace of delivery was impacted by resource available in light of these competing priorities.
3. Considered the item for escalation identified in section 11 of this report and agreed to the use of a Section 251 application for purposes of the “sprint” to the Clinical Advisory Group of the Health Research Authority. As there was need for a practical solution to create a safe mechanism for a sprint. The request to escalate the need to enable the use of data across the ICS for PHM, utilising a Section 251 Application for Public Health Management purposes to the Clinical Advisory Group of the Health Research Authority should be discussed at another ICP and HWB meeting.
4. A fuller conversation was needed about creating integration of digital systems data. There was a need to understand the broader issues in terms of integration and working together.

Reason

To ensure the delivery of the Integrated Care Strategy

41/23 Tackling the effects of drugs and alcohol; an update on the work of the Derby & Derbyshire Drugs and Alcohol Strategic Partnership (the DASP)

The ICP received a report and presentation from the Chief Medical Officer Derby & Derbyshire ICB, the Director of Public Health, Derbyshire County Council, and the Director of Public Health Derby City Council.

The report provided background information on the establishment of the Drug and Alcohol Strategic Partnership (DASP) for Derby and Derbyshire. It's purpose and it's work to date, including assessment of need and identification of shared priorities. The report also provided an overview of the cost of drugs and alcohol to the ICP, in terms of activity, demand and financial spend.

The ICP were informed of the negative effects of drugs and alcohol to individuals and wider society. Harm and deaths from drugs and alcohol have increased in recent years. The Government's 10-year strategy from Harm to Hope 2021 was intended to reverse the trend. The strategy required all areas in England to establish a Combatting Drugs Partnership (CDP). The objectives of the Partnerships are to: reduce drug (and alcohol) related harm and deaths; reduce drug-related crime and reduce drug use.

Derby's CDP the DASP was established in 2022, membership included, Derbyshire Constabulary, Derby and Derbyshire's Probation Services, Derby City and Derbyshire County Councils the Derby & Derbyshire ICB, and the Derbyshire Police & Crime Commissioner.

During its first year DASP had worked at understanding the nature and size of drug and alcohol issues across Derby and Derbyshire from the perspective of all the member agencies through completing needs assessments. The outcomes helped to identify a set of strategic priorities to address national and local objectives. DASP priorities are:

- Increase numbers in treatment, Increase proportion of women and people from diverse ethnic backgrounds in treatment.
- Decrease deaths and increase the roll out of naloxone (the antidote to opiate overdose).
- Improve quality of services. Improve pathways between services and agencies including mental health and treatment, prison and community, custody and management.
- Understand the unmet needs of alcohol users.
- Share information to identify and provide a joint response to hotspots. Improve data recording.

A Data Sharing Agreement and a Partnership Agreement were being drawn up to help the DASP membership to work effectively and efficiently.

The ICP Members asked about funding for the DASP and were informed that the area was reasonably well funded. There had been two years of increasing funding by central Government, and it was expected that funding would increase again next year. The aim was

to identify people who needed help and get them referred into treatment services. They were also informed that this initiative was being led and commissioned elsewhere and the role of the ICP would be of contribution, support, facilitation, and recognition of the work of the DASP.

Options considered

No other options considered. Combatting Drugs Partnerships are mandatory.

Decision

1. The ICP acknowledged the role of the DASP in setting the strategic direction and joint priorities in relation to tackle drug and alcohol issues across Derby and Derbyshire
2. The ICP supported the engagement of the NHS and Local Authorities with the DASP, contributing to determining local need and identifying strategic priorities.
3. The ICP noted the strategic priorities of the DASP for the coming year and would ensure that they are reflected in relevant ICP strategies and plans as appropriate, including those currently under development by the NHS.
4. The ICP would receive an update from the DASP at appropriate points, but annually as a minimum. It was recommended that a closer relationship with the Integrated Place Executive was developed to establish this work.

Reason

To ensure that the ICP was kept updated on the work of the Derby & Derbyshire DASP and reflects the strategic direction set by the DASP in its own strategies and plans.

To facilitate the development of a closer working relationship with Place, to ensure that the work of the DASP was more visible within the wider health, public health, and social care plans for the ICP.

42/23 Update from the Integrated Care Board

The ICP received a report and presentation from the Chief Executive Officer, NHS Derby, and Derbyshire Integrated Care Board. The report was to give the Integrated Care Partnership (ICP) an update on the current priorities of NHS Derby and Derbyshire Integrated Care Board (ICB) and broader policy matters affecting the NHS.

The report provided updates on the following areas: System Now and Future; The proposed East Midlands Combined County Authority key legislation was approved in Westminster, the NHS had proposed that the NHS should be a party to those discussions during the consultation process earlier in 2023; Provider Selection Regime and Procurement Act; Terms of Lucy Letby Inquiry; ICB Board Appointments; ICB Staff Consultation; Service Pressure; Industrial Action Impact; Virtual Wards.

M Arrowsmith was congratulated on her appointment as ICB Chief Strategy and Delivery Officer and Deputy Chief Executive.

Congratulations were also extended to the NHS Derby & Derbyshire for the recognition of “significant progress” made in its first nine months according to NHS England. The comments were made in NHS England’s annual assessment of DDICB performance in 2022/23.

A Councillor asked for an update on the Child and Adolescent Mental Health Services (CAMHS Waiting List). The DDICB officer offered to share the information or bring an update to the next ICP meeting.

Options considered

There were none arising from this report.

Decision

The ICP received the report for information and assurance.

Reason

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

43/23 Integrated Care Strategy: Start Well Update

The ICP received a report and presentation from the Strategic Director of People Services, Derby City Council and Co-Chair of CYP Delivery Board. The report gave the Integrated Care Partnership (ICP) an update on progress made following the ICP held on 18 October 2023.

As previously reported, the Integrated Care Strategy had three areas of focus; Start Well Stay Well and Age/Die Well.

At the ICP meeting in October there were requests from the discussion. The officer highlighted the action taken in response to these requests:

- to confirm how governance and reporting is working alongside – Links were made to approach Derbyshire Children’s locality Partnerships.
- to create links to existing groups and resources to support delivery – Attendance at Children’s Families and Learners Board in the City. A dedicated project lead being prioritised in the ICB Children’s Commissioning Team, aligned to restructuring arrangements.
- to present the ambition and approach at the Health and Wellbeing Board – A request was made for a slot on the HWB Agenda.

Activity was ongoing and more was planned to further the ambitions of Start Well, these included:

- Identifying the key questions to prompt thinking about what should be tackled within the School Readiness indicators.
- Identifying the questions to prompt consideration of inequalities within the clinical priorities and the local Plus 5 (our target populations and five clinical areas of focus)
- Identifying current services which were effective in supporting school readiness.
- Extracting locality/place-based school readiness and inequalities data.
- Engaging with Place understanding the need for local solutions to local challenges and using the data analysis to drive decisions.
- Completing 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.

It was planned to provide an update at a future ICP meeting when “Start Well” was the focused theme.

Options considered

None arising directly from this report.

Decision

To note the action taken in taking forward the Start Well Key Area of Focus and in response to action requested at the previous ICP.

Reason

To support delivery of the Integrated Care Strategy.

44/23 Prevention and Health Inequalities Board Update

The ICP received a report and presentation from the Chief Medical Officer Derby & Derbyshire ICB, the Directors of Public Health, Derbyshire County Council, and Derby City Council. The report gave the ICP an update on the establishment of a Prevention and Health Inequalities Board (PHIB) in the Joined-Up Care Derbyshire System.

At the previous meeting it was reported that preventing ill health and tackling health inequalities are separate but closely linked agendas that, together, are critical to improving the health and wellbeing of the population and reducing unfair and avoidable differences in health outcomes.

The ICP agreed to establish the Prevention and Health Inequalities Board (PHIB) at its last meeting to provide strategic direction, coordination and oversight of the prevention and health inequalities agendas across the whole system.

Since the last meeting of the ICP, the strategic leads have met to discuss how to effectively progress and consider the key elements of the Terms of Reference (TOR) following the discussion held at the ICP in October. The TOR was currently being drafted and will be discussed and agreed at the first meeting of the PHIB. It will be brought to the next ICP for review and approval.

On the 28th November, NHS England's statement on information on health inequalities was published. The Statement and its implications for Derby and Derbyshire Integrated Care System will be considered by PHIB and an update will be provided at the next ICP meeting to:

- Provide an overview and update of the first meeting of the PHIB.
- Receive for approval the Terms of Reference agreed by the PHIB.

Options considered

None were considered.

Decision

The ICP noted the progress made since the agreement at the ICP held on 18th October to establish a 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.

The ICP has agreed the establishment of the PHIB to 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.

45/23 Integrated Care Partnership - Forward Plan

The ICP received a report from the Director of Public Health Derby City Council. The purpose of the report was to propose that a Forward Plan be maintained for the Integrated Care Partnership (ICP) and a process for agenda planning.

The Integrated Care Partnership (ICP) has been formally constituted as a joint committee of Derby City Council, Derbyshire County Council, and the Integrated Care Board (ICB) for nearly one year. The ICP has published the Derby and Derbyshire Integrated Care Strategy 2023 which set out how it would work as a health and care system to improve the health of local people.

As an established structure with a clear strategic plan, the ICP can now plan its meetings more systematically to:

- Ensure effective delivery of the Strategy
- Identify and consider risks and challenges to the delivery of the Strategy
- Assess progress in meeting the ambitions of the Strategy
- Maximise the opportunities of working in partnership and acting collectively.

The ICP in recent meetings started to receive themed updates on the progress of the Key Areas of Focus (KAOF) - Start Well, Stay Well, Age/Die Well. These will aim to test the

strategic aims and ambitions for integrated care. It was proposed that these updates be scheduled on a rotating basis through the year.

A draft Forward Plan was provided and dates for agenda-setting meetings will be set and circulated to Board members. Agenda items for future meetings should be provided in advance of the agenda-setting meeting for consideration.

Agenda items suggested for future meetings were:

Derby & Derbyshire Drugs and Alcohol Strategic Partnership (the DASP) Update
Prevention and Health Inequalities Board (PHIB) Update on Terms of Reference (TOR)

Options considered.

None arising directly from this report.

Decision

To note the establishment of a Forward Plan.

Reason

To support the effectiveness and focus of the ICP.

MINUTES END