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

**Thursday, 20th April 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 Avi Bhatia | AB | Clinical & Professional Leadership Group participant to the Board |
| Dr Chris Clayton  | CC | ICB Chief Executive Officer |
| Helen Dillistone | HD | ICB Executive Director of Corporate Affairs |
| Margaret Gildea | MG | ICB Non-Executive Member |
| Keith Griffiths | KG | ICB Executive Director of Finance |
| Zara Jones | ZJ | ICB Executive Director of Strategy and Planning  |
| Dr Andrew Mott | AM | GP Amber Valley (Partner Member for Primary Medical Services) |
| Dr Deji Okubadejo | DO | ICB Non-Executive Clinical Other Member |
| Mark Powell | MP | Chief Executive DHcFT (NHS Trust and FT Partner Member) |
| Amanda Rawlings | AR | ICB Chief People Officer  |
| Andy Smith | AS | Strategic Director of People Services – Derby City Council (Local Authority Partner Member) (part meeting) |
| 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 |
| Linda Garnett | LG | ICB Programme Director, People Services Collaborative |
| Dawn Litchfield  | DL | ICB Board Secretary |
| Suzanne Pickering | SP | ICB Head of Governance |
| Sean Thornton | ST | ICB Deputy Director Communications and Engagement |
| Samantha Waters | SW | Interpreter |
| **Apologies:** |
| Julian Corner | JC | ICB Non-Executive Member |
| Ellie Houlston | EH | Director of Public Health – Derbyshire County Council (Partner Member for Local Authorities) |

| **Item No.** | **Item** | **Action** |
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| **ICBP/2324/****001** | **Welcome and apologies** John MacDonald (JM) welcomed everyone to the meeting. Introductions were made by Mark Powell and Dr Deji Okubadejo, who both attended the Board meeting for the first time as members today.Apologies were noted as above.  |  |
| **ICBP/2324/002** | **Confirmation of quoracy**It was confirmed that the meeting was quorate. |  |
| **ICBP/2324/003** | **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/2324/004** | **Minutes of the meeting held on 16th March 2023****The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held** |  |
| **ICBP/2324/005** | **Action Log from the meeting held on 16th March 2023**There were no outstanding items on the action log.**The Board NOTED the Action Log** |  |
| **ICBP/2324/006** | **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:* There is a move towards finalising the Joint Forward Plan (JFP); however, there are still a lot of discussions to be held, mainly around the financial position and how it is balanced alongside other things to improve care in all settings.
* The Hewitt Report contains important messages for the ICB; although the national response is still awaited, it reiterates important messages from the early days of defining Systems and their roles which require further consideration.
* Over the past few months work has been undertaken within the ICB to agree how it wants to work, defining its values and behaviours. This is a good piece of work, which has received wide engagement across the System, setting out ways of thinking differently considering the challenges faced; it is an important foundation stone to use to move forward operating as a System, and thinking what added value the ICB could offer to the System.
* JM formally noted that has been appointed to lead the work across the Northamptonshire and Leicestershire Acutes, resulting in him stepping down as the ICB Chair at the end of June. Interim arrangements are in the process of being finalised. JM will leave Derbyshire with mixed feelings; the ICB has made some important changes and JM looks forward to seeing how this journey continues.

**The Board NOTED the Chair's report** |  |
| **ICBP/2324/007** | **Chief Executive's Report**Dr Chris Clayton (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:* The report has significant congruence with the agenda, including an update on the Joint Forward Plan6, led by Zara Jones (ZJ).
* Today marks the first run of the new Board meeting format; the meetings will discuss integrated performance and provide the Board with an opportunity to look at the work undertaken within the sub-committees to provide assurance on quality and performance.
* The Hewitt Report will be Systematically worked through, led by Helen Dillistone (HD); this will be presented to the Board in due course to understand any local implications.
* The wider determinants of health, and the ICBs role to influence and be a partner in them, is discussed in section 3 under Devolution. Local Authority partners are working with Nottingham and Nottinghamshire Councils on socio-economic development. Although the NHS is not driving this, it is an important partner in these discussions to help ensure socio economic regeneration and growth.
* Derbyshire Voluntary Action was congratulated on being shortlisted for an award; the NHS is not driving this agenda but is a partner and is supportive of the other partners in the Integrated Care System.
* Engagement work is being undertaken by partners in South Yorkshire on oncology work; CC highlighted the importance of this for Derbyshire from a Chesterfield perspective.
* The care System is always changing; although always challenging, there is a need to reflect on the change and move forward. It is a bitter blow for Derbyshire that JM is moving on. CC will work with the Board and NHSE to think about the future Chair arrangements.
* CC thanked Amanda Rawlings (AR) publicly for the work she has done on the ICB's behalf as its Chief People Officer. This arrangement is coming to an end this month, and CC will be working with the Remuneration Committee on the interim and substantive arrangements as to how the ICB will discharge its people functions and duties. The System has tested the model of an integrated Chief People Officer role, taken on by AR, which has helped with the thinking. Consideration will be given to what the different functions need to be: oversight, assurance, and development in the workforce approach, and the important work that provider collaboratives must do on workforce transformation, efficiency, and productivity; the ICB's role will be to support providers to take this on. AR will remain part of the Derbyshire Integrated Care System.

The Board NOTED the Chief Executive's report |  |
| **ICBP/2324/008** | **Joint Forward Plan – ICB 5 Year Plan**Zara Jones (ZJ) highlighted the key messages from the Joint Forward Plan (JFP), a copy of which was included in the meeting papers.Questions / comments* A lot of work had gone into this; an opportunity to see the detail behind it would be appreciated in order to provide input before it is submitted. It is fundamental to what the ICB wants to deliver over the next five years and there is a need to ensure that it is picking up on the ICB's ambitions (SS). ZJ responded that work is being undertaken with the Director of Communications around an Engagement Plan which will include input from the Board. The detail behind the JFP is also being mapped out to provide clarity; between now and early June, when it is anticipated the Plan will be published, regular conversations will be held to further inform it. ZJ asked members, should they want to feed anything into the JFP, to contact her directly.
* Clarification was requested on the alignment of the JFP in respect of duplication and in terms of what it will look like from a delivery point of view; it was asked whether there would be a Delivery Plan as part of the JFP or whether it would refer to existing plans. Any early feedback from interactions with the Health and Wellbeing Boards would be useful (MP). ZJ agreed that this is a real risk. Whereas the Integrated Care Strategy set out some high-level ambitions which the Delivery Boards are working through, the JFP will be the ICB's Delivery Plan for a 5-year period. There may be some overlaps with individual organisations' plans however the JFP will set out a collective Delivery Plan with tangible principles.
* This is a plan whereby the big objective is to meet the physical and mental health needs of the population; it was enquired at which point the impact of the JFP will be measured post implementation (DO). ZJ outlined the process by which the mechanisms in place, through the System architecture, will be monitored on a regular basis. As part of the ongoing engagement, a framework will be set out to demonstrate the measurables and the process by which they will be monitored and evaluated. This will be a live process to be adapted as necessary.
* What the development of the JFP means was supported as a key System document. It will help System partners to work in this complex, busy space and understand their contribution to the JFP. It was enquired what the take of this is for respective spaces in the System to be able to target and focus its activities on the delivery. It makes sense for everyone to think about it from their own perspectives. The first slide on how all the strategies fit together was commended (AS).
* Public engagement is important; the JFP needs to be translated into something that the general population can use and link in to. It is important that the public know what the System wants to do differently and what their role is in their own health and development (SS).
* Building on the conversations around measuring success, relating to the enablers, and organising ourselves to deliver the ambitions in the JFP, there is a need to incorporate the work NHSE published yesterday around quality improvement processes. Consideration is required as to how all System organisations could work together to embed the continuous quality improvement approach to achieve the ambitions. This builds on the work of the Strategic Framework on improvement and innovation. It is not just about what to achieve but how to achieve it (TA).

ZJ thanked members for their helpful comments, all of which will be taken on board.JM summarised that a Board workshop needs to be held by the end of May / early June to better understand the JFP and allow observations to be reflected in the final document. Measures on impact would like to be seen. Clarity is required on the role of partners and the expectations of them regarding joint working. The messages for the public will not just be about health services but about lifestyles. There is an expectation that Systems will be adopting a common approach to service improvement. **The Board NOTED the progress on developing the Joint Forward Plan** |  |
| **ICBP/2324/009** | **2023/24 Financial Planning**Keith Griffiths (KG) highlighted the key points of the report, a copy of which was provided with the meeting papers:KG summarised the key areas to be achieved in 2023/24 including seeing more patients in the community setting, investing more in out of hospital treatment and population health, spending less money within the challenge set in the context of performance and getting back to pre-COVID levels of activity. There is a significant journey in 2023/24 to achieve the agreed deficit of £22m. There is a commitment from all System CEO's and provider Directors of Finance (DoFs) that this is the result to aim for; the pathway to finalise specific components to deliver the £22m deficit is currently being formalised. The 2023/24 financial plan will be resubmitted in accordance with the national planning requirements on 4th May. There is still work to be done with DoFs to reach a final position for the System to achieve no more than a £22m deficit. There are many risks around this trajectory; a 4% delivery and efficiency target has been set in 2024/25 to help the return to pre-COVID productivity levels. A lot of energy, effort and collegiate working will be required to commit to achieving this as a System. RW added that there are some significant productivity challenges included in the plan that need to be addressed in order to reach a long-term sustainable position; this can only be addressed by working together as a System and there are many good things being done to help achieve this.Questions / Comments* AR has done a lot of work with the Providers' Chief People Officers to understand where the manpower is now and how the extra 2.5% WTE will be deployed to ensure productivity improvements are met. A coordinated financial activity and people plan is required to deploy staff to the places where they will make the most difference in terms of productivity and continuous improvement (MG).

CC thanked KG and the System DoFs for their leadership on the financial aspects of the plan, and operational colleagues, including ZJ and her team, for pulling the plan together, particularly the work being done to triangulate the principal resources.Regarding the strategic approach to the 2023/24 finances, a three-pronged approach is being worked upon, including the difference between allocation and turnover in the System, and understanding what this means technically. The ICB is an important part of the System, with an vital commissioning role to play in the efficiency conversation, looking at commissioning policies, approaches and how it compares with other Systems. It is important to come together around the provider productivity efficiency concept to achieve the 4% efficiency. The answer to this sits within the importance of Place, Provider Collaboratives, Primary Care Networks (PCNs) and General Practice Provider Boards (GPPBs) to allow each area to contribute using their respective skillsets. The Board will require a better understanding of the critical risks, and how they will be overseen throughout the System, prior to final sign off. **The Board NOTED the update to the 2023/24 Financial Plan** |  |
| **ICBP/2324/****010** | **Integrated Assurance and Performance Report**An integrated report was provided on quality, performance, workforce, and finance, a copy of which was circulated with the meeting papers. CC requested feedback on the format and content of the report. The key work of the ICB's sub-committees were highlighted within the report, drawing out key matters of business being worked upon for the Boards attention, challenge, and support.Quality – Brigid StaceyThe key messages were highlighted around the current position against plan, any key risks and proposed mitigating actions, and infection, prevention, and control. Questions / Comments* Of the MRSA bacteraemia numbers, 7 of the cases are attributed to Derbyshire's Acute Trusts; it was enquired what the other 15 are attributable to and whether further work is needed (AM). BS responded that the other 15 cases are attributable to Trusts outside of the Derbyshire boundary relating to Derbyshire residents.
* Further detail was requested on the Elmwood Medical Centre risk, and whether it is linked to the Elmwood Care Home (MP). BS advised that there is some confusion around this connection, as the Elmwood Care Home has recently decided to undertake voluntary closure due to CQC concerns; this is not related to the issues at Elmwood Medical Centre. Gold Command was in place around this care home; however, this has now reduced to weekly Silver Command. The difficulty with Elmwood Care Home is that it caters for people with complex needs on the Transforming Care Programme. Closure of the home is planned for the end of June in conjunction with the home itself, the CHC and residents' families.
* It was enquired whether there were strong actions in place to address the maternity, and infection, prevention, and control issues, or whether there are other things needing to be done to progress matters. It was also asked whether the actions being undertaken elsewhere in the country to resolve these issues are also being learnt from (JM). BS advised that significant work has been done by the LMNS and reported to the System Quality Group, which also includes members from other Systems. Learning and benchmarking is taken through this group to ensure everything possible is being done to resolve the issues. The System Quality and Performance Committee is undertaking a series of deep dives to provide assurance to the Board on these key areas. CW added that there is significant learning from the Ockenden Report from across the country. The HSIB review has drawn attention to reviewing the governance process for the quality improvement of maternity services. Areas of good practice are being highlighted in terms of how to maintain oversight and delivering the required improvements.
* One of the main quality and performance mechanisms implemented is the concept that more assurance will be provided by undertaking deep dives and concentrating on the actual issues, risks, and mitigating factors to ascertain what may be learnt from elsewhere.

 Quality – Maternity – Dr Chris WeinerOversight arrangements for maternity care across Derbyshire were highlighted, particularly the key risks, mitigations, and quality metrics in place. Common themes across UHDBFT and CRHFT were identified, as was compliance against national targets.Performance – Zara JonesThe key messages across a broad range of performance priorities were highlighted, together with the current position against the plans, key risks identified and mitigations in place to deal with any issues being faced.Questions / Comments* It would be good to understand how to broaden the range of things being looking at. Planned Care looks at the constitutional standards relating to consultant led care, however there are also huge waits for non-consultant led care, including children's therapy services. From a public perspective, it would be good to demonstrate why these long waits are occurring (TA).
* For Urgent and Emergency Care, the importance of the discharge position was highlighted, however there is good information on improving discharge performance, including details of the urgent community response. It would be good to include information that reflects more citizens' experiences in accessing healthcare (TA).
* When presenting this information, it would be good to have a time series control to understand ongoing improvement, rather than comparing one month to another (TA).
* Work has been undertaken on cancer referrals work to put in steps between primary and secondary care to ensure that referrals are appropriate. Requesting tests prior to referral will ensure that only the most appropriate referrals are made, thus not wasting patient or secondary and primary care clinicians' time (AB).
* There are concerns about counting appointment numbers, as this does not show what happens in these appointments; quantitative information is being collected rather than qualitative (AB).
* When looking at patient pathways across the System, the diagnostic situation would be a useful set of metrics to consider, ascertaining whether these happen before, during or post referral (AM).
* Rationalising the areas reported to Board, ensuring that only critical, non-compliant ones are highlighted would be more useful (JM).
* It was enquired when the Primary Care Strategy will be available for discussion; this is a complex area for which, from a public perspective, there are many concerns (JM). AM confirmed that a Board Development session is scheduled for May on General Practice. Due to purdah, the final details of the Strategy on contractual matters and the Primary Care Recovery Access Plan are awaited. The Strategy continues to be discussed in more detail, with more information made available at the May Development session.
* CC advised that there is currently a General Practice Strategy, which is the inherited position from the previous CCGs; this was created by the GP Alliance and owned by the General Practice Body, alongside the GP taskforce, supported by the LMC. The General Practice Provider Board is now taking ownership of the future direction of General Practice. The PCNs, the Integrated Place Executive, the Integrated Care Strategy, and the JFP are all coming together to inform the General Practice forward strategies, including broader primary care and a multi partner approach to a more community-based model of care. National oversight and development are expected to be published post purdah on improving access to General Practice. An overview on how all constituent parts will play an important role in the overall strategy is now emerging.
* The report stated a 75% face to face GP appointment level; it was asked if this was always with a GP or with another member of the primary care team. It was enquired what the right percentage of face-to-face appointments would be versus virtual appointments (RW). AM responded that the data is roughly 50/50 in terms of appointments offered for GPs as opposed to other members of the wider team. Practices have a lot of freedom in how they meet the needs of the core contracts; there are many different models in place, some of which are workforce dependent or relate to the demographics of the practice population. AM's practice has moved away from a full triage model; patients are now able to choose whether they want a virtual or face to face consultation. It will be interesting to see how this plays out when the metrics are available. There is a mismatch as to how much can be dealt with over the telephone and how much patients choose to be seen face to face. AB added that there is a heterogenous group of individuals who will see patients face to face; it may be that the best person to see someone is not a GP. The concept of appointments with a GP needs to be changed towards one of seeing the most appropriate person. In AB's practice, face to face appointments is approximately 60-70%, with 30-40% being remote; the patient has a choice. Receptionists implement a triage process, with certain symptoms immediately resulting in a face-to-face appointment; offering a telephone appointment and then converting it to face to face is waste of time. However, some patients much prefer a remote appointment. There has to be a degree of fluidity for a practice to deal with this in accordance with staff availability and patient need.
* Workforce – Amanda Rawlings

A summary of the key messages from the Workforce Plan was provided up to the end of February 2023 when the data was produced.Finance – Keith GriffithsA summary of the Months 11 and 12 positions was provided, demonstrating a £13.4m deficit position for 2022/23. The financial outlook for 2023/24 was also provided.**The Board RECEIVED and NOTED the Integrated Assurance and Performance Report for assurance purposes** |  |
| **ICBP/2324/011** | **Delegation of Pharmacy, Optometry and Dental Services and Joint Commissioning Arrangements for Tier 1 and Tier 2**Helen Dillistone (HD) provided assurance on the arrangements for the delegation of the pharmacy, optometry and dental services that were formally delegated to the ICB from 1st April 2023. Nottinghamshire ICB will host the staff working on these services on behalf of the five ICBs that the services are transferring into from NHSE. HD confirmed that the complaint's function will transfer on 1st July 2023 and further specified specialised services, including Acute and Pharmacy, are due to transfer to ICBs in April 2024.An important aspect of this transfer is how these services become embedded into local population health planning, including Place and PCNs. The Board may wish to discuss these services further, as they are taken on, to gain a better understanding.**The Board NOTED the contents of the report and TOOK ASSURANCE of the legal transfer of the delegation of Pharmacy, Optometry and Dental services to the ICB** |  |
| **ICBP/2324/012** | **ICB Corporate Risk Register Report – March 2023**Helen Dillistone (HD) advised that the Risk Register forms part of the agenda for each of the ICB's Corporate Committees and is amended according to the detailed discussions held within those settings.One risk rating was increased during March 2023; Risk 16 – With the pending review of the ICB structures there is risk of increased anxiety amongst staff due to the uncertainty and the impact on well-being. The ICB staffing structures are currently in development, driven by the requirements of ICBs, recognising that accountabilities and responsibilities have now changed. This has in part been driven by the Hewitt Review and the required running cost reduction for ICBs from 2024/25. With the structures being closely looked at across the ICB, this could result in an increased risk of anxiety amongst some staff. The Executive Team is looking how best to support their respective teams to manage this process.**The Board RECEIVED and NOTED:*** **The Risk Register Report**
* **Appendix 1, as a reflection of the risks facing the organisation as at 31st March 2023**
* **Appendix 2, which summarised the movement of all risks during March 2023**
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| **ICBP/2324/013** | **Month 11 System Financial Position**Keith Griffiths (KG) provided a verbal update on the financial position as at Month 11.**The Board NOTED the verbal update provided on the Month 11 System Financial Position** |  |
| **ICBP/2324/014** | **Audit and Governance Committee Assurance Report – March 2023**Sue Sunderland (SS) provided an update following the Audit and Governance Committee meeting held on 23rd March 2023. SS confirmed that the Committee will be following up on the areas of concern highlighted around procurement information, and whether the governance is right around picking up on contract expiry dates. JM thanked the Committee for its focus on the detail of the vast numbers of documents recently requiring consideration; this process has provided additional assurance to the Board.**The Board NOTED the Audit and Governance Committee Assurance Report**  |  |
| **ICBP/2324/015** | **Derbyshire Public Partnership Committee Assurance Report – March 2023**Sue Sunderland (SS) provided an update following the Derbyshire Public Partnership Committee meeting held on 28th March 2023. There are no matters of concern to be flagged up. The Committee is working well and is consulting its Terms of Reference to ensure delivery against what it was set up to do. There is good participation from all Committee Members.**The Board NOTED the Derbyshire Public Partnership Committee Assurance Report** |  |
| **ICBP/2324/016** | **Quality and Performance Committee Assurance Report – March 2023**Margaret Gildea (MG) provided an update following the Quality and Performance Committee meeting held on 30th March 2023. JM thanked MG for chairing these meetings on an interim basis. An extraordinary meeting was held as it was recognised that the ICB was not compliant with all the statutory targets it needed to meet. The 2023/24 Operational Plan was considered in detail to ascertain whether it would mitigate these areas of non-compliance.**The Board NOTED the Quality and Performance Committee Assurance Report**  |  |
| **ICBP/2324/017** | **Serious Violence Duty**Brigid Stacey (BS) highlighted the requirements of the ICB in relation to the Serious Violence Duty Act which came into effect from January 2023. There are additional responsibilities on the ICB in relation to this Act; it is a Home Office requirement for the ICB to become one of the strategic partners. The Home Office has brought in Cresta Agency to assess all Systems on their adherence to this duty. This assessment has been undertaken as part of the Derbyshire Serious Violence Board and its outcome is awaited.**The Board NOTED the Serious Violence Duty Report for assurance purposes** |  |
| **ICBP/2324/018** | **Ratified minutes of ICB Corporate Committee Meetings*** Audit & Governance Committee – 9.2.2023
* Quality & Performance Committee – 23.2.2023

**The Board RECEIVED and NOTED the above minutes for information** |  |
| **ICBP/2324/019** | **Forward Planner** **The Board NOTED the forward planner for information** |  |
| **ICBP/2324/020** | **Any Other Business** No items of any other business were raised. |  |
| **ICBP/2324/021** | **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, 15th June 2023**Time:** 9am to 10.45am **Time**: 9am to 10.45am**Venue:** via MS Teams **Venue**: via MS Teams |