

MINUTES OF NHS DERBY AND DERBYSHIRE ICB BOARD MEETING IN PUBLIC

 Held on Thursday, 19th September 2024

The Enterprise Centre, Bridge Street, Derby DE1 3LD

Confirmed Minutes

Present:		
Dr Kathy McLean	KM	ICB Chair (Meeting Chair)
Michelle Arrowsmith	MA	ICB Chief Strategy and Delivery Officer / Deputy CEO
Andrew Appleyard	AA	Programme Manager, Adult Social Care Reforms – Derby City Council (Local Authority Partner Member) (on behalf of Perveez Sadiq)
Jim Austin	JA	Chief Executive Officer, DCHSFT (Participant Member to the Board for Place)
Dr Chris Clayton	CC	ICB Chief Executive Officer
Jill Dentith	JED	ICB Non-Executive Member
Helen Dillistone	HD	ICB Chief of Staff
Margaret Gildea	MG	ICB Non-Executive Member / Senior Non-Executive Member
Keith Griffiths	KG	ICB Chief Finance Officer
Ellie Houlston	EH	Director of Public Health – Derbyshire County Council (Local Authority Partner Member)
Prof Dean Howells	DH	ICB Chief Nurse
Steve Hulme	SH	ICB Chief Pharmacy Officer (on behalf of Chris Weiner)
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
Sue Sunderland	SS	ICB Non-Executive Member
Richard Wright	RW	ICB Non-Executive Member
In Attendance:		
Kay Baggley	KBa	Hartington Community Group Volunteer
Dr Penny Blackwell	PB	Chair of Integrated Place Executive /GP
Dr Ash Dawson	AD	GP, Hartington Surgery
Christina Jones	CJ	ICB Head of Communications
Fran Palmer	FP	ICB Corporate Governance Manager
Suzanne Pickering	SP	ICB Head of Governance
Sarah Smith	SSm	Age UK Falls Prevention Service Advisor for Derbyshire Dales, High Peak and Glossop
Sean Thornton	ST	ICB Director of Communications and Engagement
3 members of the public		
Apologies:		
Dr Avi Bhatia	AB	Participant to the Board for the Clinical & Professional Leadership Group
Mark Powell	MP	Chief Executive DHcFT (NHS Trust and FT Partner Member)
Perveez Sadiq	PS	Service Director, People Services, Adult Social Care Services – Derby City Council (Local Authority Partner Member)
Dr Chris Weiner	CW	ICB Chief Medical Officer

Item No.	Item	Action
ICBP/2425/051	<p>Welcome, introductions and apologies:</p> <p>Dr Kathy McLean (KM) welcomed all Board Members and attendees to the Board Meeting in Public. Introductions were made. KM formally acknowledged Richard Wright's (RW) last meeting and welcomed Jim Austin (JA) in his new capacity as Chief Executive Officer, DCHSFT, and Participant to the Board for Place.</p> <p>Apologies for absence were received as noted above.</p>	
ICBP/2425/052	<p>Confirmation of quoracy</p> <p>It was confirmed that the meeting was quorate.</p>	
ICBP/2425/053	<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>No declarations of interest were made with regards to this agenda.</p>	
ICBP/2425/054	<p>Minutes of the meeting held on 18th July 2024</p> <p>The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.</p>	
ICBP/2425/055	<p>Action Log – July 2024</p> <p>Sue Sunderland queried the timeframe of March 2025 of the open action in regards to the NHS Long Term Workforce Plan refresh. Lee Radford stated that this is in progress and is linked to the One Workforce Strategy and 10 Year Plan.</p> <p>The Board NOTED the action log, which will be updated accordingly.</p>	
ICBP/2425/056	<p>Citizen's Story - Hartington Falls</p> <p>Dr Ash Dawson (AD), Kay Baggle (KBa) and Sarah Smith (SSm) presented a summary of the successes of a community-led programme of falls prevention in the village of Hartington, with community endeavours resulting in the continuation of the programme once funding ends.</p> <p>The presentation outlined the Hartington Alive partnership, the benefits of community insight in shaping the local service offer, and the empowerment of communities to identify local need. Working collaboratively with Hartington Surgery and others across Derbyshire, a</p>	

	<p>need for falls prevention classes within the community was identified, without the need for travel to Buxton for the currently commissioned service.</p> <p>Working with Age UK, falls prevention classes were established, and there is now a view to provide a sustainable, paid-for programme. Following initial assessment of sitting to standing, patients have seen an improvement of 20-25% when re-assessed 12 weeks later.</p> <p>Non-digital solutions have been implemented to reduce inequalities in access to information, and the Hartington Surgery is providing additional sessions to educate users in areas such as diabetes. AD commended the individuals involved with the programme and stated that the participants fund the sessions themselves, as funding for falls currently goes to the commissioned Buxton service.</p> <p>The Board thanked the presenters and made the following comments:</p> <ul style="list-style-type: none"> • how could the service be replicated across Derbyshire given the diversity of the county and engagement complexities; • a measurement of outcomes would be helpful and the ICB should support this programme of work; • this is a fantastic example of local engagement and collaboration. It was suggested that this approach should be evaluated alongside the Insights Framework and Engagement Model by the ICB's Communications and Engagement team; • this is prevention through activity and positive for mental health. Where do we get the best value from our resources – it was agreed that data would be shared. <p>The Board NOTED the Citizen's Story.</p>	
ICBP/2425/ 057	<p>Chair's Report</p> <p>KM highlighted the following:</p> <ul style="list-style-type: none"> • following the appointment of a new government, Lord Darzi's rapid review has now been received and will be a platform for the development of the 10 year plan, which is expected to be published Spring 2025. There will be an engagement programme from NHS England, which will probably involve ICSs and the general public. The Secretary of State has been clear on 'three shifts' which are increasing focus on prevention; moving services into the community; and utilising digital technology; • a report from Penny Dash in regards to CQC assessment is expected in October; • a visit with the Team Up team highlighted the positive difference that joined up care is making for patients across Derbyshire. <p>The Board NOTED the Chair's report.</p>	
ICBP/2425/ 058	<p>Chief Executive's Report</p> <p>Chris Clayton (CC) highlighted the following:</p> <ul style="list-style-type: none"> • as we approach the mid-point of the financial year, the ICB's operational position will be reviewed over the next few weeks and months to refresh current planning assumptions. Urgent and Emergency Care has been busy over the summer and as we 	

	<p>approach winter, the planning for this is showing similarities to last year;</p> <ul style="list-style-type: none"> • General Practice and Primary Care are fundamental to our care system, and we are currently supporting General Practice through discussions around care models at individual practice-level and Primary Care Network/Place-level; <p>Keith Griffiths (KG) made reference to the ICB Annual Assessment Letter and the deficit of £59.8m. For clarification, due to a national reset for plans in December 2023 and technical accounting issues, we repositioned ourselves at £42m. NHSE's Regional Director of Finance agreed to escalate this to the NHSE national team.</p> <p>Jill Dentith (JD) highlighted the importance of ensuring that any savings we make to reinvest are done on a recurrent basis and not non-recurrent to ensure improvements are made.</p> <p>The Board NOTED the Chief Executive's report.</p>	
ICBP/2324/ 059	<p>Strategic Update from Place</p> <p>Michelle Arrowsmith (MA) introduced the item and welcomed the opportunity to highlight this area given the previous discussions regarding Lord Darzi's report, and the opportunities for the 2025/26 planning process.</p> <p>Dr Penny Blackwell (PB) provided an update on Place, which included key areas of work, progress and next steps. The following points were made:</p> <ul style="list-style-type: none"> • highlighting the previous citizen story, which focused on place-based working with minimal spend. There are many other projects going ahead across Derbyshire which we are unfortunately not sighted on; • we have eight Place alliances, who report into the Derby City Place Partnership and Derbyshire County Place Partnership. The partnerships are led by non-health individuals and work closely with health and wellbeing boards and Derby Health Inequality Partnership. Both report into the Integrated Place Executive, who oversee key place-based service integration/transformation programmes. <p>The following achievements in Place were covered:</p> <ul style="list-style-type: none"> • Discharge and Flow: <ul style="list-style-type: none"> ○ private care home contracts are no longer in use, which has reduced a considerable amount of cost pressure in the system; ○ avoided the previous need of winter community beds through Optica, which provides real-time intelligence on delayed transfer of care; ○ healthwatch post – increased the citizens' voice in the co-design of discharge and flow, particularly around the discharge of patients to places they call home; • Team Up and Aging Well – different organisations coming together to support falls and frailty, acute home visiting and enhanced care in care homes. 	

	<p>The next steps and future focus will be on accelerating the community transformation programme, staying well priorities and implementing the Primary Care Strategy.</p> <p>JA commented on the community transformation programme, which is thought to have a four-fold financial benefit to our system through investment. Derbyshire County Council are currently out to procure support for this and JA will ensure Board see the business case.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • the governance needs to be right to ensure accountability and deliverability are linked into the wider Board arrangements. The ICB's Population Health and Strategic Commissioning Committee currently has the oversight to support and strengthen business cases, planning and development; • more should be devolved to the eight Place Alliances and focus should be on the work being done at this local level; • data on health inequalities is now being received and the health and wellbeing partnerships have responsibilities to look at the greatest impact on inequalities; • we need to ensure the incentives are right for a better connection of General Practices at scale; • integrated care remains a key ambition for the ICB. We are seeing evidence of positive change through discharge performance and reduced admissions for certain cohorts when compared with the previous year, and this is directly linked to the work with Place. <p>The ICB Board NOTED the update on Place and CONSIDERED the challenges and opportunities set out in the accompanying slides to connect any opportunities in relation to effectively addressing them.</p>	
<p>ICBP/2425/ 060</p>	<p>Opportunities for Delegated Services – Focus on Dental Services</p> <p>MA presented the paper, which followed on from the development session in June 2024 where the Board discussed delegated services. The paper focused on dental services, and a similar paper on pharmacy and optometry will be brought to future ICB Boards.</p> <p>The paper highlighted the following:</p> <ul style="list-style-type: none"> • the recently completed Oral Health Needs Assessment has evidenced that over 17% of children in Derby and Derbyshire have evidence of decay. Bolsover has almost a quarter of children with decay compared to 8.8% in Derbyshire Dales. The three year plan aims to address this; • the national dental recovery plan has been enacted locally with dentists. These connections are important to know what is possible from a commissioning point of view and to ensure the plan will work on the ground. <p>The following comments were made:</p> <ul style="list-style-type: none"> • the driver and measure for this should be for everyone to be able to access an NHS dentist; • it was agreed that the issue is not funding, but is around attracting dentists into the NHS rather than the private sector. Included in the plan is collaborative working with dental schools, who are keen to be involved; 	

	<ul style="list-style-type: none"> • there is currently no output for discussions locally between optometry, dental and general practice. It was suggested that this could be done at Place-level to enable joined up working; • UHDBFT have a pathway to specialised dental services and this is also included within the plan. <p>The ICB Board</p> <ul style="list-style-type: none"> - AGREED the plan for dental services for 2024/25 and the three year plan (2025/6 to 2028/9) in principle; and - NOTED the intention to use all funding and not underspend. 	
ICBP/2425/061	<p>Infrastructure strategy – High Level Scoping and Delivery Plan</p> <p>KG presented the paper which set out a high-level 10-year infrastructure delivery plan for estates, including the key deliverables and the proposed groups that will be charged with taking the work forward, building on the structures already in place. This was submitted to NHSE in July 2024 and we are awaiting feedback. Once this has been received the Board will receive an update on how this links with Primary Care, and our clinical strategy.</p> <p>Whilst some deliverables are time limited and will be quicker to implement, there are others which will be ongoing. We need to ensure that Place-level priorities are represented, and this will be facilitated by a dedicated estates lead identified for each Place.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • the Green Agenda is aligned with this strategy; • has all of our mapped estate been fully utilised and are we working together with the public sector to ensure we are utilising their estates also? It was confirmed that the Finance, Estates and Digital Committee is aware of this and work is being done to involve clinicians and how we can utilise community care models; • Board-level visibility and oversight of this need to increase and the work alongside Local Authorities requires equity in this space.. <p>The ICB Board NOTED and DISCUSSED the slide deck which provides a high-level plan to deliver the objectives and priorities as set out in the system's Infrastructure Strategy.</p>	
ICBP/2425/062	<p>Winter Plan</p> <p>MA updated the Board on the progress being made on the review of the Winter Plan, which is also looking into provider plans. Board will have final sign-off of the Winter Plan in November.</p> <p>The annual winter letter was received from NHSE this week, which detailed the asks from the ICB and its providers and partners. There is a fundamental focus on quality and safety and how risks are managed in these areas.</p> <p>The ICB Board NOTED the Winter Plan verbal update.</p>	

ICBP/2425/ 063	<p>Performance Report (including relevant Committee Assurance Reports)</p> <p><u>Quality, including the Quality and Performance Committee Report</u></p> <p>Dean Howells (DH) and Deji Okubadejo (DO) gave an overview of the Quality performance report, with the following points noted:</p> <ol style="list-style-type: none"> 1) CQC have published their review of maternity services today. The journey undertaken recently in the Derbyshire system puts us in a strong position to respond to the core recommendations made within the report; 2) UHDBFT have completed a significant touchpoint meeting with the ICB and NHSE regional and national teams. The meeting demonstrated an improvement in progress around Section 31 requirements and broader cultural elements, especially service user and family engagement. Preparation for the upcoming CQC inspection continues. Stephen Posey (SPo) expressed his gratitude for the support which has been received from the LMNS, regional and national colleagues; 3) deep dive work has commenced on individual cases at CRHFT, which will be reported to the LMNS and Quality and Performance Committee; 4) the national focus on mental health services requires the ICS to produce a report for CQC by the 30th September, and a full governance approach is in place through the Mental Health Delivery Board to sign this off with DHcFT. The focus on provider boards has been significant and they will be required to have an understanding of individual case challenges, which the ICB may have to provide support on; 5) clear action plans for infection prevention and control have been completed with NHSE. The ICB is currently on their third round of visits; 6) Quality and Performance Committee have requested detail on the impact of culture on stressed services. <p><u>Performance – Including Population Health and Strategic Commissioning Committee Report</u></p> <p>MA and RW gave an update from a performance perspective with the following points noted:</p> <ol style="list-style-type: none"> 1) Urgent and Emergency Care has been under pressure throughout Quarters 1 and 2, however there are now fewer long-stay patients due to the ICB's strategic discharge work; 2) work is underway to eliminate all 65-week and 78-week waits by the end of October. Community, and Children and Young People's waits are being focused on weekly by committees; 3) the cancer position is improving in a number of areas; 4) diagnostic waits are a national issue. The community diagnostic hubs will be online during autumn which will hopefully provide improvement for some modalities; 5) mental health, autism and learning disabilities metrics are showing an improvement, as well as a reduction in out-of-area placements; 6) Population Health & Strategic Commissioning Committee have been focusing on the delivery of the strategic plan and seeing the value from projects, alongside ensuring the ICB is commissioning what it wants to deliver in future years from now. 	
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The Board noted the progress being made in these areas and suggested that it would be useful to understand the impact on different groups and cultures from areas of deprivation.

Finance – Including Finance, Estates and Digital Committee Report

KG and JD gave an update from the Finance, Estates and Digital position with the following points noted:

- 1) a £50m deficit was agreed with NHSE for 2024/25. The ICB is currently £39m overspent, which is £2.9m worse than expected. The key drivers are the costs implicated from industrial action, and extra bed capacity to deal with demand in acute trusts. It is critical to deliver on the £50m deficit and Month 4 was confirmed as being on plan. £34m has been saved collectively as a system. The Finance, Estates and Digital Committee will look at the risks surrounding this at their meeting next week. This will involve hearing presentations from each provider to understand what savings can be made and what support is needed;
- 2) NHSE have introduced a financial investigation on ICBs and KG confirmed that Derby and Derbyshire ICB are not included in this;
- 3) capital is underspent by £2m and this will be utilised by the end of March;
- 4) £7.5m is still required to complete the dormitory eradication programme. If confirmation is not sought then contractors may be stood down and there will be an impact on mental health patients attending emergency departments;
- 5) there is currently a technical issue around leases, which could cost £7m. The ICB is working with NHSE on this;
- 6) Finance, Estates and Digital Committee are monitoring the likely impact of the above points on 2025/26 and beyond, noting that colleagues are working hard to stabilise finances.

Workforce Performance

Lee Radford (LR) and Margaret Gildea (MG) gave an update from the workforce performance perspective, with the following points noted:

- 1) Month 4 has been challenging for acute colleagues due to a surge in capacity. Performance is broadly on plan but there has been an additional pay cost of around £2m. The ICB is working closely with providers to ensure the right patient safety infrastructure is in place;
- 2) sickness absence is slightly higher this month and work is underway with provider colleagues on how this is being managed locally;
- 3) work is progressing with the joined up careers service to close the vacancy gap by recruiting new people in to the NHS;
- 4) a one workforce approach has been established with anchor institutions to collectively work together to secure our future workforce; and
- 5) the People and Culture Committee is aiming to strengthen links with the Provider Collaborative Board and the academy.

	<p>The following comments were made:</p> <ul style="list-style-type: none"> • it would be beneficial to do a review of the original H2 plan against how we are currently performing; • the ICB should not lose sight on the future recruitment process and talent management of NHS staff; • a development session on workforce was requested to consider the public sector workforce model for the future. <p>The Board NOTED the Performance Report and Committee Assurance Reports.</p>	
<p>ICBP/2425/ 064</p>	<p>ICB Constitution</p> <p>Helen Dillistone (HD) presented the ICB Constitution, which was amended following NHSE's recommendation. Once approval is received by the ICB Board, the Constitution will be submitted to NHS England for approval.</p> <p>The ICB Board APPROVED the required amendments as per the NHSE guidance, prior to submission to NHS England for approval.</p>	
<p>ICBP/2425/ 065</p>	<p>Audit and Governance Committee Assurance Report – August 2024</p> <p>Sue Sunderland (SS) presented the report and highlighted that ahead of the Board development session on risk, only partial assurance is being taken by the Audit and Governance Committee due to a number of static risks. The Committee's recommendation to all ICB committee members is for them to challenge risk scores and encourage the movement of risks.</p> <p>The Board RECEIVED and NOTED the report for assurance purposes.</p>	
<p>ICBP/2425/ 066</p>	<p>Public Partnership Committee Assurance Report – July 2024</p> <p>RW presented the report, which was taken as read. No comments or questions were raised.</p> <p>The Board RECEIVED and NOTED the report for assurance purposes.</p>	
<p>ICBP/2425/ 067</p>	<p>ICB Risk Register Report – August 2024</p> <p>HD presented the report, which was taken as read.</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; • Appendix 3, which summarises the movement of all risks in August 2024. 	
<p>ICBP/2425/ 068</p>	<p>Forward Planner</p> <p>The forward planner was taken as read.</p> <p>The Board NOTED the forward planner for information.</p>	

ICBP/2425/ 069	Glossary The glossary was taken as read. The Board NOTED the glossary for information.	
ICBP/2425/ 070	Any Other Business KM thanked RW for his service to the Board and also the whole Derby and Derbyshire population. RW's time as interim chair and the support provided to KM was recognised.	
ICBP/2425/ 071	Risks Identified during the course of the meeting No risks were identified during the course of the meeting.	
ICBP/2425/ 072	Questions received from members of the public No questions were received from members of the public.	
Date and Time of Next Meetings		
Date: Thursday, 21 st November 2024 Time: 9:15am to 11:00am Venue: The Joseph Wright Room, Council House, Derby		