

NHS DERBY AND DERBYSHIRE ICB BOARD MEETING IN PUBLIC

Held on Thursday, 16th January 2025

Joseph Wright Room, Council House, Derby DE1 2FS

Confirmed Minutes

Present:		
Dr Kathy McLean	KM	ICB Chair (Meeting Chair)
Michelle Arrowsmith	MA	ICB Chief Strategy and Delivery Officer / Deputy CEO
Jim Austin	JA	Chief Executive Officer, DCHSFT (Participant Member to the Board for Place)
Dr Avi Bhatia	AB	Participant to the Board for the Clinical & Professional Leadership Group
Dr Chris Clayton	CC	ICB Chief Executive Officer
Jill Dentith	JED	ICB Non-Executive Member
Helen Dillistone	HD	ICB Chief of Staff
Andrew Fearn	AF	Joint Chief Digital Officer, DDICB and NNICB
Claire Finn	CF	Interim Chief Finance Officer
Margaret Gildea	MG	ICB Non-Executive Member / Senior Non-Executive Member
Ellie Houlston	EH	Director of Public Health – Derbyshire County Council (Local Authority Partner Member)
Prof Dean Howells	DH	ICB Chief Nurse
Dr Andrew Mott	AM	GP Amber Valley (Partner Member for Primary Care Services) / Medical Director of GP Provider Board
Dr Deji Okubadejo	DO	ICB Clinical Lead Member
Stephen Posey	SPo	Chief Executive, UHDBFT / Chair of the Provider Collaborative Leadership Board (NHS Trust and FT Partner Member)
Lee Radford	LR	ICB Chief People Officer
Paul Simpson	PS	Chief Executive, Derby City Council (Local Authority Partner Member)
Nigel Smith	NS	ICB Non-Executive Member
Sue Sunderland	SS	ICB Non-Executive Member
Dr Chris Weiner	CW	ICB Chief Medical Officer
In Attendance:		
Kathryn Durrant	KD	ICB Executive Board Secretary
Dr Allie Hill	AH	GP / Derbyshire Trailblazer Fellow, West Park Surgery
Christina Jones	CJ	ICB Head of Communications
Suzanne Pickering	SP	ICB Head of Governance
Sara Bains	SB	Wellness and Inequalities Lead for Erewash PCN
Dawn Atkinson	DA	ICB Programme Director, ICS Digital Programme
3 members of the public		
Apologies:		
Mark Powell	MP	Chief Executive DHcFT (NHS Trust and FT Partner Member)

Item No.	Item	Action
ICBP/2425/099	Welcome, introductions and apologies: Dr Kathy McLean (KM) welcomed all Board Members and attendees to the Board Meeting in Public. Introductions were made as below:	

	<ul style="list-style-type: none"> • Nigel Smith was introduced and welcomed to his first Board meeting as Non-Executive Member; • Andrew Fearn was introduced and welcomed to his first Board meeting as Joint Chief Digital Officer for the ICB and Nottingham and Nottinghamshire ICB. Dawn Atkinson was welcomed in a supporting role to Andrew; • Dr Allie Hill and Sara Bains, presenting the Citizen Story item, were introduced and welcomed; and • the observing members of public were welcomed and it was noted that one question to the Board was received from a member of the public who was in attendance. <p>Apologies for absence were received as noted above.</p>	
<p>ICBP/2425/100</p>	<p>Confirmation of quoracy</p> <p>It was confirmed that the meeting was quorate.</p>	
<p>ICBP/2425/101</p>	<p>Declarations of Interest</p> <p>The Chair reminded Committee Members of their obligation to declare any interests they may have on issues arising at Committee meetings which might conflict with the business of the ICB.</p> <p>Declarations made by members of the Board are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the ICB Board Secretary or the ICB website, using the following link: https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/</p> <p>With regards to Item 108 it was noted that Dr Andrew Mott is the Medical Director of the Derby & Derbyshire GP Provider Board; it was confirmed that this interest does not constitute a conflict.</p>	
<p>ICBP/2425/102</p>	<p>Minutes of the meeting held on 21st November 2024</p> <p>The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.</p>	
<p>ICBP/2425/103</p>	<p>Action Log – November 2024</p> <p>The Board NOTED the action log, which will be updated accordingly.</p>	
<p>ICBP/2425/104</p>	<p>Citizen's Story: Can community-based projects begin to reduce health inequalities?</p> <p>Dr Andrew Mott, Dr Allie Hill and Sara Bains presented a summary of several projects to address inequalities in Erewash by reaching out to and providing health checks in the community to cohorts that can be challenging to reach. The projects comprised:</p> <ul style="list-style-type: none"> • a health check day at Travis Perkins Builders' Merchant, with a focus on engaging with men who might otherwise not engage with healthcare services or receive a health check; and • working with a breakfast club / food bank and a mental health self-help group to engage with and provide health checks for users of these services. <p>The projects link into the ICB's priorities around integrated working with Public Health colleagues and prevention, particularly of cardiovascular disease, and provide a strong example of local leadership in the ICB's role as an anchor institution.</p> <p>The results of the projects were very positive, with a considerable number of health checks carried out on people who would likely not otherwise have received them. Of the checks carried out, the majority required a follow up</p>	

	<p>check or further care; without the projects' work it is possible that these unchecked conditions would have worsened, eventually requiring the patient to present to Primary or Urgent Care for more intensive treatment. Another benefit to the projects has been spending time in the community, building relationships and trust with service users and colleagues in other sectors and enabling codesign of services with those who will implement and use them, ensuring the services are fit for purpose and that the target group will engage with them.</p> <p>The Board thanked the presenters and made the following comments:</p> <ul style="list-style-type: none"> • the work is extremely innovative and rolling it out across Derbyshire would be highly beneficial. It is important to recognise where the population live, work and spend time, and projects such as these succeed by going out to them in their communities rather than requiring individuals to make the effort to engage with and attend healthcare services; • there is a cost element to taking services out to the community as this work takes considerable time and effort in addition to material resources. However, the economic and moral argument is in favour of this approach as it can pick up significant numbers of healthcare issues earlier, preventing future need for more expensive care; • there are similar schemes taking place across Derbyshire and surrounding areas including projects working with groups that might struggle to prioritise healthcare, for example taxi drivers and refuse collectors. These projects are building community networks which could be used to further this work among other cohorts. Once conversations start, further opportunities are created; • the link between deprivation and health inequalities was stressed. Patients from deprived areas wait longer for outpatient appointments, are more likely to be readmitted to hospital and less likely to access follow up aftercare; and • the Board are keen to regularly see the data that supports this work, in particular with a view to monitoring progress in the most deprived areas. The Joint Strategic Needs Assessment (JSNA) is a key data source for this work and will be brought to a future Board session. <p>ACTION: It is recognised that the use of the data that supports community-based projects sits with the Integrated Place Executive (IPE) oversight and Place Alliances. The ability to collate, share and surface data is one that the ICB is leading on through the data teams. JA, CW and AF to update Board on progress and barriers.</p> <p>The Board NOTED the Citizen's Story.</p>	<p>JA, CW, AF</p>
<p>ICBP/2425/ 105</p>	<p>Chair's Report</p> <p>The Chair highlighted the following:</p> <ul style="list-style-type: none"> • thanks were given to staff for their hard work through a winter period that has been challenging for the ICB, the NHS, Local Authorities and the Voluntary Sector due to the high levels of viruses in circulation and continual pressure on all parts of the system. The Chair noted that there is still time to receive seasonal vaccinations and encouraged all to do so if possible; • the end of the financial year is approaching and the system is under increased pressure in the final quarter to achieve and deliver on all objectives. The Chair stressed the importance of the system keeping its promises and thanked staff for all their hard work in planning for next year and beyond; 	

	<ul style="list-style-type: none"> the most recent Board seminar session in December, on the subject of Mental Health, was very useful and will inform the system's thinking moving forward; the Chair has been visiting programmes in Derbyshire to observe care being delivered on the frontline and noted that a recent visit to Jericho House was inspirational; nationally the government's focus is on reducing waiting times for planned care. The Derbyshire system is contributing to the 10 Year Plan which is currently being developed; and the Chair noted that the English Devolution White Paper will have an impact on the Derbyshire system. The Chair and Dr Chris Clayton (CC) have been meeting with the East Midlands Combined County Authority Mayor to discuss future plans and working together. The challenge faced by the system of finding a strategic space to maximise the benefits of devolution, while also maintaining focus on current priorities, was stressed. <p>The Board NOTED the Chair's report.</p>	
<p>ICBP/2425/106</p>	<p>Chief Executive's Report</p> <p>Dr Chris Clayton (CC) highlighted the following:</p> <ul style="list-style-type: none"> the Chair's comments around the locally and nationally challenging winter were echoed, with urgent and emergency services and general practice especially under pressure; the big markers in terms of patient safety and quality are stretched. The focus has been on reducing ambulance queues and live information indicates that there has been improvement in performance since Christmas and New Year. CC stressed the importance of recognising that targets represent real patients and of managing risk to patients waiting in the community; the system's mission remains to stabilise and reduce waiting lists and maintain the improved position on cancer; the government's planned changes to the landscape of local authorities will bring changes for the system; there may be additional financial challenges arising from this for local authorities and the system will support where possible; and engagement work is currently taking place across the East Midlands around fertility in order to align this important policy across the whole region. <p>The following comments were made on the Chief Executive's report:</p> <ul style="list-style-type: none"> it was clarified that public transport in the combined local authority is different to other areas; there are 4 local authorities each with responsibility for public transport rather than this being a separate transport organisation as is the case elsewhere; and there was further discussion on the White Paper, and the government's intent to ensure all of England is covered by a unitary council. Derbyshire local authorities will receive a letter later this month to set out the plans and leaders have been given the authority to work with other local authorities to look at the proposals. It was stressed that this is the biggest change to local government in 50 years; the Board recognised and acknowledged the significance of the policy and will work together to minimise disruption. It was suggested that it would be useful to have space in a Board seminar session to explore the implications of this issue. <p>The Board NOTED the Chief Executive's report.</p>	
<p>ICBP/2324/</p>	<p>One Workforce System Strategy, Approach and Ethos</p>	

<p>107</p>	<p>Lee Radford (LR) gave an update on the strategy, an overview of which was presented to the Board last year, to attract, develop and retain workforce in Derbyshire. Key points highlighted included:</p> <ul style="list-style-type: none"> • the importance of ensuring that an inclusive culture is created; • the 'Step into work' programme has been very successful but a more joined-up approach is needed, with scaled up system-wide recruitment campaigns; • the system has an ageing workforce and a largely untapped workforce in the voluntary sector; • a significant engagement exercise has been taking place across all sectors, including steering groups, and the workforce have responded enthusiastically. The People and Culture Committee have been exploring the data resulting from the exercise in order to understand the current and future workforce. For example, there are a significant number of current Derby University students who are neurodiverse and the system will need to foster an inclusive workplace to encourage recruitment among young people like these; and • opportunities are being identified for use of digital innovations to strengthen the workplace culture. Innovations will be retested with partners to ensure that they will meet future needs. The importance of transformation and commitment under the remit of the system's role as anchor organisation was stressed. <p>The Board noted and discussed the strategy, with the following comments:</p> <ul style="list-style-type: none"> • LR was praised on the strategy, which is a positive development. There are many arising points to take into account and when the 10 Year Plan is released there may be additional impact from the digital sphere. The system will need to be innovative, while remaining within the financial envelope; • It was noted that many of the staff who will be working in the system in five years' time are already here, therefore it will be necessary to refocus the workforce's skills; • it was suggested to develop in the workforce a sense of contributing to the whole patient journey, regardless of their role; this could be taken further to support communities as well as patients. • sustainability is positive for employers, employees and finance and a supportive workplace results in reduced sickness absence. The strategy can be made more explicit as to how it will support the three shift system; and • the project is ambitious and will require support from all partners to ensure that it is not overburdened. Shared solutions to shared problems need to be developed; it is crucial that the workforce share and believe in the vision and understand how it will make a tangible difference to patients. <p>The strategy will come back to Board in November 2025 and clear updates along the way will be brought to Board. Board input will be helpful throughout the process to cocreate the project.</p> <p>The ICB Board NOTED the updates on the development of the One Workforce System Strategy, approach and ethos contained within this paper.</p>	
<p>ICBP/2425/ 108</p>	<p>Empowering General Practice Programme</p> <p>Michelle Arrowsmith (MA) and Dr Andrew Mott (AM) gave an overview of the programme, which was brought to Board for information. The following points were highlighted:</p>	

- the programme is a continuation of the GP strategy that was brought to Board in 2024 and it links to Place and Community Transformation work which the GP Provider Board are leading;
- engagement is currently the main driver of the work, with teams of five colleagues going out to PCNs, Team Up and other enabling structures to test out the programme and develop as required. It was noted that patient-facing teams need to drive the programme as they have direct, first-hand knowledge of the patients that they serve. There has been a very positive response from PCNs and considerable buy-in to the work, with learning gained as different parts of programme are tackled; and
- there is a national conversation around population data stratification. This issue needs to be addressed systematically and not in isolation, but absence of access to complete data is hindering development of services in some cohorts.

The Board discussed the programme, with the following comments:

- simplification of the papers would help the Board receive assurance as to the programme's current status and progress towards the proposed future status;
- it was noted that this programme, if correctly implemented, will be able to develop services and protect them from the impact of the White Paper reorganisation. However, there are some issues with population health risk stratification which constitute a key block; identifying local cohorts is a fundamental driver and until these issues are resolved the programme cannot be properly implemented;
- a consistent, joint approach across both Derbyshire and Nottinghamshire would be ideal;
- there needs to be a robust governance process and structure that supports this work, with clarity as to what needs to come to Board, which aspects can be delegated appropriately for approval and who will be responsible for making decisions at appropriate levels. It was clarified that this work has previously been to the Population Health and Strategic Commissioning Committee and the governance feeds into the Integrated Place Executive. There are also queries relating to the level of provider governance over GPs and PCNs which are important to define and balance; and
- the value of bringing together Derbyshire's 114 GP practices into a single view of PCN neighbourhood delivery was emphasised; the Primary Care team were praised for their hard work and success in this difficult task.

The ICB Board NOTED the progress made on the Empowering General Practice Programme (EGPP) Update (formerly the GP Strategy) since being agreed by the ICB Board in November 2023 and the last update to the Board in May 2024.

The Board SUPPORTED:

- **the need to expedite the work on population stratification, which is central to this strategy;**
- **the PCN/LPA accelerator programme and the ICB and IPE commitment to supporting the PCN/LPAs involved; and**
- **the commitment to ensuring that this plan continues to align with local and national plans to further develop integrated neighbourhood and place working.**

<p>ICBP/2425/109</p>	<p>Digital Strategy – Progress and Priorities for 2025/26</p> <p>Andrew Fearn (AF) gave an overview of the paper, including an update on the current strategy for Joined Up Care Derbyshire. Highlighted points included:</p> <ul style="list-style-type: none"> • a Strategic Digital Collaborative has been set up to steer the digital agenda with a focus on the effect on the systems' population, staff and patients. It was noted that the digital strategy must have a positive impact on the population; • the creation of the Collaborative will prepare the system for imminent changes. There is a national expectation that digital will improve the NHS, with three shifts; to digital, to community and to prevention. Shared care records (SCRs) will be vital for this approach to be effective and must be seen as the norm across the system. It was noted that the Respect Form is now available on the system's digital platform, although few staff are currently accessing it. Therefore there is more work that will need to be done to change the workplace culture to increase staff awareness and use of the technology; and • there is a considerable amount in the national news around the government's ambitions for England to be a global Artificial Intelligence (AI) leader, which will result in exciting opportunities to explore in future. AI has been used for some time to spot cancer cell patterns, however it is not embedded in practices yet. The drive and ambition is to increase staff and cultural acceptance of AI and use of the technology. <p>The paper was discussed, with the following comments made:</p> <ul style="list-style-type: none"> • local authorities are also increasing use of AI and it will be helpful to understand how local authorities will fit into the Collaborative, the governance and structure of which is currently focused on the NHS. There will be opportunities for sharing and learning about AI between local authorities and NHS partners, with technology potentially being able to remove some of the need for the person-centric care of health monitoring, leading to reduced costs and patients living more independent lives; • it was noted that social care staff in Derbyshire are not currently able to access SCRs, whereas they are in Nottinghamshire; it will be highly beneficial for local authorities, the NHS and patients to bring datasets together to efficiently establish the best course of action for patients in the community rather than in hospitals; • this strategy links into the culture item above, encouraging openness to trying and embedding new approaches, both among colleagues and in the community; • the importance of digital inclusion was stressed and it was noted that there are challenges in how care is delivered; not all of the population are willing or able to engage with technology for delivery of healthcare. The system must plan for how to include these patients and ensure that the products and services in place are accessible to all; • there is a challenge around stratifying patients and accessing the data currently held in GP systems. Data sharing agreements are not currently strong enough to allow the data to be accessed regularly. It was noted that other areas of the country, such as Nottinghamshire, have been sharing data collaboratively for some time and their success in doing so will provide assurance to Derbyshire. Progress with the data sharing issue will be an important marker with considerable learning to be had, however the work must be 	
-----------------------------	--	--

	<p>accelerated and data sharing must also incorporate local authorities to fully support the local population;</p> <ul style="list-style-type: none"> from the provider perspective, data is being shared for day-to-day purposes, however for deeper, commissioning-focused uses the data sharing agreements, governance and processes will need to be strengthened; and engagement is taking place with staff to provide reassurance that the currently available digital technology is being used appropriately. <p>ACTION: CC agreed to ensure that Digital and AI are discussed at the Integrated Care Partnership.</p> <p>The ICB Board DISCUSSED and NOTED the update on the Digital and Data Programme.</p>	<p>CC</p>
<p>ICBP/2425/ 110</p>	<p>2025/26 Operating Plan – Improvement objectives</p> <p>Michelle Arrowsmith (MA) gave an overview of the Plan, with the following points highlighted:</p> <ul style="list-style-type: none"> planning for 2025/26 is imminent in terms of the NHS operating plan; national guidance is not yet published and there is more that will be done before the next Board meeting in March 2025. However the needs of the Derbyshire system and what will be in the guidance can be determined ahead of publication. A considerable amount of planning will be required for urgent and emergency care; the financial envelope is tight. The system must manage within budget; the one-year operating plan is set within the Integrated Care Partnership strategy and the Joint Forward Plan; all of these plans need to be aligned with clear, tangible actions and outcomes; the objectives in the paper must be aligned to meeting the needs of the population, with tangible results and data arising from the outcomes to inform as to the success of the plan; and work will continue on the plan and when it is brought to the Board again it will be for final approval. <p>The paper was discussed, with the following comments made:</p> <ul style="list-style-type: none"> in terms of improvement in key areas, finance is extremely stretched. It was suggested that it would be helpful to carry out some engagement work across the system to consider if the current priorities are appropriately matched to the needs of the population; also it may be helpful to consider services that are currently provided, if they are required or could be provided differently. It was confirmed that objectives are being tested with partners, with a view to agreeing which objectives will have the greatest impact within the financial envelope. This will also establish which objectives will require additional effort in terms of transformation and which may need to be scaled back. <p>ACTION: A Partnership planning session will take place in Spring 2025 to ensure all partners are content with the approach being taken;</p> <ul style="list-style-type: none"> the objectives, ambitions and dialogue with the population must align, and the system must not raise expectation above what it is capable of delivering; the system will have a key part to play in supporting Derby City Council with the Special Educational Needs and Disabilities (SEND) inspection that will take place in Autumn, as the inspection will have a reputational impact on all partners in the system. It is crucial that collaborative work has a demonstrably positive outcome and is well perceived by the public; and it was suggested that the plan may need to focus more strongly on inequalities; when the national planning guidance is published then this 	<p>CC</p>

	<p>must be followed. But the system may wish to be more innovative or reduce the number of priorities overall in order to focus on the most important ones.</p> <p>The ICB Board DISCUSSED and NOTED the report.</p>	
<p>ICBP/2425/111</p>	<p>Integrated Performance Report (including level of assurance from the relevant Committee)</p> <p>Quality</p> <p>The report was taken as read, with comments as below:</p> <ul style="list-style-type: none"> the CQC are satisfied with the system's progress as of before Christmas; the Board extended thanks and appreciation for the hard work of Mental Health colleagues in achieving this. An update will be brought to the next Board meeting in public; UHDB are still awaiting a draft report on maternity services and the Quality and Performance Committee will continue to monitor progress in this area; and there are some concerns around Infection Prevention and Control (IPC), however systems are in place to address this. <p>The Chair of the Quality and Performance Committee gave adequate assurance from the committee.</p> <p>Performance</p> <p>The report was taken as read, with comments as below:</p> <ul style="list-style-type: none"> the usual metrics are being worked on across all partners. There are a lot of individual targets that have not been met, and there is a considerable amount of work going on to address these; and the Board were invited to consider what is realistic to achieve in terms of improvements to the metrics and what can be done differently as a partnership to meet the targets. <p>The Chair of the Quality and Performance Committee gave adequate assurance from the committee.</p> <p>Finance</p> <p>The report was taken as read, with comments as below:</p> <ul style="list-style-type: none"> the national position is very challenging, however the system's position as of Month 9 is as expected. The ICB is working with provider partners to ensure the forecast financial position is achieved; some further information has been received as to the Elective Recovery Fund (ERF) allocation for the system, which will provide some finalisation in terms of what will be expected for year end; the Board extended thanks and appreciation to Finance colleagues for their hard work to balance the financial envelope. It was noted that if the Derbyshire system can achieve the forecast position then this will be a very positive step and will enhance the system's reputation at the national level. Next year the system will move towards transformation and change; and the system is currently on course to deliver the £24m deficit position based on the latest forecast. <p>The Chair of the System Finance, Estates and Digital Committee gave adequate assurance from the committee.</p> <p>Workforce</p> <p>The report was taken as read, with comments as below:</p> <ul style="list-style-type: none"> it was noted that there is a discrepancy that spend is higher than budget, for the reasons set out in the report; some of this discrepancy 	

	<p>is self-rectifying due to the schedule as to when funding is received; and</p> <ul style="list-style-type: none"> the importance of transformation was stressed. <p>The Chair of the People & Culture Committee gave adequate assurance from the committee.</p> <p>The ICB Board NOTED the Performance Report and Committee Assurance Reports.</p>	
ICBP/2425/112	<p>Remuneration Committee Assurance Report – December 2024</p> <p>The report was taken as read with no questions or comments.</p> <p>The ICB Board NOTED the Remuneration Committee Assurance Report.</p>	
ICBP/2425/113	<p>ICB Risk Register – December 2024</p> <p>Helen Dillistone gave an overview of the proposed changes to the ICB's Risk Register, which comprised adding one new risk relating to ongoing discussions around Commissioning Support Units (CSUs) and closure of two risks.</p> <p>It was noted that some of the risks are static and this may mean that the risks or mitigations are incorrect. Committees will be challenged to inspect all risks moving forwards to ensure that they are correct.</p> <p>The Board RECEIVED and NOTED:</p> <ul style="list-style-type: none"> Appendix 1, the risk register report; Appendix 2, which details the full ICB Corporate Risk Register (see link to website here); and Appendix 3, which summarises the movement of all risks in December 2024; New Risk 33 relating to the current contractual dispute with Midlands and Lancashire CSU. <p>The Board APPROVED CLOSURE of:</p> <ul style="list-style-type: none"> <u>Risk 20</u> relating to asylum seekers and an increase in demand and pressure placed upon Primary Care Services and Looked After Children Services; and <u>Risk 22</u> relating to national funding for pay awards. 	
ICBP/2425/114	<p>Audit and Governance Committee Assurance Report – December 2024</p> <p>The report was taken as read. KM noted that the ICB are working towards providing assurance on individual items from April 2025.</p> <p>The Board RECEIVED and NOTED the report for assurance purposes.</p>	
ICBP/2425/115	<p>Finance Estates and Digital Committee Assurance Report – November and December 2024</p> <p>The reports were taken as read with no questions or comments.</p> <p>The Board RECEIVED and NOTED the report for assurance purposes.</p>	
ICBP/2425/116	<p>Population Health Commissioning Committee Assurance Report – November 2024</p> <p>The report was taken as read with no questions or comments.</p> <p>The Board RECEIVED and NOTED the report for assurance purposes.</p>	
ICBP/2425/117	<p>Public Partnership Committee Assurance Report – November 2024</p> <p>The report was taken as read with no questions or comments.</p>	

	The Board RECEIVED and NOTED the report for assurance purposes.	
ICBP/2425/118	Quality and Performance Committee Assurance Report – 31st November 2024 The report was taken as read with no questions or comments. The Board RECEIVED and NOTED the report for assurance purposes.	
ICBP/2425/119	For information - Mental Health, Learning Disability and Autism specialised services host ICB commissioner and contract model The report was taken as read with no questions or comments. The ICB Board NOTED the appended briefing paper.	
ICBP/2425/120	Forward Planner The forward planner was taken as read. It was noted that the forward planners will be refreshed for 2025/26. The Board NOTED the forward planner for information.	
ICBP/2425/121	Any Other Business No other business was raised.	
ICBP/2425/122	Questions received from members of the public One question was received from a member of the public. The Chair read out the question; the importance of Artificial Intelligence (AI) was stressed and work is currently taking place to look at how best to incorporate this technology into the system. Public Question: As the adoption of AI continues to shape the delivery of healthcare, what is the ICB's approach to leveraging these tools to enhance outcomes, improve efficiency, and ensure equitable access to services? Additionally, if you are a third-party that is able to support the ICB's strategy and priorities, who would be the best person to contact regarding this matter in the first instance? The ICB's Response: Derby & Derbyshire ICB are keen to explore the opportunities presented through the exploitation of Artificial Intelligence and, along with our colleagues across the NHS, look forward to understanding the specific plans at a national level so we might build on those plans locally to deliver best benefit. As will have been seen in the national press, the government is keen for the UK to be seen as a leader in Artificial Intelligence and although our organisations have dipped their toes in the water with Robotic Process Automation (RPA) and with some imaging AI, the potential for a structured national investment with benefits at scale is definitely something we would explore. It's important to appreciate however, our focus is on delivering our clinical priorities to support our population; so any investment in AI would need to ensure we deliver those goals for the people we serve. Andrew Fearn is Chief Digital Officer for both D&D ICB and N&N ICB; as well as co-incidentally the Accountable Officer for EMRAD - the East Midlands Imaging Network who have done significant work on the use of AI in Clinical Imaging. He'd be happy to meet with you at another date and discuss with you what opportunities you may be able to bring to our community.	
Date and Time of Next Meeting		
Date:	Thursday, 20 th March 2025	
Time:	9:15am to 11:15am	
Venue:	The Joseph Wright Room, Council House, Derby	