

Time Commenced: 13:30pm  
Time Finished: 14.45pm

## **Integrated Care Partnership (ICP) 19 April 2023**

Present:

**Derby City Council (DCC):** Councillor Roy Webb Cabinet Member Adults, Health & Housing, Robyn Dewis, Director of Public Health.

**Derbyshire County Council DCoC:** Councillor Carol Hart (Chair), Helen Coombes, Executive Director of Adult Social Care & Health Derbyshire, Ian Little, Assistant Director Public Health Derbyshire County Council.

**Derby & Derbyshire Integrated Care Board (DDICB):** John MacDonald, ICS Chair (Vice Chair), Zara Jones, Executive Director of Strategy & Planning ICB, Kate Brown, Director of Joint Commissioning & Community Developing ICB, Sean Thornton, Assistant Director Communications & Engagement.

**Appointees of other organisations:** Carolyn Green, Director of Nursing and Patient Experience, Derbyshire Healthcare NHS Foundation Trust, Christine Durrant, Executive Officer rep for Chesterfield Borough Council, Darren Tidmarsh, Derbyshire Community Health Services NHS, Duncan Gooch Provider GP. Chris Pienaar, CEO Derby Autism Services, Helen Henderson-Spoors CEO Healthwatch Derby, James Moore CEO Healthwatch Derby, Kim Harper, CEO Community Action Derby, Wynne Garnett, VCSE Voluntary, Community & Social Enterprise, Stephen Bateman, Chief Executive DHU Healthcare, William Legge, Director of Strategy & Transformation EMAS, Vikki Taylor, Derbyshire Healthcare NHS Trust.

**Non board members in attendance:** Ian Hall, Programme Director Arden and GEM CSU.

## 12/22      Apologies for Absence

Apologies were received from: Councillor Evonne Williams Cabinet Member for CYP DCC, Councillor Jill Mannion-Brunt, Cabinet Member for Health & Wellbeing Chesterfield Borough Council, Councillor Julie Patten, Cabinet Member for CYP Derbyshire County Council, Councillor Mary Dooley, Cabinet Member for Enforcement & Partnerships, Bolsover District Council, Councillor Natalie Hoy, Cabinet Member Adult Social Care, Derbyshire County Council, Ade Odulade, Deputy Chief Operating Officer, Derbyshire Healthcare NHS Foundation Trust, Andy Smith Strategic Director of Peoples Services DCC, Avi Bhatia, GP and Clinical Chair, Clinical & Professional Leadership Group, Carol Cammiss, Director of Children's Services Derbyshire County Council, Chris Clayton, Chief Executive & ICS Lead, Drew Smith PCN Clinical Network, Ellie Houlston, Director of Public Health, Helen Henderson-Spoors Derbyshire Healthwatch, Karen Hanson, Executive Director of Resources, Bolsover District Council, Mark Powell, CEO Derbyshire Healthcare NHS Foundation Trust, Stephen Posey (Chief Executive University Hospitals of Derby and Burton)

Tracey Allen, CEX Derbyshire Community Health Services NHS.

## 13/22 Late Items

The Board were advised that the Chair of the ICB had just resigned. The Chair was thanked for all his work and congratulated on his new role.

## 14/22 Declarations of Interest

There were none.

## 15/22 Minutes of the ICP meeting held on 08 February 2023

The minutes of the ICP meeting on 08 February 2023 were agreed as a true record.

## 16/22 Report from Health & Wellbeing Boards

The Board received a report from the Director of Public Health Derbyshire County Council (DCoC) and the Director of Peoples Services Derby City Council (DCC). The report provided the ICP with an overview of the recent work of the Derbyshire and Derby City Health and Wellbeing Boards.

The Assistant Director Public Health Derbyshire County Council reported that Derbyshire Health and Wellbeing Board had met on 29<sup>th</sup> March 2023. An update on the development activities for the Board was provided.

A focus had been the joint Local Health and Wellbeing Strategy refresh which would take place through the 2023/24 financial year. A development workshop was planned on 11 May to look at the key indicators to consider for shaping priorities and actions. The revised timetable was detailed and the ICP Board noted they were due to approve the final strategy in January 2024.

The HWB had reviewed a draft of the Integrated Care Strategy and provided feedback. They had suggested that district and borough councils feature within the Strategy in recognition of the services they manage that enable integrated care.

An update on the development and transformation of the Derbyshire Joint Strategic Needs Assessment had been received. The work will support the ICP to take evidenced and informed decisions to shape programmes of work.

The Director of Public Health, Derby City Council reported that Derby City HWB had met on the 16<sup>th</sup> March 2023. The meeting had a focus on the Turning the Curve Priority to reduce smoking prevalence, an overview of the completed Derby Tobacco Control Health Needs Assessment had been received by the Board.

The Board had also received a report giving an overview of the Derbyshire Joint Health and Social Care All Age Autism Strategy 2023-28 which sought endorsement and support from the Board. An update from the Derbyshire Health Protection Board was also received.

The DoPH highlighted that the meeting was chaired for the final time by Cllr Roy Webb Cabinet Member for Adults, Health, and Housing. The Cabinet Member was thanked for all his work.

### **Options Considered**

None were considered.

### **Decision**

The ICP noted the work of both the Derbyshire Health & Wellbeing Board and Derby Health & Wellbeing Board and considered if there were any implications for the ICP.

### **Reason**

To ensure the ICP was kept updated on the work of Derby and Derbyshire Health and Wellbeing Boards to:

- Support alignment and joint effort on shared outcomes
- Minimise risk of duplication and effort
- Maximise opportunities for work that is value-adding at an ICS footprint
- Identify and mitigate shared risks.

## **17/22 Derby and Derbyshire Integrated Care Strategy 2023**

The Board received a report and presentation from the CEX Derbyshire Community Health Services NHS Foundation Trust. The report provided an update to the ICP on the current priorities of NHS Derby & Derbyshire Integrated Care Board, and broader policy matters affecting the NHS. The report was presented by the Director of Joint Commissioning & Community Developing ICB

The officer explained the development stages of the strategy. A range of senior colleagues from local authorities, NHS, and Voluntary, Community, and Social Enterprise (VCSE) sector had been part of working groups to develop the brief, framework, and approach for the Strategy. This broad involvement was helpful in testing the content and how it aligns with other system strategies and plans. A Communications and engagement group had been set up which includes Healthwatch and VCSE Sector, to develop insights and an engagement approach.

The Strategy recognised the challenging environment and that the current challenges would not diminish soon. However, by integrating resources and working differently prevention, early intervention and outcomes for citizens can be improved, and services could be provided more effectively and efficiently

The Strategic aims were outlined:

- Prioritise prevention and early intervention to avoid ill health and improve outcomes
- Reduce inequalities in outcomes, experience, and access
- Develop care that is strengths based and personalised
- Improve connectivity and alignment across Derby and Derbyshire, to ensure people

experience joined up care, and to create a sustainable health and care system.

The Strategy reflected the work done to develop a set of priority population outcomes and key indicators (Turning the Curve) based on the Derby and Derbyshire Joint Strategic Needs Assessments. Their focus was on increasing life expectancy, increasing healthy life expectancy and reducing inequalities. ICPs have been asked to consider health protection in their integrated care strategy

The Strategy focused on enabling actions to develop high quality and sustainable integrated care and the systems response to these health and care needs. The actions are summarised under enabling functions and include workforce, digital and data, knowledge, and intelligence capability. There are also broader themes such as governance and system-wide development.

The three key areas of focus were proposed by System Boards and agreed by the Integrated Care Partnership. They were not framed as priorities but to test strategic aims and respond to population health and care needs. The key areas are: Start Well, Stay Well, Age Well & Die Well.

The Mobilisation and Delivery approach was described by the officer and included: Public engagement, initial events for “Key Areas of Focus” to introduce them in more detail would take place in May. “Route Maps” are being developed to demonstrate scope, objectives, planned actions, timescales expected outcomes and governance arrangements, they should be agreed by the end of May. An “Evaluation Framework” should be in place before the full mobilisation of the Strategy, this was being developed by a task and finish group to be ready by the end of May.

The officer described the key changes to the Strategy from February to April. The Document design and format had been updated and infographics were included, examples of good practice had been provided. A new section “Strategy mobilization” had been added. As well as additional appendices. A short form and easy read versions would be produced after ICP approval.

The Board considered the presentation and commented that there was a need to avoid digital exclusion of people to ensure that an inequity was not created. There were a lot of acronyms in the Strategy. Voluntary sector views had been included which was good, the words co-production and co-design could be highlighted to show changes in behaviour. There was a need to think about NHS delivery of services. Stories are important to help people to understand differences, the more there are, the better people understand. There was a need to do more work in our organisations to ensure staff understand about the development of areas of focus, what it meant for them and what should be included for respective areas.

## **Options considered**

Senior Responsible Owners covering the Start Well, Stay Well and Age Well & Die Well domains considered other options for inclusion as Key Areas of Focus for the Strategy. The three Areas included in the Strategy have been collated following these considerations.

## **Decision**

1. The ICP recommended the Derby & Derbyshire Integrated Care Strategy to the

constituent Council Cabinets for approval.

2. The ICP requested that the Council Cabinets delegate authority to the Directors of Public Health in consultation with the Chair of the ICP/Cabinet Members for Health to make any minor or technical amendments that may be required to the Strategy prior to its publication.

## **Reason**

To ensure the published Strategy reflects any amendments agreed by the ICP.

## **18/22 Joint Forward Plan**

The Board received a report and presentation from the Chief Executive Officer, NHS Derby, and Derbyshire Integrated Care Board (DDICB). The report provided an update to the ICP on the Joint Forward Plan. The report was presented by the Executive Director of Strategy & Planning.

The officer explained that the Health & Care Act 2022 requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, to produce and publish a Joint Forward Plan (JFP) before the start of each financial year, but for this first year the date for publishing and sharing the final plan would be 30<sup>th</sup> June 2023. The ICP was a key partner in this work with links to the Integrated Care Strategy, so it was important to engage and seek feedback at relevant stages of the process of developing the JFP.

The JFP must be:

- fully aligned with the wider system partnership's ambitions
- Support subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments
- Be delivery-focused, including specific objectives, trajectories, and milestones as appropriate

ICBs and their partner trusts must involve relevant Health and Wellbeing Boards (HWBs) in preparing or revising the JFP. They must share a draft with each relevant HWB and consult with them on whether the JFP takes account of each relevant joint local health and wellbeing strategy (JLHWS). They must consult with those for whom the ICB has core responsibility (people who are registered with a GP practice associated with the ICB or unregistered patients who usually live in the ICBs area) and anyone else they consider appropriate. A draft JFP should be shared with the relevant ICP and NHS England.

The local priorities which will be the main area of focus for the DDICB are being built from key areas identified in their 2023/24 planning like:

- Access, prevention, and productivity to support managing our urgent and emergency care risks and recovering our elective waiting time position
- Productivity challenge opportunities, which are identified based on benchmarking and evidence-based approaches
- How the DDICB support delivery of their ICP Integrated Care Strategy priorities or responding to the ask made of us from the priority workstreams
- Tangible actions which get our progress to address health inequalities 'off the ground' in year one

- Population health approach: Targeted improvement plan for targeted groups in the local population, by Primary Care Network / Place Alliance.

The DDICP requested the ICPs views and reflections on the proposed approach to developing the JFP, and what else should the DDICB consider for development of the approach? They asked what the ICP like to see in the local priority areas and if there were any opportunities for strengthening the alignment to ICP priorities? How would the ICP like to be engaged in the work going forward ahead of final publication at the end of June?

The ICP offered guidance and feedback on the above questions to support the effective development and delivery of the DDICB's Joint Forward Plan – 5 Year Plan.

Prevention was a major area. Housing was one of the issues around population health, management of housing would have a big impact. Improving people's homes and environment would influence health inequalities for the better. Good housing was essential for everyone. How can Place Alliances be involved in giving feedback.

Derbyshire was a large area there were lots of different priorities. The Local Priority Areas for Health are known and there was a need for a local response to address them, the dental issues faced by young people should be included in the JFP.

One member felt the JFP could be seen as another plan or an opportunity to add impetus to joint work, they were keen to reflect what could be done jointly particularly in relation to children and mental health. Issues of health inequalities and access to urgent care, and poor access to primary care in rural parts of Derbyshire were highlighted.

The Voluntary Sector was seen as a strategic partner, the plan had been co-produced with them. There should be asset managing and mapping of what resources are currently being delivered and by who in the voluntary community this would give a starting point.

The Chair asked that any additional comments be sent to the DDICB officers involved.

## **Options Considered**

1. The options were for the approach taken to develop the JFP as opposed to an option not to produce one. As the DDICB are required to do as set out above. The variations to the approach could include:
  - a. A more dominant focus on the statutory duties and presenting the documentation more as an assurance statement against the DDICB duties, rather than the DDICB local priorities for development.
  - b. Purely referencing our existing partner strategies and plans and our commitment to supporting the delivery of those – ICP Integrated Care Strategy, HWB Strategies etc.
2. The DDICB recommended that the above approaches were not followed as it would mean a lost opportunity for the ICB to set out its own contribution within the broader health and wellbeing and integrated care landscape. It was important that the ICB can articulate the specific plans and impacts of delivery against the areas articulated in section 4.9 as they are key to improving the health and outcomes of our local

population. A 5-year time period also enables the development of more medium- and longer-term interventions which will not have their greatest impact through short term operational planning.

## **Decision**

1. The ICP noted the content of the report and offered guidance and feedback on the questions to support the effective development and delivery of the DDICB's Joint Forward Plan – 5 Year Plan

## **Reasons**

The DDICB wish to engage with the ICP on the proposed approach and ensure that it was aligned with the DDICB strategy development work. The DDICB value the contribution of our partners in this piece of work to ensure the greatest impact in improving the health of the local communities we serve.

## **Items for Information**

### **19/22 Update from the Integrated Care Board**

The ICP received a report from the Chair, NHS Derby, and Derbyshire Integrated Care Board. The report gave an update to the ICP on the current priorities of DDICB and broader policy matters affecting the NHS.

The Chair of the DDICB reported that the NHS Operational Plan for 2023-24 was not yet agreed, discussion would continue until early May when it will be finalised.

The Hewitt Review which considered how the oversight and governance of integrated care systems (ICSs) can best help them to succeed, had been completed. The report was published on 4<sup>th</sup> April 2023. A Government commissioned report was with the Department of Health and Social Care to decide whether the review's recommendations will be accepted. The ICB and ICP will consider the report once further guidance was received.

NHS England delegated to ICBs the commissioning responsibilities for pharmacy, ophthalmology and dentistry services from the 1<sup>st</sup> April 2023. ICBs already have delegated authorities for the commissioning of general practice.

## **Options considered**

None arising from this report.

## **Decision**

The ICP resolved to note the report for information and assurance.

## **Reasons**

The ICB was a key partner within the ICP and matters affecting policy or performance would have implications for local service delivery. The report aimed to keep ICP members sighted

on relevant matters, to inform broader discussion.

**MINUTES END**