

Time Commenced: 1:30pm
Time Finished: 3.45pm

Integrated Care Partnership (ICP) 07 February 2024

Present:

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

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: Kate Brown, Director of Joint Commissioning & Community Developing ICB, Chris Weiner, Chief Medical Officer ICB, Richard Wright, Interim ICS Chair (Vice Chair).

Appointees of other organisations: Tracey Allen, Chief Executive Derbyshire Community Health Services NHS Foundation Trust, Michelle Arrowsmith, Executive Director of Strategy & Planning DDICB, Jackie Carpenter, VCSE Alliance, Jonathan Davies Cabinet Member for HWB, Chesterfield, Gino DiStefano, Director of Strategy, University Hospitals of Derby & Burton NHS Foundation Trust, Christine Durrant, Executive Officer rep for Chief Officer Chesterfield, Wynne Garnett, VCSE, Duncan Gooch, Provider GP, Cllr Natalie Hoy, Cabinet Member, Adult Social Care Derbyshire County Council, Rebecca Johnson Healthwatch Derby, Mark Powell, CEO Derbyshire Healthcare NHS Foundation Trust, Chris Pienaar, CEO Derby Autism Services, Simon Stevens, Executive Director of Adult Social Care & Health Derbyshire,

Non board members in attendance: Alison Wynn, Assistant Director Public Health, Linda Garnett, DDICB, Susan Spray DDICB.

46/23 Apologies for Absence

Stephen Bateman, CEX DHU Healthcare, Avi Bhatia, GP and Clinical Chair, Clinical & Professional Leadership Group, Carol Cammiss, Director of Children's Services, Derbyshire County Council, Chris Clayton, CEX Derby & Derbyshire ICB, Mary Dooley, Cabinet Member for Enforcement and Partnerships, Bolsover, Karen Hanson, Executive Director of Resources, Bolsover, Kim Harper, CEO Community Action, Helen Henderson-Spoors, CEO Healthwatch Derbyshire, William Legge, Director of Strategy & Transformation EMAS, James Moore, CEO Healthwatch Derby, Stephen Posey, Chief Executive University Hospitals Derby & Burton NHS Foundation Trust, Drew Smith, PCN Clinical Director, Andy Smith, Strategic Director Peoples Services, Hal Spencer, Medical Director Chair Clinical & Professional Leadership Group, Geoff Sweeney VCSE, Sean Thornton, Assistant Director of Communications & Engagement DDICB.

47/23 Late Items

There were none.

48/23 Declarations of Interest

There were none.

49/23 Minutes of the ICP meeting held on 13 December 2023

The minutes of the ICP meeting on 13 December 2023 were agreed as a true record.

50/23 Update from the Integrated Care Board

The ICP received a report from the Chief Executive Officer of NHS Derby and Derbyshire Integrated Care Board (ICB). The report provided the ICP with an update on the current priorities of the ICB and broader policy matters affecting the NHS.

The ICP noted that Dr Kathy McLean OBE has been announced as the new Chair of NHS Derby and Derbyshire ICB and will take up her new role from 1 May 2024. The current Acting Chair Richard Wright will continue as Vice Chair of the ICB Board.

The ICP were informed the Derby and Derbyshire NHS 5-Year Plan or Joint Forward Plan (JFP) had been published by the ICB on 30 June 2023. Guidance from the NHS was awaited to support the 2024-25 Operational Plan.

The ICB had concluded its formal consultation with staff on organisational structures on 7 January 2024. The next steps will be discussed with staff in due course.

Service pressure during the months of December and January had continued for the system; this was partly driven by the challenges of ensuring patient flow through the services and worsened by periods of industrial action. The Frontline teams and management were thanked for their efforts to deliver safe care across the system.

Positive planning for winter had meant that the system had seen the benefit of structural and strategic work during 2023 to ensure that the position of service was improved, particularly on discharge planning and ambulance handovers.

There had been an increase in Covid-19 and influenza in the community, but current indications are that levels of infections are reducing.

The ICP were pleased that hospital and ambulance services were now working better, and that there were more GP Practice appointments available, but suggested this should not detract from the need to increase the number of GP appointments. The officer confirmed that focus was not being lost on GP appointments, there was a whole access recovery plan and significant work had been done to improve access to GPs and other professionals in primary care settings. The challenge to GPs was recognised and other members of clinical teams had extended their training to take on diagnostic roles. A different primary care model was planned, with the aim of enabling people to access the right primary care in the right

timescale.

The increase in the number of dementia diagnosis rates was of interest to the ICP, and it was asked if this could be picked up in the Age Well/Die Well report to follow.

Options Considered

None

Decision

The ICP noted the report which was for their information and assurance.

Reason

The ICP was asked to receive the report for information and assurance.

51/23 Integrated Theme Focus Age Well/Die Well - Update

The ICP received a report from the Director Chief Medical Officer Derby & Derbyshire ICB, The report provided background, shared the significant progress and future ambition for the range of improvement work addressing the Age Well/Die Well priority. It was also to raise awareness of the key issues that may enable or limit the pace of improvement.

The officer informed the ICP about:

The high-level needs of older people – People in England expect to live for longer than before, but the extra years would not always be in good health. Lots of people develop conditions that reduce their independence and quality of life. The health and care sector has a role to enable older people manage these long-term conditions ensuring they receive the right support to help them to live longer.

Peoples Experiences - for a priority group of older people with the most complex needs high level findings identified the 75% of people stayed in hospital for longer than ideal, 20% of discharge decisions were considered non-ideal, 20% of people could have had a different long-term outcome, 62% of escalations may have been preventable, 15% of acute hospital attendances could have been avoided and 25% of people would not have been admitted.

Community Health and care provision in Derby and Derbyshire was a complex system. 113 GP practices providing 7 million appointments a year, 1.2 million nursing & therapy home visits per year, 325 care homes with nearly 9,000 residents, 270 care providers with 10,000 care workers supporting 11,500 residents, over 2000 registered charitable organisations, 204 community pharmacies, 91 funeral homes.

The transformation and integration of health and care could not be achieved or sustained through traditional processes or by isolated programmes or projects. Place based structures can be used to plan and deliver improvements. Health, care, and voluntary sector partners had come together in eight “Places” in Derby and Derbyshire which were close to local authority areas. The relationships built as part of “Place” enable a key area of focus to ensure that local people live a healthy life for as long as possible. They can also assist the

transformation of care support services at a local level.

The approach taken to driving and embedding improvement - Groups of people can be identified who would benefit from a team approach to care, like people who live in their own home and those living with frailty. Using place structures already in place enables partners at local geographical levels to work together. Team working conditions can be created for working across professional and organisational boundaries and with communities, and programmes of work can be brought together.

Delivering Improvement:

- Creating 10 locally led teams (Team Up) to deliver integrated home visiting, urgent community response and falls recovery, making pathways simpler and adding extra capacity.
- Increasing quality, personalised health care into care homes
- Improving support to people who have had a fall and working to prevent falls.
- Discharge benefitted from a community focused integrated approach.
- Increasing referrals from 999 to community services.
- Clear priorities for palliative and end of life care.
- Infrastructure to support integration.
- DCHS and Council integration.

Next Steps

- Accelerated community transformation programme – which would have the potential to deliver benefits of improved experience and outcomes for individuals and give the system financial sustainability.
 - Drive realisation of benefits through embedding and connecting improvement work
 - Increase opportunities of alignment with the new Primary Care strategy
 - Provide clinical navigation to improve flow and use of existing capacity.
 - Give benefits of greater integration between organisations.
- Continue to take an approach focusing on conditions for change of infrastructure, learning and adaption, local leadership skills and confidence.

The ICP thanked officers for the report. They highlighted that, although local authorities and other partners would be keen to support the programme, the risk of pressures on local authority and other partnership budgets like the voluntary sector should be noted. It was highlighted that if there are large scale cuts then this would significantly affect the work of the Voluntary Sector in supporting people and the VCSE should be involved in further discussions about changes in service. In any discussions together there was a need to be frank and talk about ongoing budget pressures. The officer welcomed the VCSE contribution to any discussions. The ICP suggested that all organisations should work together to use resources in the best way possible for local people. The re-distribution of resources to strengthen community services was supported and endorsed.

A member of the ICP asked about proposed falls recovery services, particularly if existing staff would run the services, or if more staff be employed, would it be an out of hours service or a day service? The officer explained that where existing people were employed in the area they would remain, the new service would operate daily seven days a week.

It was highlighted that dementia was a significant burden to manage. There was a need to promote health protecting behaviours as treating hypertension and frequent exercise can help to keep a healthy brain and heart as well as preventing falls. It was suggested putting in place a Dementia Prevention strategy for Derby similar to Derbyshire's.

The ICP endorsed the recommendations in the report.

Options considered

No other options were identified.

Decision

The ICP

- 1. Acknowledged the body of work and progress to date.**
- 2. Agreed to reinforce the ambitions around integrated, multi-partnership strength-based approaches and for members to identify further opportunities to promote and embed those within their organisations and spheres of influence.**
- 3. Noted the opportunity for a flagship partnership strategic commitment in the form of an accelerated community transformation programme to drive delivery of the age well and die well ambition.**

Reason

To ensure delivery of the Integrated Care Strategy.

52/23 Developing a Health and Care Workforce Approach

The ICP received a report and presentation from the Interim Derby, and Derbyshire Integrated Care Board (ICB) Chief People Officer.

The report sought approval from the ICP for a shared programme of work contributing to the development of the Health and Care Workforce. To affirm the importance of further strengthening the collaborative approach with County and City Councils, Voluntary, Community and Social Enterprise (VCSE), and GP Alliance by development of workforce plans, and to seek support for the establishment of a new Workforce Partnership Group.

The ICP were informed that the proposal was built on the work of Joined Up Care Derbyshire (JUCD) and continued leadership on a range of system wide projections, funded by the Better Care Fund (BCF) in 2024/25 including:

- Projects aimed at widening access to careers and focusing on inclusion (Leaving Care Covenant, Step into Work, BME and Refugee Inclusion, partnerships with the DWP, Pathways to Health and Social Care).
- Scaling up system wide recruitment campaigns to contribute to shortages and needs,

by supporting all providers across JUCD Derbyshire to work together, including engagement with Schools, local Higher Education Institutions and Colleges to grow the local workforce supply, collaborative recruitment, and hosting system wide careers recruitment events.

A Health and Social Workforce Charter had been developed as a commitment to improving the wellbeing and overall workplace to recruit and retain new staff into the sector.

The ICP endorsed and supported the strategic approach and recommendations.

Options considered

There were none identified.

Decision

The ICP agreed to give commitment to engagement and involvement as necessary to progress the joint work programme and support the establishment of the Health and Care Workforce Partnership Group.

The ICP acknowledged the Health and Social Care Workforce Charter and supported the principles of the pledge.

Reasons

To enable People Services Collaborative to support the strategic objectives:

- To deliver the ten People functions for an Integrated Care System (ICS)
- To enable the ICS to develop a Health and Care Strategy
- To increase productivity and achieve efficiencies through delivering services at scale
- To improve quality and performance through sharing and spreading good practice and innovation.

To achieve potential as Anchor Institutions/address inequalities across the system, addressing workforce challenges across the system and supporting solutions for social and economic development.

53/23 Data Sharing – Section 251 Update

The ICP received a report and presentation from the Director of Strategy, Partnerships and Population Health, Derbyshire Community Health Services NHS Foundation Trust.

The report gave the Integrated Care Partnership (ICP) an update on Data Sharing between system partners to enable action to improve access and outcomes for citizens across Joined Up Care Derbyshire (JUCD). Challenges to this were raised at the last meeting of the ICP as part of the Stay Well update. The potential use of a Section 251 agreement was raised, the ICP asked for more information by the next meeting.

The officer outlined the challenges experienced by System partners who are not able to share

information at all or effectively to facilitate joined up working. The Section 251 would be one part of the solution and would satisfy the duty of confidentiality needs for flow of data to support Population Health Management (PHM). However, a S251 on its own would not solve all the digital barriers experienced. A full gap-analysis to inform an options appraisal would be a good initial step.

It was explained that Nottingham City and Nottinghamshire ICS had already established data sharing arrangements using a Section 251 as a legal framework. A meeting was being arranged with them to understand how this had been done.

There are two parts to the Section 251 application which are:

- The legal basis under Common Law on which data was shared.
- The technical means through which information was shared/accessed/securely stored.

The focus was on the legal basis, but the technical means was also an essential consideration should JUCD support a section 251 application after a gap analysis was undertaken.

The ICP supported the need for a gap analysis of current resources and technical infrastructure to be undertaken.

Options considered

A gap analysis and subsequent options appraisal was required. Based on advice from colleagues in NECS and ICB it was understood that this was likely to require a Section 251 (regardless of, and in addition to clarifying, the technical infrastructure). Therefore, to progress the section 251 agreement, consideration will also be given to other options (in addition to section 251 rather than instead of) to provide effective and timely data sharing to support population health management and integration.

Decision

The ICP:

- 1. Noted the current challenges experience in relation to data sharing and how this inhibits effective and efficient system working.**
- 2. Noted what a Section 251 application was and how, in combination with appropriate technical infrastructure it can contribute to mitigating the current barriers.**
- 3. Agreed to support the need for a gap analysis of current resources/technical infrastructure and associated Data Sharing Agreements, to inform an options appraisal, which may result in the Section 251 application for the purposes of Population Health Management.**

Reason

To support the ICP to embed a data-led approach to planning and decision-making to in turn

enable it to effectively implement the Derby and Derbyshire Integrated Care Strategy and broader population health management (PHM) approaches to improve the health and wellbeing of the population.

54/23 Stay Well - Update Report

The ICP received a report from the Director of Strategy, Partnerships and Population Health Derbyshire Community Health Services NHS (DCHS). The report provided the ICP with an update on progress made on the Stay Well Area of Focus (KAOF) of the Integrated Care Strategy since the meeting of the ICP.

The officer explained that the Sprint Coordination Group and its 3 sub-groups – Communications, Strategy and Delivery continue to take work forward in relation to smoking cessation.

An evaluation of the smoking cessation Sprint would be concluded in February and a summary will be provided to the ICP at a future meeting.

The key achievements of the Sprint to date were highlighted and included:

Establishment of a strong Communications Group which was developing processes for community and partner engagement.

The Strategy Group made recommendations for:

- A system-wide approach to vaping
- Provisions of a comprehensive position on current investment levels into smoking cessation across all partners
- Progressed the S251 approach to support ongoing Population Health Management (PHM) work which would be Information Governance compliant.
- Delivered an update session to the planned care delivery board on the Stay Well KAOF.

The Delivery Group had developed stronger partnerships to challenge current working practices and understand what actions to prioritised to support colleagues to include conversations on and referrals to smoking cessation services as part to routine service provision.

The PHM Group are considering the next priority focus which once agreed will be reported to a future ICP meeting. The PHM Steering Group are also considering the proposed objectives of the Joint Forward Plan and an update will be brought to a future meeting.

The ICP noted the report and thanked officers for the work and modelling of integrated working, they looked forward to receiving the evaluation summary.

Options considered

None were considered.

Decision

The ICP noted the contents of the report.

Reason

To provide reassurance to the ICP that progress was being made on the implementation of the Derby & Derbyshire Integrated Care Strategy, in particular the Stay Well KAOF.

55/23 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 inform the Integrated Care Partnership (ICP) of the dates and proposed items for upcoming meetings.

The Officer highlighted that invitations for a Facilitation Session on 29th February 2024 would be circulated soon.

Options considered.

None arising directly from this report.

Decision

To note the Forward Plan and recommend future items for ICP meetings as appropriate.

Reason

To support the effectiveness and focus of the ICP.

MINUTES END