

## INTEGRATED CARE PARTNERSHIP

## ITEM 06

19 June 2024

Report sponsor: Kate Brown, Director of Place & Partnerships, Derby and Derbyshire Integrated Care Board

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### LGA Facilitated Workshop Follow Up

#### Purpose

- 1.1 To provide an overview of work undertaken following the Local Government Association (LGA) facilitated workshop between Derby and Derbyshire Health and Wellbeing Boards (HWBs) and Integrated Care Partnership (ICP).
- 1.2 To sense-check the work to-date reflects the collective perceptions and ambitions of the HWBs and ICP to support clarity of, and sign up to, next steps and action planning.

#### Recommendations

- 2.1 To note the contents of this report.
- 2.2 To sense-check and agree the key challenges that need to be addressed to ensure effective partnership working to achieve change.
- 2.3 To agree to taking up the LGA offer of providing further support until the end of June in the form of a facilitated discussion with ICP and HWB Chairs, Vice Chair and key officers.

#### Reasons

- 3.1 To support the Integrated Care Partnership to improve the health of local people and reduce health inequalities through clarity of purpose, effective partnership working and aligned and collaborative structures.

## Supporting information

4.1 A development workshop between the two Health and Wellbeing Boards (HWBs) and Integrated Care Partnership (ICP), facilitated by the Local Government Association (LGA), was held on the 29<sup>th</sup> February 2024 and hosted at County Hall, Matlock.

4.2 The purpose of the development workshop was to develop a shared view of:

- the ingredients required for success
- the challenges and barriers we face
- what we want to collectively achieve
- the opportunities and actions to progress.

In addition, the workshop aimed to improve alignment and clarification of relative roles, responsibilities and accountability.

4.3 A report providing an overview and summary of the workshop was provided to the ICP at its last meeting. Follow up meetings have been held with LGA colleagues alongside further consideration of the workshop and its output. This is reported in this report along with suggested next steps.

4.4 A meeting was held with LGA colleagues, including the workshop facilitators on the 2<sup>nd</sup> May and a further meeting with LGA colleagues on the 5<sup>th</sup> June. Discussion included a review of the workshop, consideration of next steps and potential role and input of the LGA.

4.5 Following open and honest conversation, the following challenges were posed that it will be helpful for the ICP to consider:

- Our culture, values and behaviours - and particularly do our behaviours and actions reflect system ambitions and priorities? Do we have the buy-in of individuals and organisations that we think we have?
- Our priorities - is the system clear on its priorities and is there clarity on these within participating organisations and our workforce? Is there alignment between the Health and Wellbeing Boards and the Integrated Care Partnership?
- Our governance - do we have clarity of the relative roles and responsibilities and associated governance? Does the existing system governance and structures enable system working or make it complex and difficult?
- Our resources - do we effectively utilise and allocate our resource? How do we manage and make decisions about how our resources are used?
- How do we make sure that we are driving forward priorities that will create change and make an impact?

4.6 As an initial step to support our understanding of some of these challenges we have undertaken a desktop exercise to summarise the functions, objectives and priorities etc. of Derby and Derbyshire HWBs and the ICP. For information these are summarised in Appendix 1.

- 4.7 This desktop exercise demonstrates a significant degree of alignment between the two HWBs and the ICP, particularly ambitions to:
- Improve health
  - Reduce health inequalities
  - Increase integration
  - Focus on prevention
  - Focus across the life course so people, Start Well, Stay Well and Age/ Die Well
  - Focus on the key risk factors that contribute to poor health outcomes and health inequalities such as smoking, harmful alcohol consumption, obesity and physical activity.

Whilst there is a good level of alignment there is perhaps less clarity on a shared narrative of what this means that is understood across the system and its collective workforce and how this is actioned.

- 4.8 A more detailed analysis and collation of the output of the sessions sets out key themes, identifies what we need in place for success and the issues getting in the way and helps us to start to set out our next steps.
- 4.9 The facilitated workshop and subsequent meetings with the LGA have helped crystallise the issues we need to consider as a system to ensure that our partnership working and arrangements are effective at driving improvements in the health of our populations, reducing health inequalities and in integrating health and care.
- 4.10 The LGA have confirmed that they are able to provide further support with capacity from the facilitators until the end of June 2024. It is recommended that we maximise this offer, and utilise this capacity to facilitate further consideration of the challenges outlined in 4.5 initially with the HWB and ICP Chairs and Vice Chair and key officers and support scoping of next steps.

## **Public/stakeholder engagement**

- 5.1 The purpose of the workshop was to engage the members of the Health and Wellbeing Boards and the Integrated Care Partnerships in considering how to better align and work as a system to improve the health outcomes of our population and reduce health inequalities.
- 5.2 The public were not directly engaged in this workshop. However, there is clear intent to hear the voices of local people and embed person-centred approaches.

## **Other options**

- 6.1 Consideration was given to not holding this workshop. It was agreed, however, that it would offer real value in bringing colleagues together to support improved alignment between groups to minimise challenges and maximise opportunities for improved integration, health outcomes and reduced health inequalities.

## Financial and value for money issues

- 7.1 Not directly considered although the opportunity for maximising our resource, including financial, is anticipated to be a positive outcome.

## Legal implications

- 8.1 None arising.

## Climate implications

- 9.1 None arising.

## Socio-Economic implications

- 10.1 Not specifically considered. It is recognised that socio-economic factors have a significant impact on health outcomes and contribute to health inequalities. It is anticipated that the output and actions that follow this workshop will include socio-economic consideration and action.

## Other significant implications

- 11.1 None arising.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal		
Finance		
Service Director(s)		
Report sponsor	Kate Brown, Director of Place & Partnerships, Derby and Derbyshire Integrated Care Board	11/06/2024
Other(s)	Ellen Langton, Group Manager- Commissioning and Strategic Intent	

  

Background papers:	None.
List of appendices:	None.

## APPENDIX 1 Overview of the stated functions, objectives and priorities of Derby and Derbyshire Health and Wellbeing Boards and the Integrated Care Board

	County HWBB	City HWBB	ICP
Functions	Wider determinants / primary prevention.	Lead action to improve people’s lives at place level – improve population health and reduce health inequalities; promote integration. Focus on wider determinants and prevention. Part of Derby Partnership Board arrangements	To facilitate joint action to improve health and care outcomes and experiences across the population. Considers how health related services can be more closely integrated with arrangements for the provision of health services and social care
Strategy & status	HWBs must prepare and publish a Joint Local Health and Wellbeing Strategy (JLHWS) which must reflect the evidence of the JSNA, pay regard to the Integrated Care Strategy and set out the priorities for improving the health and wellbeing of its local population and how the assessed needs will be addressed		Statutory responsibility to develop an Integrated Care Strategy to address local health, social care and public health needs.
	Refreshed and agreed 3 year plan March 24	Interim Plan on a Page agreed January 2023 full refresh underway	Agreed 2023
Vision	By focusing on prevention and the wider determinants of health, the Board will reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities.	<p><i>Focusing on prevention and the wider determinants of health, the Health and Wellbeing Board will:</i></p> <ul style="list-style-type: none"> <li>• Safeguard and improve the health and wellbeing of the people in the city.</li> <li>• Reduce health inequalities.</li> </ul>	<p>To provide care that is more integrated, and provides better outcomes for citizens, in response to population health and care needs. Strategic Aims:</p> <ul style="list-style-type: none"> <li>• Prioritise prevention and early intervention to avoid ill health and improve outcomes</li> <li>• Reduce inequalities in outcomes, experience, and access</li> <li>• Develop care that is strengths based and personalised</li> <li>• Improve connectivity and alignment across Derby and Derbyshire, to ensure people experience joined up care, and to create a sustainable health and care system.</li> </ul>

	County HWBB		City HWBB		ICP	
Objectives/ Key Areas of Focus	Enable residents in Derbyshire to: <ul style="list-style-type: none"> <li>Start Well</li> <li>Live Well and Stay Well</li> <li>Age Well and Die Well</li> </ul>		That the people of Derby will: <ul style="list-style-type: none"> <li>Start Well,</li> <li>Live Well &amp; Stay Well,</li> <li>Age Well &amp; Die Well</li> </ul>		<ul style="list-style-type: none"> <li>The key areas of focus are:</li> <li>Start Well</li> <li>Stay Well</li> <li>Age/ Die Well</li> </ul>	
Population Outcomes	Reduce health inequalities Increase healthy life expectancy		Increase life expectancy; increase healthy life expectancy; reduce inequalities in LE/ HLE		Increase life expectancy and healthy life expectancy and reduce the inequalities experienced	
Priorities	<p><i>Life course approach to all areas</i></p> <p>*Tackle 4 main risk factors that lead to poor health (physical activity, smoking, alcohol and diet)</p> <p>*Support good mental health (focus on CYP, suicide prevention)</p> <p>*Support communities to be resilient and independent (focus on Fuel poverty, employment, winter mortality, falls)</p> <p>*Tackle child poverty and enable C&amp;YP to start well (focus on school readiness, poverty, smoking in pregnancy)</p> <p>*Develop the HWBB to effectively deliver on the areas of focus.</p>		<ul style="list-style-type: none"> <li>Reduce smoking prevalence</li> <li>Increase number of people who are a healthy weight</li> <li>Reduce harmful alcohol consumption</li> <li>Improve participation in physical activity</li> <li>Reduce number of children living in low-income households</li> <li>Improve mental and emotional wellbeing</li> <li>Improve access to safe and affordable housing</li> <li>Improve air quality</li> </ul>		<p>Start Well – school readiness</p> <p>Stay Well</p> <p>Age Well / Die well</p> <p>Enabling partnership</p>	
Strategy status	Refreshed and agreed 3 year plan March 24		Interim Plan on a Page agreed <i>date tbc</i> refresh underway		Agreed 2023 – <i>Does the strategy still reflect the partnership / single system opportunities to deliver the HWBB priorities</i>	
Meeting Dates (Draft)	4th July 24 3rd Oct 24 30th Jan 25 27th March 25		25th July 24 5th Sept 24 14th Nov 24		16th Jan 25 13th March 25 8th May 25	
Development sessions	15th May 24 4th Sept 24		28th Nov 24 11th Feb 25		Ad hoc	
					None currently planned	