



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

6 October 2022

Report of the Executive Director of Adult Social Care and Health

**Update report on the work of the Shadow Derby and Derbyshire
Integrated Care Partnership**

1. Purpose

- 1.1 This report provides and update on activity in the last quarter from the Derby and Derbyshire Integrated Care Partnership that is relevant to the Derbyshire Health and Wellbeing Board, it's development and strategy implementation.

2. Information and Analysis

- 2.1 Within the revised terms of reference for both the Health and Wellbeing Board and the Integrated Care Partnership (ICP) there is the recognition of the importance of regular sharing of information between the Boards to enable effective coordination of issues across the health and wellbeing agenda and to ensure the development of a transparent partnership approach as the new governance arrangements are established.
- 2.2 The Health and Wellbeing Board will provide a summary update report on activity from the ICP each quarter with then a reciprocal report feeding back into the ICP on the work of the Health and Wellbeing Board. Several senior officers also sit on both partnership groups and can present the updates as well as providing further verbal updates as required.

- 2.3 The Integrated Care Partnership in Derbyshire is continuing to meet in shadow format, when it will become a formally constituted joint committee between the Integrated Care Board (ICB), Derbyshire County Council and the City Council.
- 2.4 In the last quarter there has been extensive development work reflecting on the proposals put forward by the Derbyshire and Derby City Health and Wellbeing Boards to agree a clear role and function for the ICP.
- 2.5 The ICP Terms of Reference are informed by and responds to the HWB development work that has taken place as agreed in the scoping discussions which took place between ICP members at the first meeting of the Partnership. A copy of the terms of reference are attached for information as Appendix 2 to this report.
- 2.6 It has been agreed that the ICP will be chaired by the Chair (or nominated representatives) of Derbyshire Health and Wellbeing Board and Derby City Health and Wellbeing Board on a rotating basis. The Chair of Derby and Derbyshire ICS will act as vice chair. This is a positive step and will ensure good read across on an ongoing basis and also an effective feedback mechanism.
- 2.7 In addition, Derbyshire County Council, Derby City Council and the Integrated Care Board have developed formal governance papers to establish the ICP as a joint committee. This paper will be considered by Derbyshire County Council's Cabinet on 13 October. It is proposed that the Integrated Care Partnership is hosted by Derby City Council on behalf of the three constituent bodies.
- 2.8 Initial planning and development work has also commenced on the Integrated Care Strategy (ICS Strategy), which is sponsored by the ICP, and scoping has made clear that this will not duplicate the priorities and work of the Health and Wellbeing Strategy in relation to primary prevention and tackling health inequalities.
- 2.9 The strategy development is being informed by the Derbyshire Joint Strategic Needs Assessment (JSNA) and wider insight which is being collated by the Joined Up Care Derbyshire Engagement Team.
- 2.10 The Government has requested that all ICP's complete an initial version of the ICS Strategy by December 2022. A final version of the strategy will be shared with the Health and Wellbeing Board, who will then need to consider whether the Derbyshire Health and Wellbeing Strategy needs to be updated to reflect the priorities and provide place level

leadership to ICS priorities. This works well as the HWBS is due for refresh in 2023 irrespective of these developments.

- 2.11 It has also been agreed that initially the ICP will not have a formal sub-committee structure, but work is taking place across the system to map how groups such as the Integrated Place Executive and County Place Partnership can evolve to support the delivery of the ICS Strategy. Work is also taking place at a county level to consider whether the County Place Partnership could act as an 'engine room' to deliver both the priorities of the ICS Strategy and the HWBS. Views on this proposal are welcomed from the Health and Wellbeing Board members alongside feedback as to whether any of the subgroups of the Health and Wellbeing Board would better sit linked to the County Place Partnership to act as thematic 'mini engine rooms' to drive forward priority-based work.
- 2.12 More broadly, Joined Up Care Derbyshire has introduced regular Team Derbyshire Briefings for all health and care colleagues working in Derby and Derbyshire. Sessions look at different aspects of the health and care system to help grow our understanding of what it means to be an Integrated Care System. Members of the Health and Wellbeing Board may find it useful to attend these virtual sessions. JUCD publishes bi-monthly newsletters which provide news and updates on the ICS. More information on Joined Up Care Derbyshire can be found by accessing: <https://joinedupcarederbyshire.co.uk/>

3. Alternative Options Considered

- 3.1 Not accept the update report from the Integrated Care Partnership.

4. Implications

- 4.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

5. Appendices

- 5.1 Appendix 1 – Implications.
5.2 Appendix 2 – Integrated Care Partnership Terms of Reference.

6. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the development work of the Integrated Care Partnership and development of the Integrated Care Strategy.
- b) Consider whether there is an opportunity to align the operational delivery work associated with the Health and Wellbeing Strategy priorities with the County Place Partnership so there is a combined 'engine room' working to deliver health, wellbeing and care priorities for the county.

7. Reasons for Recommendation(s)

- 9.1 To provide the Health and Wellbeing Board with the latest updates from the Derby and Derbyshire Integrated Care Partnership
- 9.2 To provide an opportunity for the Health and Wellbeing Board to consider how strategic priorities can be best delivered across the system maximising opportunities for joint working, preventing duplication and aligning the work of the Health and Wellbeing Board with the Integrated Care System.

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Appendix 1

Implications

Financial

1.1 There are no financial implications of this report.

Legal

2.1 Health and Wellbeing Boards were established as statutory committees for upper tier local authorities within the Health and Social Care Act (2012). The 2012 Act prescribed core statutory functions and membership of the Board.

2.2 The Health and Social Care Act (2022) outlines a number of changes to NHS governance structures, including the requirement for Health and Wellbeing Boards to work alongside Integrated Care Boards and Integrated Care Partnerships.

Human Resources

3.1 There are no human resource implications of this report.

Appendix 2 – Terms of Reference for Integrated Care Partnership



Derby and Derbyshire Integrated Care System Partnership (ICP) Terms of Reference and core strategic functions

Background

The Derby and Derbyshire Integrated Care Partnership (ICP) is a statutory joint committee in accordance with Section 116ZA of Local Government and Public Involvement in Health Act 2007 and is part of the Derby and Derbyshire Integrated Care System (ICS).

Derby and Derbyshire Integrated Care System works across the local authority footprints of Derby City and Derbyshire County. The ICP is one of two statutory bodies within the ICS, the other being the Derby and Derbyshire Integrated Care Board (ICB), which has also been established by legislation.

The ICP is a broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population, jointly convened by local authorities and the NHS as equal partners to facilitate joint action to improve health and care outcomes and experiences, influence the wider determinants of health, and plan and deliver improved integrated health and care.

The ICP will work alongside other organisations and members of the voluntary sector, as well as the Health and Wellbeing Boards for Derby and Derbyshire, in relation to delivering population health and wellbeing outcomes.

Purpose and function

The ICP's primary purpose will be to act in the best interest of people, patients, and the system, rather than representing individual interests of any one constituent partner.

Under s1176ZB of the Local Government and Public Involvement in Health Act 2007 the Derby and Derbyshire ICP is required to prepare an Integrated Care Strategy that:

- Details how the needs of resident of its areas will be met either by the ICB, NHS England or local authorities.

- Considers how NHS bodies and local authorities could working together to meet these needs using section 75 of the National Health Service Act 2006.
- Must have regard to the NHS mandate and guidance published by the Secretary of State.
- Involves Local Healthwatch and people who live or work in the ICP's area.
- Is reviewed and revised as required when a new joint strategic needs assessment is received from a local authority within the ICP.
- Considers how health related services can be more closely integrated with arrangements for the provision of health services and social care in its area.
- Is published and provided to each local authority in its area and each partner Integrated Care Board of those local authorities.

Under s116B of the Local Government and Public Involvement in Health Act 2007 a local authority and each of its partner ICPs must have regard to:

- Any joint assessment of health and social care in relation to the area for which they are responsible.
- Any Integrated Care Strategy that applies to the area of the local authority.
- Any Joint Health and Wellbeing Strategy prepared by the local authorities and any of its partner ICBs.

These statutory functions will be supported by the following actions:

- Provide a forum to build on the joint positive working between the NHS ,local authorities and the voluntary sector.
- Sign off the strategic intent for the health and social care system including the development of the Integrated Care Strategy and refresh
- Oversee integration between NHS and social care, including conversations about shared budgets.
- Leads on preventative actions that are clearly linked to health and social care service provision.
- Drive the delivery of a shift of resources into prevention
- Provide the opportunity to unblock obstacles to success emerging in local Place Alliances and to hear the voices of those on the frontline to inform strategic thinking and planning within Derby and Derbyshire Integrated Care System.
- Develop a clear view on the contribution of the health and social care services into improving population health, the wider determinants of health and reducing health inequalities.
- Contribute to the “anchor” approach.

- Working with Health and Wellbeing Boards and with broader partnerships and partners to support action linked to primary prevention and the wider determinants of health.
- Collaborate with the activity of the Integrated Care Board to ensure an aligned approach to activity.
- Mobilises services linked to partner organisations to operationalise and support delivery in health and social care space

Chairing

Chair

The meeting will be chaired on a rotating basis by the Chair of Derby Health and Wellbeing Board and the Chair of the Derbyshire Health and Wellbeing Board.

The Health and Wellbeing Board representatives or ICB representative can name a suitable delegate to represent them on a regular basis at the meeting.

Vice-chair

The vice chair will be the ICB Board Chair, and this person will deputise should the scheduled Chair be unable to attend a meeting.

The chairs and vice chair will be equal functional roles in this partnership.

Chairing arrangements

The chair of the meeting will rotate after every three meetings. Development sessions will be jointly chaired, and appropriate arrangements will be put in place for any additional meetings convened at short notice.

Should neither the Chair nor vice-chair be able to attend a meeting of the Integrated Care Partnership, the ICP members present at meeting will agree to appoint a Chair for that meeting from the members present. It is assumed that in the first instance the Health and Wellbeing Board Chair not currently holding the chair on the rotation would be asked.

Membership

The full Integrated Care Partnership membership will comprise:

- Rotating Chairs: Derby City Council Health and Wellbeing Board Chair and Derbyshire County Council Health and Wellbeing Board Chair.
- Vice Chair: Integrated Care Board Chair
- NHS Derby and Derbyshire Integrated Care Board:
 - the ICB Chief Executive Officer
 - One Executive Director member

- One Non-Executive member

At least one member of the ICB must be present at the meeting.

- Political leadership from Derby City Council and Derbyshire County Council comprising:
 - Executive member with responsibility for Public Health (if not covered by Health and Wellbeing Board Chair role)
 - Executive member with responsibility Adult Social Care
 - Executive member with responsibility Children's Social Care
- Local authority officers from Derby City Council and Derbyshire County Council comprising:
 - Statutory Officer who fulfils the role of Director of Adult Social Services
 - Statutory Officer who fulfils the role of Director of Children's Services
 - Statutory Officer who fulfils the role of Director of Public Health

At least one representative from each local authority must be present at the meeting. This can be a political or senior officer representative.

Other members of the Integrated Care Partnership include:

- Derbyshire Community Health Services NHS Foundation Trust, Chief Executive
- Derbyshire Healthcare NHS Foundation Trust, Chief Executive
- University Hospitals of Derbyshire and Burton NHS Foundation Trust, Chief Executive Officer
- Chesterfield Royal Hospital NHS Foundation Trust, Chief Executive Officer.
- East Midlands Ambulance Service NHS Foundation Trust representative.
- DHU Health Care, Chief Executive
- Primary Care Networks Clinical Director
- Place Partnerships Clinical Chair
- Provider GP Leadership Board Chair
- Clinical Professional Leadership Board Chair
- District and borough council political leadership comprising:
 - Two elected members who are representatives on Derbyshire Health and Wellbeing Board
- District and borough council chief officers comprising:
 - Two chief officers from the same organisations as the political district and borough council leadership reps
- Voluntary and Community Sector representatives:

- One person representing Derbyshire based organisations
- One person representing Derby City based organisations
- Healthwatch Chief Executive Officers
 - Healthwatch Derbyshire, Chief Executive Officer, Healthwatch Derbyshire.
 - Healthwatch Derby, Chief Executive Officer, Healthwatch Derby

Specific officers may be asked to attend meetings to provide detailed insight and input to topics or issues and these officers will not be able to vote on matters. NHS England shall be entitled to attend meeting as an observer and shall not be entitled to vote.

The ICP membership will be reviewed annually in line with the financial year commencing in April.

Public and patient experience, including those with lived experience, will feed into the Derby and Derbyshire ICP through its engagement activities and its Citizens Panel which will inform the work of the partnership.

Attendance

Attendance of ICP meetings will be monitored and fed back to the ICP annually. Members are expected to attend at least four meetings held each calendar year.

Term of office

The term of office of members shall end if:

- a) Rescinded by the organisation by whom they are appointed
- b) If a Councillor appointed by a Council cease to be a member of the appointing Council
- c) If the individual change's role within an organisation and is no longer in the role that led to their appointment to the ICP.

Substitutes

It is expected that members will prioritise attendance at these meeting and make themselves available. Exceptionally where this is not possible a deputy of sufficient seniority may attend, if required who will be able to make decisions on behalf of their organisation in accordance with the objectives set out in the Terms of Reference for this group. The Chair of the ICP must be informed in advance of the relevant meeting of the identify of a substitute.

Responsibilities of ICP members

Members should be senior leaders and key decision makers who are able to actively contribute to, and be collectively accountable for, the development and delivery of the Integrated Care Strategy and achievement of our shared ambition to health and care outcomes and reduce health inequalities.

All members will:

- Fully engage in the Integrated Care Partnership including active participation in discussions and decision-making relating to all relevant agenda items.
- Propose, as appropriate, agenda items, for information or discussion, to the Integrated Care Partnership.
- Represent their respective organisations or networks they represent and must take responsibility for communicating all relevant information within their organisation or network.
- Actively progress any strategic decision or action agreed at the Integrated Care Partnership through their own organisation and any relevant partners and networks.
- Ensure full support and implementation of the Integrated Care Strategy through their own organisation and relevant networks.
- Ensure their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.
- Members are expected to make good two-way connections between the Derby and Derbyshire ICP and the constituent partners, modelling a collaborative approach to working, and listening to the voices of people, patients, and the public utilising where possible the 'Ten principles for how ICSs work with people and communities, attached as Appendix 2.
- District Council members are in attendance on behalf of the other district councils and therefore have an obligation to feed in and out from the broader group of district councils.
- For Local Authority representatives this will be in accordance with the due political process.
- The Integrated Care Partnership will direct and commission specific pieces of work
- ICP members will be expected to action, coordinate, and feedback on agreed actions within agreed timescales.

Frequency

The ICP will meet every eight weeks for a maximum of 3 hours unless the ICP agrees via a formal vote of members at the meeting to continue beyond this time limit.

If there is insufficient business the Chair can agree to cancel the meeting up to 5 days in advance of the set meeting date.

The date, time and venue of meetings will be fixed in advance and an annual schedule of meetings will be agreed.

Additional meetings may be convened at the request of the Chair or Vice Chair.

Reporting

Reports considered by the Integrated Care Partnership will need to make a clear recommendation and demonstrate how they are delivering against integrated Care Strategy priorities. Reports for information and noting will be circulated electronically between meetings to ensure that information is shared in a timely manner.

Agenda planning

All partnership members will be asked to put forward reports for consideration prior to agendas being finalised.

The Chair will set the agenda for the meeting.

Meeting Agenda

The agenda will be approved by the co-chairs and will follow the following format:

- a) Apologies
- b) Declarations of Interest
- d) Minutes and action log of previous meeting
- e) Items for discussion and decision
- f) Items for information (where no decision is required).

All reports associated with agenda items must meet standard reporting requirements and be received by the secretariat by the date stated when agenda items are requested.

No late items will be accepted.

The agenda will be published at least five clear working days before the meeting, a copy of the agenda and associated papers will be sent to every member of the ICP.

Minutes

The minutes of the proceedings will be approved at the next suitable meeting after they have been agreed as a correct record at that meeting. The minutes will be accompanied by a list of agreed action points which may be discussed in considering the minutes of the previous meeting should they not be specifically listed as items on the agenda for that meeting.

Quorum

The meeting will be quorate when one ICB representative and one local authority member from both Derby and Derbyshire local authorities are present. The meeting will not proceed if Quorum is not met.

If any member of the Derby and Derbyshire ICP has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

Declaration of Interests

Any interests held by members should be declared on any item of business at the meeting in accordance with procedures of the host authority.

The code of conduct for the members organisation will apply e.g., Derbyshire County Council Councillor will utilise their code of conduct. If organisations do not have their own code of conduct, then the code of conduct for the organisation hosting the meetings will apply.

Voting

At this stage of its development the ICP will operate on a consensus basis.

Where items cannot be agreed on a consensus basis a small task and finish group involving necessary representatives will be established to consider matters outside of the ICP meeting, reporting back with an agreed way forward. If required, this will be facilitated by a third party.

Development sessions

In addition to the formal public meetings, the ICP will hold regular development sessions. Development sessions will be held in private to support specific issue focused discussion and learning and active development of ICP members.

Operational Delivery

Where possible delivery against priorities in the ICS Strategy and actions agreed by the ICP will be delivered by established system groups.

The ICP will be mindful of other system priorities and key groups, such as the Health and Wellbeing Board, Health and Wellbeing Partnerships and City Partnership when agreeing work programmes or actions.

The ICP will have a clear understanding of its relationships with other boards and seek to avoid duplication of effort and ensure alignment with other system activity. The governance diagram at Appendix 1 of this document sets out the relationship between the ICP and other groups and programmes of work in Derbyshire. If required a protocol document between the ICP and other strategic groups will be established to facilitate discussions and delivery against priorities.

The ICP will have two groups which can as appropriate report into the meeting, the Integrated Place Executive, and the Provider Collaboration Board. The Board will also receive regular updates from Derbyshire Health and Wellbeing Board and Derby Health and Wellbeing Board. The ICP will also update other Boards on its programme of work on a regular basis.

Place Alliances will be aligned to the Integrated Care Partnership and act as a delivery structure, working alongside Derbyshire Health and Wellbeing Partnerships and strategic groups in Derby City, to coordinate delivery of agreed actions and pieces of work.

Task and finish groups will be established by exception to take forward key pieces of work where this is no identified system group. Task and finish groups will include representatives from partner organisations and wider stakeholders.

Access to Information/Freedom of information

The ICP shall be regarded as a local authority committee for access to information purposes and meetings will normally be open to the press/public.

ICP papers

The agenda and supporting papers shall be circulated at least five clear working days in advance meetings and published on the Derby City Council website. Minutes will be published on the Derby City Council website.

Partners will be able to link to this online resource and share information about forthcoming meetings as appropriate.

Scrutiny

Decisions of the ICP will be subject to scrutiny and the “call-in” powers of the constituent councils’ scrutiny arrangements.

Secretariat

The Secretariat role will be provided by Derby City Council. This role will include minute-taking and distribution, administration of all agenda items and associated papers.

Remuneration

Members attendance at meeting will not result in additional payments. Mileage and expenses can be made by the respective authorities or organisations in line with organisational policy and procedures.

Support arrangements

The host authority will also provide support via the Monitoring Officer and Section 151 officer.

Information Sharing Protocol

If necessary, the ICP and partners will develop an information sharing protocol to enable the effective sharing of information and ensure compliance with General Data Protection Regulations.

Review

These terms of reference will be reviewed annually or earlier if required.

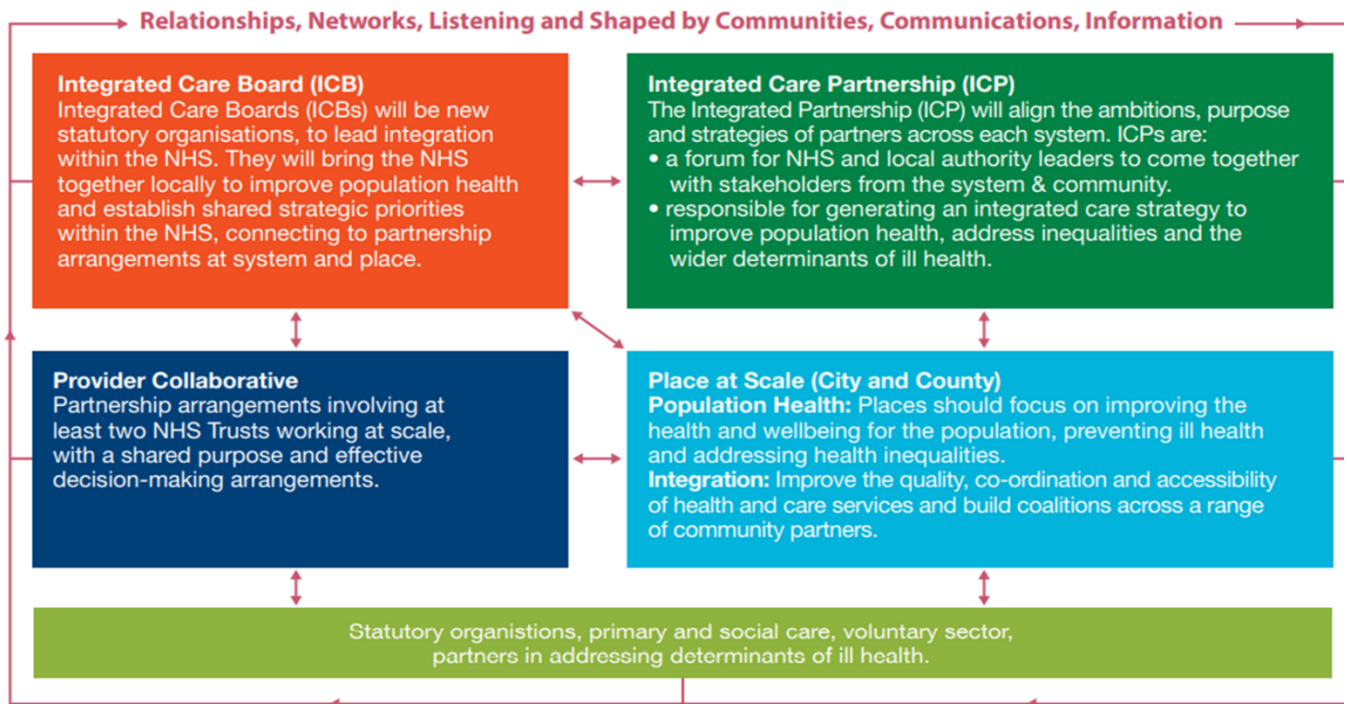
Last Review

September 2022

Next Review

April 2023

Terms of Reference Appendix 1: ICP Relationship with other Boards



Terms of Reference Appendix 2: Ten principles for how ICSs work with people and communities

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight, and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places