**MINUTES OF NHS DERBY AND DERBYSHIRE ICB BOARD MEETING IN PUBLIC**

**Thursday, 15th June 2023**

**via Microsoft Teams**

**Confirmed Minutes**

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| **Present:** | | |
| John MacDonald | JM | ICB Chair (Meeting Chair) |
| Tracy Allen | TA | Chief Executive DCHSFT and Place Partnerships  (NHS Trust & FT Partner Member) |
| Jim Austin | JA | ICB Chief Digital and Information Officer |
| Dr Chris Clayton | CC | ICB Chief Executive Officer |
| Julian Corner | JC | ICB Non-Executive Member |
| Helen Dillistone | HD | ICB Executive Director of Corporate Affairs |
| Linda Garnett | LG | ICB Interim Chief People Officer |
| Margaret Gildea | MG | ICB Non-Executive Member / Senior Independent Director |
| Keith Griffiths | KG | ICB Executive Director of Finance |
| Ellie Houlston | EH | Director of Public Health – Derbyshire County Council  (Partner Member for Local Authorities) |
| Zara Jones | ZJ | ICB Executive Director of Strategy and Planning |
| Dr Andrew Mott | AM | GP Amber Valley (Partner Member for Primary Care Services) |
| Dr Deji Okubadejo | DO | ICB Non-Executive Clinical Other Member |
| Brigid Stacey | BS | ICB Chief Nursing Officer and Deputy Chief Executive Officer |
| Sue Sunderland | SS | ICB Non-Executive Member |
| Dr Chris Weiner | CW | ICB Chief Medical Officer |
| Richard Wright | RW | ICB Non-Executive Member |
| **In Attendance:** | | |
| Helen Blunden | HB | Interpreter |
| Kate Brown | KB | Director of Joint Commissioning and Community Development  (part meeting) |
| Dr Robyn Dewis | RD | Director of Public Health, Derby City Council (part meeting) |
| Wynne Garnett | WG | Programme Lead, Engaging the VCSE sector in the ICS  (part meeting) |
| Fraser Holmes | SW | Interpreter |
| Dawn Litchfield | DL | ICB Board Secretary |
| Suzanne Pickering | SP | ICB Head of Governance |
| Sean Thornton | ST | ICB Deputy Director of Communications and Engagement |
| **Apologies:** | | |
| Dr Avi Bhatia | AB | Clinical & Professional Leadership Group participant to the Board |
| Mark Powell | MP | Chief Executive DHcFT (NHS Trust and FT Partner Member) |
| Andy Smith | AS | Strategic Director of People Services – Derby City Council  (Local Authority Partner Member) |

| **Item No.** | **Item** | **Action** |
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| **ICBP/2324/**  **022** | **Welcome and apologies**  John MacDonald (JM) welcomed everyone to the meeting.  Apologies for absence were noted as above. |  |
| **ICBP/2324/023** | **Confirmation of quoracy**  It was confirmed that the meeting was quorate. |  |
| **ICBP/2324/024** | **Declarations of Interest**  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.  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 at the following link: <https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/>  No further declarations of interest were made. |  |
| **ICBP/2324/025** | **Minutes of the meeting held on 20th April 2023**  **The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held** |  |
| **ICBP/2324/026** | **Action Log from the meeting held on 20th April 2023**  There were no outstanding items on the action log.  **The Board NOTED the Action Log** |  |
| **ICBP/2324/027** | **Chair's Report**  JM presented his report, a copy of which was circulated with the meeting papers; the report was taken as read and the following points of note were made:   * Today was JM's last meeting as the ICB Chair. After a year in the role, he looked back with pride, satisfaction and recognition of the achievements made and the great steps taken in improving System collaboration and partnership working, which has facilitated navigation through some of the most challenging times that the NHS has ever seen. Good foundations have been built to face the challenges ahead, however, it is now time for the Derbyshire System to work together to increase the effectiveness of service delivery; the Integrated Care Strategy and NHS Joint Forward Plan will help set this direction of travel. * Positive work is being undertaken with the voluntary sector. The Memorandum of Understanding (MoU) between the ICB and the Voluntary, Community and Social Enterprise Sector (VCSE) has the potential to harness the innovations they could bring to the System. These relationships need to be strategically developed. * Key areas for consideration include improving the health of the population, the digital and technological aids to help deliver this in the Derbyshire area, and the benefits that social care and the System have on the wider determinants of health; many of the items on today's agenda fall within these themes. * JM thanked Board members for the work they, and their teams, have done over the last year, both in terms of the recovery and immediate challenges but also the steps taken to develop the System. This has not been an easy time to launch the ICB, with Covid-19 and the constraints on resources and workforce; however, it is now known where the System wants to go and how it wants to work. * JM considered it an honour to have been part of the ICB journey; he has learnt a huge amount about System working and looks forward to hearing about the successes in Derbyshire over the coming years.   On behalf of the ICB Board, Dr Chris Clayton (CC) gave sincere formal thanks for the work that JM has undertaken since the ICB's inception, and for the JUCD Board prior to that; he has brought wisdom, guidance and patience to the developments made. There is no doubt that the next 12 months will be very busy for JM, with his skills being fully utilised in Northamptonshire; Derbyshire looks forward to seeing what developments are made across those hospital groups. A considered thank you was given to JM, and he was wished all the best for the future.  **The Board NOTED the Chair's report** |  |
| **ICBP/2324/028** | **Chief Executive's Report**  CC presented his report, a copy of which was circulated with the meeting papers; the report was taken as read and the following points of note were made:   * Today is Brigid Stacey's last Board meeting as the ICB's CNO and Deputy CEO. CC formally thanked Brigid for all the important work she has done over the last few years and wished her the best of luck for the future. * The focus of today's agenda is principally around the operational position across the NHS for Month 1, going into Month 2. The importance of connectivity was highlighted. Going forward consideration will be given to the role of the ICB in the integrated partnership, and the role of the NHS in the broader development of communities within the anchor approach. * On 5th July, coinciding with the 75th birthday of the NHS, an ICB staff event is scheduled to consider the priorities of the organisation over the coming years and its role going forward. It has been through a transition period and is now in a more stable position; it is now time for a re-set and re-think of the ICB's purpose over the next few years. * Of importance are the developments that have happened in April. The ICB has taken on significant delegations related to Primary Care, for which the Board will be required to hold discussions on; the recovery access plan for General Practice is currently receiving a great deal of media interest nationally.   Questions / Comments  RW queried what the Government response to the Hewitt Report has been and whether there is anything of significance for ICBs to be aware of. CC responded that the Government's response to the report was only received yesterday; it will take time to review and consider it. The NHS Confederation is putting forward a review of the Government's response, which will be considered alongside the ICB's own thoughts. The Report was presented at the Board Development Session in May and its thoughts were noted. JM added that the report echoed the direction of travel for the ICB. It will be the ICB's role to try to move it forward, however it should not change its approach.  The Board NOTED the Chief Executive's report |  |
| **ICBP/2324/030** | **2023/24 Financial Plan and Delegated Budgets**  Keith Griffiths (KG) requested formal approval of the 2023/24 Financial Plan and Budgets. The following points of note were made:   * The Financial Plan has previously been considered by the Finance and Estates Committee and at an Extraordinary Confidential Board Session, as part of the wider System 2023/24 plans, given the impact of the challenges faced this financial year. * The total allocation for the ICB, based on its resident population, is £2.2bn, for which the ICB must demonstrate financial stewardship. * The total spend on care by partner organisations across Derbyshire is £3.1bn; the University Hospitals of Derby and Burton Foundation Trust (UHDBFT) provide care into Staffordshire, and East Midlands Ambulance Trust (EMAS) provides care beyond the Derbyshire boundary for which it receives income directly from other ICBs. Of the £3.1bn spend, only £2.2bn comes directly into DDICB. * The £2.2bn includes the money committed with provider organisations, all of which have their own Financial Plans demonstrating how they intend to breakeven for 2023/4; the ICB's Financial Plan confirms how much it will be paying these organisations. * Other spend includes that on primary care, prescribing and the Better Care Fund. The ICB depends on strong relations and the collective actions taken with its System partners to achieve breakeven. There are operational and financial challenges within all organisations, therefore conversations are being on delivery within the financial envelope. * The ICB must save £44.2m in year to deliver the breakeven plan; this saving will need to be found from the ICB's running costs and from efficiencies, productivities, and transformation work with its System partners. The Acute, mental health and community hospitals all have their own Cost Improvement Plans (CIPs) to achieve; the total CIP for the System in 2023/24 is £136m, of which the ICB's proportion, excluding NHS provider organisations, is £44.2m. This is just one component of the bigger CIP challenge, which equates to just over 4% of total turnover. * This Plan is part of a breakeven strategy for the whole System which was submitted to NHSE on 4th May and is now in action. * Richard Wright (RW), as Chair of the Finance and Estates Committee, added that the biggest lesson learnt this year is how far things have moved on as a System. This was a tough plan to pull together and relied on all partners taking a collective view. People have had to make difficult decisions and choices; although there is still a long way to go to deliver the plan, this demonstrates how far it has come. The only answer to achieve the Plan is to continue to work together as a symbiotic organisation.   Questions / Comments  Because of the dependencies on the co-working within the System to deliver the efficiencies and productivity, it was enquired whether there is confidence in the robustness of the delivery plans, because everyone needs to work together (DO). KG responded that this varies; there are some difficult challenges to deliver, with some plans being further advanced than others. There is work taking place in one place whilst the benefits occur elsewhere. Working for collective benefit, as opposed to purely an organisation one, is a new philosophy and requires effort and collegiate focus. There is a positivity around the direction of travel achieved, however there will be challenges due to the complexity of it all.  **The Board DISCUSSED and APPROVED the ICB 2023/24 Financial Plan and resultant Delegated Budgets and efficiencies** |  |
| **ICBP/2324/**  **030** | **Memorandum of Understanding (MoU) between the ICB and Voluntary, Community and Social Enterprise Sector (VCSE)**  *Kate Brown (KB) and Wynne Garnett (WG) attended for this item only*  CC introduced the MoU between the ICB and the VCSE which sets a framework for the principles, culture and activities needed to underpin the VCSE sector's contribution as a partner in the Integrated Care System. CC's role is to implement a framework to deliver against a complex agenda; making health improvements is not straightforward and the influences of the partnership are required to make a difference to overall health outcomes. This MoU is about the VCSE sector's partnership with the NHS, which needs to be reviewed from the lens of the ICB; however, an MoU is required between the VCSE and the Integrated Care Partnership (ICP).  WG gave a presentation to the Board, a copy of which was circulated with the meeting papers.  The MoU will be launched on 26th June where the potential of the VCSE to contribute more to the agenda will be highlighted.  Questions / Comments   * It was pleasing to see the outcomes and opportunities to ensure VCSE involvement is increased, as they have a real contribution to make. The impact of this MoU, as it starts to embed in, are very much looked forward to (SS). * WG was thanked for taking on the important task of pulling the VCSE sector together, a role which should not be underestimated. It would be wrong to look at this solely as a formal relationship, as a lot of informal things are also happening; it is about having a common understanding of where the System wants to get to. It was asked what difference the MoU would make to the health of the Derbyshire population and how it could be improved. The NHS family is currently compiling the Five-Year Joint Forward Plan, which will become part of a wider ICP Plan; the benefits that the VCSE can add to this need to be included (RW). * This is a challenging area to pull together, and it has been done thoroughly and sensitively. It is good to have cohesive ways of describing the VCSE as part of the System, however it will not solve the power dynamics but could mask them; there is a need to ensure that the feedback loops are in the right places. The ICB must be sure that it is doing the right things, with the right organisations doing them; one starting point is to focus on the different types of organisations. The VCSE has different cultures, values, financial models, and regulatory Systems; it is critical that the ICB is sensitive to this. The ICB needs to be as clear as possible what it is trying to achieve through models like Place-based working and population health management to achieve the fullest understanding of what it needs to do. Looking at what the populations and citizens need will provide a more creative understanding as to what contributions are required from different organisations; organisations need to be supported to play their role and be provided with clarity as to what is needed (JC). WG responded that, in terms of the power imbalance, feedback from organisations that receive funding from statutory partners demonstrated that they felt compromised around being open and honest about their feelings; ways of de-personalising feedback through third parties have been explored to prevent this issue occurring in future. It is critical to involve the VCSE sector at the earliest possible opportunity when developing pathways of action; the danger of not including them is that creative contributions may be designed out due to thought not being given to challenges faced. Engaging the sector is constantly challenging. There is an open membership of the alliance; infrastructure colleagues work at a local level and have their own memberships and constituencies; other networks and forums for specific conditions are being closely worked with to cascade information. A virtual platform has been established for on-line engagement. The points of interest to the VCSE organisations, whether that be at a local Place level or with organisations dealing with particular conditions, need to be linked to ensure effectiveness. * Co-production is a word that has been used for many years in the NHS; an example of true co-production with the population was requested (BS). WG felt that there is some way to go before co-design and co-production becomes endemic in the System. The work done around the autism pathway is a good example of building on the positives to take forward. * An effort has been made to get these groups together in such a diverse and fragmented sector. Given that the VCSE is a collection of different people doing different things, it was enquired how the volunteers are represented by the VCSE Alliance and how it is ensured that the different activities are pulled together to support the NHS, and the volunteers get the support they need (MG). * One of the opportunities presented when working with local government is to consider how to build capacity and strength to support the VCSE sector, many of whom have short term contracts. It may be worth talking to the local government about the approach to building up robust VCSE capacity, as the NHS may need to rely on this sector more and more in future (JM).   KB added that the relationship between the organisations is telling in that WG was given the opportunity to attend today's meeting to present the MoU. This is where this piece of work starts to be built upon; it will not be done in isolation but embedded into networks to ensure that it is working well. The MoU will be channelled into the System via the ICP, if adopted at the next meeting, using that forum to collectively highlight where things are working well and whether changes need to be made.  **The Board APPROVED and ADOPTED the Memorandum of Understanding between the ICB and the VCSE** |  |
| **ICBP/2324/031** | **Operational Plan 2023/24**  CC introduced the Operational Plan for 2023/24, which helps to demonstrate that there is a significant grip on the challenges faced in achieving key outcomes for Derbyshire patients, through the proposed direction of travel.  Performance – Zara Jones (ZJ) outlined the key messages of the Operational Plan from a performance perspective, as described in the meeting papers. This was the first opportunity to present the Plan at a Board meeting in public, for completeness and assurance. It will be important to continuously monitor how the ICB is performing against each of the identified measures within the Plan in order to ascertain what is working well and where the challenges are; to this effect, the Integrated Performance Report will be presented to the Board on a regular basis to provide updates against the key measures.  Workforce – Linda Garnett (LG) outlined the key messages of the Operational Plan from a workforce perspective, as described in the meeting papers. LG thanked everyone involved in compiling this data, confirming that there have been minimal changes to the workforce numbers, with clarity provided where any staffing increases have been necessary. The intention is to increase the substantive workforce in an aim to reduce bank and agency costs. Month 1 is slightly off plan in terms of pay costs and overall numbers due to the junior doctor and nursing staff industrial action; it is hoped that this will recover as the industrial action abates. Going forward the System HR Directors have agreed two key priorities upon which to collaboratively work over the next year: increasing workforce supply and managing pay costs to plan. This will mean improving the accuracy of workforce data, and its triangulation with finance. Close working will be undertaken with finance colleagues to proactively monitor delivery against plan.  Finance – Keith Griffiths (KG) stated that the work done in last few months has provided confidence in the triangulation of data between activity, finance, and workforce; a lot of operational patient-centred work is being undertaken to provide a greater level of intelligence in these areas.  KG outlined the key messages from the Month 1 System financial (April 2023) position, as described in the meeting papers. DDICB submitted a breakeven Financial Plan to NHSE on 4th May. The System has a Month 1 deficit of £3.5m, predominantly due to the additional costs associated with the ongoing industrial action; this is one of the biggest financial risks on the System, as it sits outside the Plan. Other risks include the not receiving full funding for the NHS national pay awards and the cost-of-living inflation that is putting added pressure on the non-pay expenditure incurred by the System. There is a real commitment by all partner organisations to achieve breakeven by the year end.  CC summarised that the Operational Plan is now being closely monitored against plan. This plan will be collectively managed through Provider Collaboratives; managing it through this mechanism of joint working will be key. Thought will be required on the skills, development and partnership working needed beyond operational delivery. The System has high expectations of the community-based Team Up approach for urgent and emergency care. Strategic finance is not just about managing efficiency but also strategic allocation.  Questions / Comments   * It is excellent that System's HR Directors (HRDs) have endorsed the priorities set. There are still risks in increasing workforce supply; it will take a huge effort by all System partners to make a reduction in vacancies and staff absence and increase recruitment and retention. The People and Culture Committee agreed that, whilst concentrating on the here and now, thought be given going forward to build the future workforce. In addition to improving financial collaboration, a forum will be established for the System's HRDs, Finance Directors and Chief Operating Officers to triangulate finance and activity to mitigate risk (MG). * An update was requested on the how virtual wards are performing on preventing admissions and facilitating discharges; it was requested that this be picked up in future reports (SS). ZJ responded that virtual wards are a key part of operational delivery, which are monitored and managed through the Urgent and Emergency Care Board (U&ECB); virtual wards are one of U&ECB's key priorities for the year ahead. There is a good view on how they are performing from a System perspective. A Clinical Lead and Programme Manager provide resilience from a programme and management perspective to drive this forward. There is more to do to maximise the potential of this initiative. Although there were initial delays around mobilisation, these have now been resolved, however, there is some catching up to do in year. Monthly targets have been set to monitor against; this information will be incorporated into the Integrated Performance Report for assurance purposes as will feedback received from the U&ECB. Dr Chris Weiner (CW) added that the System is one bed short of where it should be in terms of virtual ward bed numbers. Nationally there is a push for bed occupancy to be circa 80% in the virtual ward space; DDICB is a long way off this. A significant part of bed occupancy levels relates to clinicians' confidence in their ability to maintain oversight; the Digital Enabler System was commissioned and rolled out across the System to facilitate increased oversight. It is expected that in the coming months, virtual ward beds and bed occupancy will increase. * It is good to see that the prevention agenda is included in the Plan, however, it is not known what the proposed improvements will look like for 2023/24 for pre-diabetes, tobacco dependency and weight management at the end of Quarter 1; the importance of having targets for these areas was highlighted, particularly the delivery expectations and achievements (EH). ZJ agreed with the importance of these areas, and whilst there are no targets set for these priorities, they are important, and will be measured against to ensure progress is being made. The Joint Forward Plan will start to draw out where the impacts need to be made; there is more work to do on the measurables to demonstrate the impact which the Operational Plan does not specify.   CC added that there is a need to push further on many prevention areas. The ICB Board needs to understand the NHS position regarding the Operational Plan but also take the conversation into the Integrated Care Partnership (ICP) to achieve a partnership approach to the prevention agenda. ZJ agreed to raise this to assist the creation of agreed priorities and metrics around the ICP Plan.  CW valued EH's challenge around tobacco dependency, which remains one of the most important drivers of poor health outcomes and inequalities, despite all the work delivered by partner organisations and changes in the legislation.  **The Board APPROVED the 2023/24 Operational Plan and NOTED the Month 1 Performance Plan progress update against the planned commitments and targets** | **ZJ** |
| **ICBP/2324/**  **032** | **Organisational Development and People**  Staff Survey – Helen Dillistone (HD) confirmed that this survey related to the staff directly employed by Derby and Derbyshire Integrated Care Board in September / October 2022. The survey's results are compared with those of the previous year, when the majority of staff were employed by the Clinical Commissioning Group (CCG) The following key points of note were made:   * The 88% response rate demonstrates that the staff are engaged and want to share their thoughts and views on the previous year. * The survey provides valuable information which allows the data to be presented in many ways which helps the organisation fully understand any requirements for development and improvement. * Nationally there are seven People Promise themes against which the ICB measures progress and demonstrate how 2022 benchmarks against the 2021 measures. * The staff survey results have been shared with the ICB's senior leaders, internal engagement forums, and staff to encourage discussion and help formulate an Action Plan. * A breakdown of the responses was provided by the protected characteristics; the report highlights how these experiences compare to staff who do not identify with any of these characteristics. * A joint Organisational Effectiveness and Improvement Group (OEIG) and Diversity and Inclusion Network (DIN) workshop was held on 6th June 2022 to discuss improvement strategies, suggest actions and set targets. This feedback will form part of an agreed Action Plan and feed into the overall Organisational Development Plan, oversight of which will sit with the ICB's Audit and Governance Committee.   Questions / Comments   * It is positive that the teams are being engaged in agreeing what needs to happen; it is hoped that a clear outcome-based Action Plan, defining the targets and required responses will be produced. There is a need for the ICB to rank better against itself year on year, as opposed to rating better against other organisations (MG).   **The Board NOTED the results of the 2022 staff survey for NHS Derby and Derbyshire ICB**  Strategic Framework – LG advised that this is a good example of co-production within the People and Culture arena. Two sessions were held with Clever Together to initially design the process, and subsequently to review the framework. A final version of the framework was included in the meeting papers. One of its key benefits is that it provides clarity on the role of the ICB and its objectives, thus providing useful information for the ICB's teams and individuals' objectives; it could be used as a foundation for appraisals, internal planning, and to guide the thoughts of the ICB's Senior Leadership Team. It is a good starting point to develop the ICB Organisational Development Plan' giving thought to what kind of organisation it wants to become and what kind of System partner it wants to be.  Questions / Comments  Richard Wright (RW) added that, when looking at the Five Year Joint Forward Plan currently being compiled, it needs to be asked whether, in year 5, the health and wellbeing across all communities in Derbyshire has improved; this is one of the ICB's visions. There is a need to align against this, by building it into appraisals and objectives.  **The Board DISCUSSED and APPROVED the ICB's Strategic Framework as a basis for development and use across the organisation as a way of working** |  |
| **ICBP/2324/033** | **NHS Joint Forward Plan (JFP)**  Zara Jones (ZJ) highlighted the key messages from the NHS Joint Forward Plan, a copy of which was circulated with the meeting papers. The following key points of note were made:   * The JFP sets out the key challenges currently being faced by the System and what actions will be taken to mitigate them. * The 30th June is being worked towards for the publication of the Five Year NHS Joint Forward Plan. * Engagement is currently being undertaken with System partners, including Health and Wellbeing Boards, System Delivery Boards, Provider Collaboratives, the Integrated Place Executive, and the General Practice Provider Board. This feedback is being collated with the discussion held at the Board Development Session recently held. * The published version of the JFP will be presented at the July Board Meeting in Public for a fuller review.   Questions / Comments   * Given that a public friendly version of the JFP will be published, it was enquired what it will be called; this is a vital public document which it is hoped will help to engage the population and aid them to understand the challenges and opportunities within the System. 'Joint Forward Plan' is not a very inviting title for the document. ZJ requested further thoughts on the naming of the public version of the JFP.   **The Board NOTED the update provided on the development of the Joint Forward Plan** | **ZJ**  **All** |
| **ICBP/2324/034** | **Digital Development**  Jim Austin (JA) provided an update on the progress being made to implement the ICS Digital and Data Strategy and the support being given to the Delivery Boards. A presentation was given to highlight the work being undertaken, a copy of which was included in the meeting papers. A Board Development Session is scheduled for August to further discuss digital, cyber and data development.  Questions / Comments   * From a user perspective, it is good to see that the NHS App will remain the front door; it was enquired whether it is known how much this is being used and how much it can integrate with the System architecture (DO). JA confirmed that there is a national plan around the NHS App will plug it into different things. There is available data from Primary Care, and part of the patient experience portal work is to ensure that Secondary Care Systems can also be accessed through this App. The NHS App has been a phenomenal success, largely due to necessity around the Covid-19 pandemic. It is a huge opportunity for those people who are happy to engage with it, however, work needs to be done to improve access for those people not currently using it; the voluntary sector is well placed to assist with this agenda. * In order to get all of this to work, there needs to be a single patient record for everyone. It is likely that the prevention work will also be added to this in future. It was enquired how far away things are from having a whole NHS Shared Care Record (RW). JA responded that in an unconstrained environment, a single record of everything would be good; however, the wider it goes the less specific it becomes to any development. There is a Shared Care Record in Derbyshire which is well connected for direct care purposes; Emergency Department clinicians can see Acute, GP, community, and mental health records. The System is on the verge of sharing data with Nottinghamshire, South Yorkshire, and Staffordshire to facilitate patient flows. The best use of available assets needs to be made through data sharing agreements. Using data to inform strategic commissioning and make better use of resources requires different agreements, principles, and System engagement.   **The Board DISCUSSED and NOTED the update on the Digital Programme** |  |
| **ICBP/2324/035** | **System Board Assurance Framework**  Helen Dillistone (HD) presented the 2023/24 System Board Assurance Framework (BAF) for Quarter 1. The BAF sets out the Strategic risks against the Strategic Objectives of the ICB Board. The ICB's Corporate Committees maintain oversight of the risks, which are reviewed at each meeting.  HD confirmed that no material changes have been made to the BAF since it was last considered by the Board.  **The Board APPROVED the Quarter 1 Board Assurance Framework** |  |
| **ICBP/2324/036** | **Ratified Minutes of Health and Wellbeing Board Meetings**   * Derby City Council – 10.1.2023 * Derbyshire County Council – 25.1.2023   **The Board RECEIVED and NOTED the above minutes for information** |  |
| **ICBP/2324/037** | **Forward Planner**  **The Board NOTED the forward planner for information** |  |
| **ICBP/2324/038** | **Any Other Business**  No items of any other business were raised |  |
| **ICBP/2324/039** | **Questions received from members of the public**  No questions were received from members of the public |  |
| **Date and Time of Next Meetings** | | |
| **ICB Business Focused Meeting ICB System Focused Meeting:**  **Date:** Thursday, 20th July 2023 **Date**: Thursday, 21st September 2023  **Time:** 9am to 10.45am **Time**: 9am to 10.45am  **Venue:** via MS Teams **Venue**: via MS Teams | | |