**Integrated Place Executive (IPE) meeting updates**

The IPE brings together people from the City and County Place partnerships to support the Integrated Care Partnership. It has had two meetings so far that I’ve been present at. The IPE produces a “key messages” summary after each meeting which summarises key points. I’ve copied both below. There are a lot of supporting papers and presentations for each item and meeting which I haven’t included.

From a VCSE perspective the key areas I picked out and raised at the meetings were,

* How the VCSE sector can play a part as an equal partner in helping to address key challenges such as discharge through the shaping, design and delivery of services, being clear about at what part of the system engagement is most useful. This might lend itself to a topic based approach.
* The impact on the VCSE sector of retaining both the Health and Wellbeing Boards (HWB) and the Integrated Care Partnership (ICP). It appears as though the HWB Boards will focus on primary and secondary preventative actions and the ICPs focus on secondary and tertiary preventative actions. The City HWB has agreed particular action areas following the “Turning the Curve” outcome areas. If, like me you struggle to know the difference between primary, secondary and tertiary actions, the two diagrams at the end of this briefing on obesity and tobacco help to illustrate this. My expressed concerns were that this could be confusing for VCSE organisations and difficult to engage with as some groups will be dealing with all three kinds of activity. It also means coordinating input becomes even more complex for us.
* The presentation on end of life care was really interesting and I think suggests a way forward for constructive partnership approaches between VCSE and statutory partners. There is perhaps learning that could be applied to other areas.

Below are the two “key messages.

**Key Messages from First Integrated Place Executive on 19th May, sent on behalf of Dr Penny Blackwell, Chair of the IPE**  
  
Dr Penny Blackwell (Chair of IPE) welcomed everyone to the meeting and after introductions shared a short introduction presentation (attached) to set the scene.  
  
The key message from Penny is that Place will grow, flex and change over the next few years.  We are developing, and so nothing about the new arrangements is set in stone. It is expected that key behaviours from Place will continue in terms of collaboration, equal partner contributions, distributed non-hierarchical leadership, all ideas welcome, learning by doing.  
  
Helen Jones (Executive Director for Adult Social Care and Health, Derbyshire County Council) reminded people of the structural background in terms of the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP), Tracey Allen (Chief Executive of Derbyshire Community Health Services NHS Foundation Trust) talked through the timeline of the production of the ICP Strategy which will be in the autumn of 2022 to then feed into the ICB strategy which will be produced January to March, and Kate Brown (Director of Joint Commissioning and Community Development, Derby & Derbyshire CCG) talked through the next steps regarding developing a forward plan for Place.  
  
The key messages from this section and the following discussion were:

* The ICP strategy neds to be co-produced
* We are building on what we already have in Place
* The IPE is working on behalf of the City and County Place partnership Boards to do things once where that makes sense however there is important subsidiarity to Local Place Alliances to deliver and also for them to influence back up.
* Different elements of the new Integrated Care System structure (the ICB, ICP, Place partnerships, IPE) are developing at different paces.  The City Place Partnership is in development from the current Place Alliance and it is expected that the County Place Partnership will come into being in the next few months.
* We need to focus on integrating our services / approaches to make a difference to citizens whilst all the broader relationships settle and become clearer
* It is all quite complex so within that we need keep what and how we want to do simple

Craig Cooke (Chief Data Analyst, JUCD) shared the attached presentation (see paper Aii)  
The key messages:

* Support from the IPE for the general approach which is to try and condense down the huge amount of data we have to look at what the focus areas might be.  Ensure qualitative measures and soft intelligence are given equal, if not more status and experience of services can be a powerful driver for change.
* Next step would be to do some work with the populations themselves .
* Craig will follow up, working with others, and try and connect up the work that is currently going on and also how it links to the Local Place Alliances. He will also bring back a firmer proposal on the qualitative data point

Dr Ian Lawrence (Clinical Lead – Team Up Derbyshire) shared the attached presentation regarding Team Up 2.0 (see paper Bii)  
Support for this as an approach  
  
Dr Duncan Gooch (Chair of the Primary Care & Community Delivery Board)  
Proposed Delivery Board to report to IPE – Agreed and review in September when already agreed a review point around ICB / ICP / HWBBs  
  
Angela Wright (Asst Director Place Development & Delivery) presented a list of business that used to be conducted at Integrated Community Place Board for the IPE to decide whether / how they want to oversee this. Agreed this needs further discussion to ensure IPE time is spent on that which is done better together but also support the relevant workstreams with appropriate escalation routes.  
  
The Terms of Reference were shared and it was agreed these need to be updated to reflect the meeting discussion but that as per the theme shared at the start they will need to develop along with the whole approach.  
  
**Penny**  
  
**Dr Penelope Blackwell**  
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**30th June, Integrated Place Executive, Key Messages**

The second Integrated Place Executive was chaired by Tracy Allen, the key messages and presentations from the meeting are as follows:

* Magnus Harrison (Medical Director and  Interim CEO of UHDB) opened the discussion by sharing the experience of UHDB over the last week in terms of the operational pressure caused by high Urgent Care demand.  There has been an  Urgent and Emergency Care summit recently and Magnus reiterated the same message at the IPE that he communicated there which was  "Many of the solutions to manage demand exist outside of hospital, the answer is not to increase acute capacity but for the whole system including the acutes to focus effort on the system outside of the acutes"    This acknowledgement was welcomed by the group and the point was made that many of the agenda items of the meeting concern how we are responding to that.  There is work ongoing at the moment as part of Team Up that will have increasing impact over the next few years but we also need to address the coming winter. There were offers of additional support from the VCSE sector and concern raised about the additional impact the pressures on affording heating and food may have on demand this winter. Also the opportunity the vaccination programme may afford to provide the interventions that may help manage demand.  There is lots of support and work ongoing in the primary and community sector but we need to focus on how to increase and strengthen the connections to it.
* Zara Jones, incoming Director of Strategy and Planning for the Derbyshire Integrated Care Board  (ICB) shared the attached presentation regarding the Strategic Intent function of our Derbyshire Integrated Care System.
* It was agreed that further discussion was needed to understand how this reads across and it would be interesting to take outside of the meeting to allow further reflection and discussion and consult the Local Place Alliance leadership.
* Following up from the Team Up 2.0 Community Transformation Programme discussion at the May IPE, the meeting heard proposals concerning the next steps around this to help decide priorities around this programme. These were fully supported by the IPE but as these involved commitment of system resource they were recommended to be taken forward for more detailed engagement and consideration in the ICS.
* Introduction to the Derbyshire End of Life Strategy (EoL). Michelle Bateman, Dr Pauline Love & Louise Swain representing the Derbyshire EoL Board shared with the IPE the attached presentation which sets out the current position and the work planned for 22/23.  The paper and presentation were well received and the IPE supported the recommendations and are happy to support the EoL Board to be empowered to implement change and coordinate services better and are keen to support where escalation is required or significant system change proposed.
* Finally, the attached presentation updated on the thinking regarding production of the Integrated Care Partnership Strategy, a requirement for all systems.   The discussion focussed  on the questions at the end of the slide set. There was support for the suggestion that we think of it as more of a strategy to integrate care rather than a integrated care strategy.  The group were keen to ensure it would add value and be meaningful for the system and not just bring together other strategies already in existence . One suggestion to support this would be to ensure the strategy supported local planning regarding what would be different at a local level.   Tracy brought the discussion to a close by acknowledging that by necessity the process of developing the strategy would be a continuous engagement process so this would be a continuing conversation with all stakeholders.



