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

**Thursday, 20th July 2023**

**via Microsoft Teams**

**Confirmed Minutes**

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| **Present:** |
| Richard Wright | RW | 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 (part meeting) |
| Dr Chris Clayton  | CC | ICB Chief Executive Officer |
| Julian Corner | JC | ICB Non-Executive Member |
| Jill Dentith  | JD | ICB Interim Non-Executive Member |
| Linda Garnett | LG | ICB Interim Chief People Officer |
| Margaret Gildea | MG | ICB Non-Executive Member / Senior Independent Director |
| Keith Griffiths | KG | ICB Chief Finance Officer  |
| Zara Jones | ZJ | ICB Executive Director of Strategy and Planning  |
| Paul Lumsdon | PL | ICB Interim Chief Nursing Officer |
| Dr Andrew Mott | AM | GP Amber Valley (Partner Member for Primary Care Services) |
| Dr Deji Okubadejo | DO | ICB Board Clinical Other Member |
| Mark Powell | MP | Chief Executive DHcFT (NHS Trust and FT Partner Member) |
| Sue Sunderland | SS | ICB Non-Executive Member |
| Dr Chris Weiner | CW | ICB Chief Medical Officer |
| **In Attendance:** |
| Stephen Bateman | SB | CEO, Derbyshire Health United |
| Helen Blunden | HB | Interpreter |
| Dawn Litchfield  | DL | ICB Board Secretary |
| Jayne Needham | JN | Director of Strategy, Partnerships and Population Health / Consultant in Public Health, DCHSFT (part meeting) |
| Fran Palmer | ST | ICB Corporate Governance Manager |
| Suzanne Pickering | SP | ICB Head of Governance |
| Chrissy Tucker | CT | Director of Corporate Delivery |
| Sam Waters | SW | Interpreter |
| **Apologies:** |
| Dr Avi Bhatia | AB | Participant to the Board for the Clinical & Professional Leadership Group  |
| Helen Dillistone | HD | ICB Chief of Staff |
| Ellie Houlston | EH | Director of Public Health – Derbyshire County Council (Local Authority Partner Member) |
| Andy Smith | AS | Strategic Director of People Services – Derby City Council (Local Authority Partner Member) |
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| **ICBP/2324/****040** | **Welcome and apologies** Richard Wright (RW) welcomed everyone to the meeting, his first in the role of ICB Chair. RW highlighted the industrial action currently taking place across the NHS. He acknowledged that to go on strike was a difficult decision for individuals to make, however, the effect on patients across Derbyshire was also acknowledged. Thanks were expressed to those staff doing so much to minimise the impact of the industrial action; this was acknowledged and appreciated. |  |

| **Item No.** | **Item** | **Action** |
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|  | The ICB as the NHS family represents more than one million people across Derby and Derbyshire and focuses on the health and care of its population. The ICB is a member of the wider Derbyshire Integrated Care Partnership (ICP) which tackles entrenched societal problems and division across society; these issues cannot be tackled as individual organisations but can together in order to make a difference. The ICB recently submitted its Five Year Plan which is the NHS's contribution to delivering on the wider ICB Strategy over the next 5 years to tackle issues through addressing the root causes of the problems. The recent 75th anniversary of the NHS was celebrated a few days ago; this helped in setting the direction of travel for the future. RW is proud of what the NHS has achieved over the last 75 years, however it has become a victim of its own success in that people are now living longer. The current long waiting lists are being dealt with by limited resources. The Forward Plan signals a move to address healthy life expectancy for all groups in society, which is very much worth chasing; the plan signals a move into delivery mode.RW introduced Paul Lumsden, as the Interim Chief Nursing Officer, and Jill Dentith, as the Interim Non-Executive Member (NEM) for finance, covering the role whilst RW undertakes the ICB Chair role; both were welcomed to the meeting and the ICB Board. RW also thanked the interpreters signing at today's meeting.Apologies for absence were noted as above.  |  |
| **ICBP/2324/041** | **Confirmation of quoracy**It was confirmed that the meeting was quorate. |  |
| **ICBP/2324/042** | **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/>Item ICB/2324/062 – Any Other Business – Proposed amendment to the Board membership – Tracy Allen (TA) raised a conflict of interest for this item in her role as the Place Lead Executive. TA did not take part in the discussion.No further declarations of interest were made. |  |
| **ICBP/2324/043** | **Minutes of the meeting held on 15th June 2023****The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held** |  |
| **ICBP/2324/044** | **Action Log – June 2023**There were no outstanding items on the action log. It was enquired when the public friendly version of the Joint Forward Plan would be available (SS); Zara Jones (ZJ) confirmed that the Communications Team is currently working on this document, and it will be available in the next month or so.**The Board NOTED the Action Log** |  |
| **ICBP/2324/045** | **Chair's Report**RW presented his report, a copy of which was circulated with the meeting papers; the report was taken as read and no questions were raised. The 75th year of the NHS was acknowledged. An ICB staff event was held, with a review of what the NHS had achieved over the last 75 years provided; this emphasised the amount of change over the years.**The Board NOTED the Chair's report** |  |
| **ICBP/2324/046** | **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:* The work undertaken over the last few weeks in preparedness for the junior doctors and consultants' industrial action was acknowledged; the Board will continue to be kept appraised of the ongoing situation.
* Important national developments and local updates were referred to in the report, including the publication of the first ever NHS Long-Term Workforce Plan, on which a Board level discussion will be held shortly.
* A new mapping tool has facilitated the first national picture of mental health service provision, enabling the integration of data from the NHS, Care Quality Commission, and VCSE Sector.
* Thanks were conveyed to the colleagues who attended the Westminster Abbey service to commemorate 75 years of the NHS; DDICB was well represented.
* CRHFT has now opened its new Emergency Department, offering a state-of-the-art approach to patient flow.
* Investment has been made to allow five 'One-Stop-Shop' Community Diagnostic Centres to be opened in Derby and Derbyshire by 2025.
* As the Lead Commissioner for EMAS, DDICB is pleased to advise that 110 new replacement ambulances are being rolled out across the East Midlands as part of a regional programme.
* As part of the delegation of NHS England’s direct commissioning functions to ICBs, the complaints process for all NHS Primary Care Services (General Practice, Pharmacy, Optometry and Dental) changed on 1st July 2023. The updated arrangements are described on the ICB's website.

The Board NOTED the Chief Executive's report |  |
| **ICBP/2324/047** | **Corporate Risk Register – June 2023**Chrissy Tucker (CT) presented the Risk Register as at 30th June 2023 to provide assurance to the Board that robust actions are in place to mitigate the risks faced by the ICB. There are currently six very high operational risks facing the organisation, for which updates and mitigating actions were provided. Two risks have been reduced in score.Questions / comments* Risk 01 – Zara Jones (ZJ) advised that the A&E operational target has been reduced from 95%; however, the system is still aspiring to achieve that level, and in some instances already is.
* Risk 05 – Virtual agreement has been sought to amend the narrative on this risk score. Further discussions will be held on this risk at the next Audit Committee meeting (SS).
* It was queried whether the industrial action currently being undertaken will fundamentally affect the risk scores (RW). ZJ responded that the consultants strike will affect some of the risks; however, it is unclear whether it will influence the risk ratings. The highly scored risks should not change much however a view will be taken on the mitigations and action descriptions to incorporate this concern. CC advised that, in terms of the higher-level risks, the risk ratings and narrative would not be amended, as they are overarching themes with many different risks that contribute to overall risks; when managing the risk and its impact, the industrial action will be factored in, in terms of the ability to achieve the overall targets set.
* The impact of industrial action has been assessed based on the services provided by Providers; it was suggested that an assessment be undertaken on the impact of the industrial action on patients (DO).
* The interdependencies between the risks are important. Keeping a watching brief on the effects of the industrial action on the risks as they stand, and the themes running through them, was suggested (JD).
* When looking at the effects of industrial action, it is not only on waiting time, but on the diversion of management time, resulting in people not being able to work on the areas built into the plans for this year, thus affecting other things going forward (RW).
* RW enquired whether the Risk Register is a fair representation of the risks that the ICB should be looking at as the coordinators of the system. CT responded that the challenges faced are shared across all partner organisations, providing them with opportunities to have an input. There is a process for raising new risks, whereby decisions are taken as to whether the risks are significant enough to be added on to the Risk Register. Live ongoing discussions are held on all risks.

**The Board RECEIVED and NOTED:****• The Risk Register Report****• Appendix 1, as a reflection of the risks facing the organisation as at 30th June 2023****• Appendix 2, which summarises the movement of all risks in June 2023** |  |
| **ICBP/2324/****048** | **Partnership Consultation for DCHSFT Organisational Strategy 2023-2028**Tracy Allen (TA) introduced Jayne Needham (JN) who has led on the development of the revised DCHSFT Organisational Strategy. JN advised that the purpose of this paper was to engage with the ICB on the development of the Strategy. The paper was taken as read and reflection on its content was requested. A depth and range of engagement has been undertaken to coproduce a Strategy with patients and colleagues; an extensive literature review was undertaken to consider the new operating context, including the formation of the ICP, and the focus of balancing personalised care and population health improvement, with a prevention focus. In developing the Strategy, DCHSFT has ensured that it is aligned with the aims of the ICP Strategy and Joint Forward Plan (JFP). One of the next steps is to work with staff to identify the actions needed to ensure that DCHSFT plays its part in the ICP. Questions / comments * This is a clear, concise document, providing an overarching feel for where the organisation is heading. Linking it to the JFP is key from an organisational perspective and fitting into the overall system work. The savings and financial implications of this, and how it fits into system work, were requested (JD). JN responded that the efficiencies programme sits within the focus on the future in terms of ongoing sustainability. All feedback received was thematically analysed - 'if it matters to you, it matters to us'. The theme of efficiency and effectiveness clearly ran through it, as to what needs to be done to respond to the future and ensure the NHS is as efficient as possible. There is a financial efficiencies workstream in DCHSFT for delivering against efficiency targets, which are part of the system's savings.
* Relating to co-design and co-production, it was enquired how this is working across the system and what needs to be in place for it to work better (DO). JN advised that the aspiration is to get to co-production; co-design has been undertaken as part of the implementation plan with DCHFT staff, the JUCD Team and Public Health on community engagement. The individual roles within the themes are now being defined to ascertain 'what good will look like'. This was tested with DCHSFT Board Members and will be taken into teams and communities, using the valuable psychological insights resource available in the system, to define and respond to needs and expectations.
* The simplicity of the report and the ease of reading were praised, as was the focus on people. Sometimes strategies do not focus on the people they are providing care for; there is a lot to learn from this (MP).
* CC provided the context for receiving this report. Comments were requested on the framework of individual organisational strategies now, and what they would change to next year in the context of Provider Collaboration at Scale, Place and Primary Care Networks. Thought needs to be given as to what a singular organisational strategy looks like verses a strategy of provider collaboration. A lot of community providers work in communities, many of whom are represented on this Board. TA responded that JN and the Board have challenged themselves on this; TA considered that this is a system consisting of individual organisations, and it is not seen as inappropriate or contradictory to have individual identifies and strategies, as long as they are increasingly framed as the contribution that each one of the partners makes to the system's vision. The document clearly links to the overall JUCD system and vision. The implementation plan will be framed around working in partnership with healthy communities and will become a collaborative plan to underpin the overall strategy and everyone's contribution. RW advised not to get into silo thinking but to focus on patient outcomes.
* One of the key reasons for the ICBs existence is to tackle health inequalities. In the interest of co-production, it would be useful to share with the wider system what has been learnt on how to engage with under-represented voices within the community, as these are where the greatest inequalities exist (CW). JN advised that the method of engagement was to link in with the insight team at JUCD level and Local Authority insight. The evidence is well known as to where the disadvantaged communities are; this will help to design and deliver services, making access as easy as possible for local communities.
* DCHFT's success will be a whole system success; how this success is measured and monitored and what the outputs are will indicate whether to trial them, where to push harder or provide support to others. It was enquired how success would be measured collectively and any outputs associated with the strategy (PL). JN considered this to be work undertaken in the system strategy and planning space. If aspiring to extend healthy life expectancy and reduce inequalities, there is available data to demonstrate the starting position. Qualitative data will be used to report the experiences of receiving care.

 RW concluded that it was a good time to bring this paper to the Board as the JFP was also on today's agenda. DCHFT has put itself in the middle of localised care and provision; this is where healthy life expectancy and equality of access will be improved.**The Board DISCUSSED and NOTED the DCHSFT Organisational Strategy Refresh 2023-2028** |  |
| **ICBP/2324/049** | **Joint Forward Plan (JFP) – Derby and Derbyshire NHS' Five Year Plan 2023/24 to 2027/28**ZJ advised that the JFP has now been published and is presented to the Board today as an audit trail. A condensed version will be provided for staff and members of the public.ZJ sought support to take forward the implementation of the JFP for delivery and production of the tangible actions. From an ICB organisational perspective, it needs to be ensured that the implementation of the JFP is embedded within governance structures. The ICB Chief of Staff will ensure that Committees have oversight and responsibility of the different aspects to ensure delivery of the components, and that the success is tracked and measured in a coordinated manner to demonstrate progress over the 5-year period.As much feedback as possible will be obtained from system partners; the JFP has been considered by multiple system partners and forums, the feedback from which has been fully documented. The JFP sets out a compelling pace for change; it will only be successful if it is worked on as a system and linked to the strategies of the ICP, individual organisations and Health and Wellbeing Boards. Clarity was provided as to how the different plans link to each other and what their contributions will be.The ICB has a massive role to play in this as the Strategic Commissioner in the system. An ICB Framework has recently been produced which will help drive delivery. Different ways of working will be required, with functions taking place in different parts of the system. Work programmes will be taken forward on this direction of travel. There are five key areas within the plan, one of which is allocating more resource into preventative activities. There are suggested work programmes for the coming months to take activities forward and provide clarity on how resources will be prioritised through a consistent methodology. Not everything can be applied to this specific framework. Consistency of value, and what needs to be disinvested in to invest in prevention, is important ahead of the next operational planning round, to allow strategy to drive the planning. Indicative timelines were suggested however the ambition is to move forward ahead of the winter.Questions / comments* It is good that ambitions are being set out for prevention in the coming year. It was requested that the ambitions for the next 12 months are built into the Integrated Performance Report (IPR) to demonstrate progression against the ambitions and targets set. Prevention is one of the key areas of focus; this will help to demonstrate whether an impact is being made; and if not, it will help to direct focus as to what needs to be done (SS). RW agreed that the IPR requires improvement going forward to show what needs to be reported upwards and how tackling root causes is progressing.
* Having published the JFP, being able to step back and focus on the five core principles is good. The specific ambitions on the work to be done next is fine, however they are big pieces of work to be undertaken within an ambitious timetable; it was enquired whether there is available capacity and capability within the system to undertake this well (TA). ZJ responded that the worry is that if we do not push ourselves to put this in place by September/October we will end up playing catch up for another year, as an Operational Plan has been set that does not match the published strategy. Regarding the prioritisation approach, a framework could be set out for a consistent approach to be applied to Year 2 of the JFP should we be looking to make different investment decisions. ZJ does not think there is currently the capacity to take this forward to the level of detail suggested by September / October, but it will be possible to make progress on which to build. TA reframed the issue in that we cannot afford 'not' to invest the capacity to progress as far as possible before the next planning round; there is a need to ask the System's Executive partners to commit to these areas which are core enablers for translating the NHS plan. RW concurred that there is a necessity to consult with partners earlier as these are such big issues.
* This echoes the enormous amount of work and diagnostics undertaken beforehand; it feels different to previous strategies. This is a public facing document that people need to see; it describes a different version of the future (AM). ZJ responded that a public friendly publication will be shared, as per the communications and engagement approach referred to. This will be worked through to ensure engagement, highlight the implementation process and receive feedback.
* CC thanked all colleagues involved under ZJ's leadership in the coordinating role. The concept of having created a Derby and Derbyshire plan should not be underestimated; this is a significant achievement. The practical challenges of doing everything within the ambitious timescales was recognised, however there is a need to challenge ourselves to make progress and improvements year on year. The system is now in a position that it has never been in before whereby every partner organisation recognises the collective plan and is questioning it to help make improvements.
* The ability to resource the activities that are the core enablers is imperative. It was enquired whether there is a resource plan to deliver the enablers and undertake extensive consultation. So much work has gone into the plan that it would be a shame if it was not delivered due to a lack of available time before October (MG). ZJ advised that there are groups coordinating the implementation plan and working it through. Due to the amount of work individual organisations have to do on a day-to-day basis, there is a risk of non-delivery; these asks could be seen as add-ons. The work done by the Core Coordination Group and Executive System Planning Group has clarified how to take things forward; it will require de-prioritising existing ways of working, improving inefficiencies and duplication, and streamlining to free people up to do other things. These will be difficult conversations.

RW is energised by the fact that people are buying into the JFP as a way of implementing the vision. This is going to expose hard questions as it moves forward; if this could be resolved together, it is a healthy place to be. A plea was made to system partners that this has got to be everybody's plan; it is important that the Provider Trusts' CEOs take it through their organisations to achieve a common understanding of what is being dealt with and why certain decisions need to be made together. **The Board NOTED the Joint Forward Plan and SUPPORTED the work proposed to progress its implementation****SUPPORT was given by the Board to map the governance requirements through the ICB sub-committees and other relevant forums to ensure oversight and assurance are in place to confirm delivery of the different elements the plan. This work will be led by the ICB Chief of Staff** |  |
| **ICBP/2324/****050** | **NHS Long Term Workforce Plan**Linda Garnett (LG) advised that the NHS Long Term Workforce Plan has now been published. Nationally it is seen as a significant step forward in shaping the future of the healthcare workforce. The way it has been structured around three priority areas resonates strongly with how the System wants to move forward, both within the NHS and the wider One System Workforce. As it is produced at a high level, it is currently unclear what it means for individual regions and systems; it is hoped that greater clarity will be provided on the next steps. A further update will be provided once it is better understood how the Plan will be implemented. RW considered that education is under-represented in the Anchor Institution of the ICB, as it has a massive part to play in the health agenda; it feeds into cultural and organisational development, running alongside the operationalisation of the forward plan.Questions / comments* It will be good to get to a place where it is clear, as a system, what needs to be done in terms of growing the workforce and understand what it does in the individual parts of the system. There is a need to reach a place whereby everyone understands and believes that they work for the system; the people who use the system are not bothered about who is paying for what – all they want is care when they need it (DO). LG responded this means in practice that everyone feels they can provide the care needed regardless of organisational boundaries and policies, delivering a person-centred approach, knowing that they are supported to do so; our job is to take away the barriers, and allow staff to think of themselves as part of a team providing seamless care.
* PL added that this is much needed and offers many opportunities. There is a need to build a narrative on how it is implemented; local leadership must be rebased around a learning development culture which takes care of the welfare of its staff. This also links with the Chief Nursing Officers' Strategy.

It was agreed that the Plan would return to a future Board for further discussion.**The Board NOTED the NHS Long Term Workforce Plan** | **Agenda item** |
| **ICBP/2324/****051** | **Integrated Assurance and Performance Report****• Quality** – Paul Lumsden (PL) outlined the key messages of the Operational Plan from a quality perspective, as described in the meeting papers. Three areas were particularly highlighted:* Maternity services – There is a desire to make improvements at both CRHFT and UHDBFT. UHDBFT recognises that it is not where it needs to be, however PL is impressed with the leadership of their CNO and CEO, who have been working with the Midlands and National Team to help drive improvements forward. A walk around UHDBFT's maternity unit demonstrated investment into leadership to develop the workforce; there will be ongoing scrutiny of this. Dr Chris Weiner (CW) considered it important to recognise the strength of leadership from UHDBFT, both at Executive Team level and within maternity services, to drive improvement. There is a lot of work to be done, in conjunction with the ICB and NHSE regional/national support team, to deliver the improvement plan going forward.
* Infection control – This is not where it needs to be against the set trajectories; there is a national rise in clostridium difficile. An infection control summit is to be held on 28th July to focus on getting the basics right.
* Elmwood Medical Practice – The action plan is currently being worked upon by the practice to implement the suggested improvements. The CQC is due to revisit in September.

**• Performance** – ZJ outlined the key messages of the Operational Plan from a performance perspective, as described in the meeting papers. The following key messages were highlighted:* Primary care – There is positive feedback from a face-to-face appointment perspective, which should be commended given the pressures being seen. Metrics are in place to work with practices to understand any issues materialising. Capacity Access Plans have been submitted to NHSE by PCNs, with help from the ICB; going forward this will help address any capacity and access challenges. This report will be developed to include the broader primary care responsibilities, including access to NHS dentistry for which there are concerns around the long waits.
* Mental health/learning disabilities/autism – Despite the pressures and challenges faced in Derbyshire, the targets show delivery against plan. There is a challenge in the Transforming Care Programme for people with learning disabilities in inpatient settings; there is work ongoing to improve this performance by looking at the trajectories set and implementing actions to avoid admissions and discharging current inpatients into the community settings asap. Funding has been provided to reduce the autism assessment waiting times and increase the number of assessments available. Health checks for people with serious mental illness and learning disabilities are being undertaken to pick up any physical health care issues, as well as supporting mental health needs.
* Cancer – Work is being undertaken to improve waiting times from referral to treatment; this is being driven by the current challenges and the backlog on the 62-day pathway at UHDBFT; improvements have been seen in recent weeks due to better management of referrals. DDICB remains at Tier 1, the highest level of escalation with NHSE, to manage this position; CRHFT is performing well on cancer targets.
* Electives – Long waiters are still being seen in the 78-week cohort; work is ongoing to eliminate the long waiting times by the end of March 2024.
* Emergency and Urgent Care – The national target for A&E performance has been lowered; improvement has been seen in the trajectories set, with Urgent Treatment Centres contributing to this.
* EMAS – There has been a focus on the Category 2 response times; improvements were seen at the start of the year, with some challenges faced in June. This needs to continue to improve, as does the work to support handover delays.

**• Workforce** – Linda Garnett (LG) outlined the key messages of the Operational Plan. Performance against the Workforce Plan submitted to NHSE and the actual position, as the Month 11 and 12 figures were not available when the plan was originally submitted. According to the Workforce Plan, there are 459 WTEs less than planned across all areas. Improvement has been seen in the recruitment to substantive positions; this prevents reliance on temporary staff and overtime and improves the wellbeing and effectiveness of the workforce. A further report has been developed to help understand the position in terms of establishment versus actuals; having a better focus and grip on pay costs by understanding the triangulation between people and finance will help with this. Overall, most organisations are under their expected funded establishment; however, the pay bill is overspent, primarily due to the costs associated with industrial action and the impact of pay awards not being built into the financial plans. Workforce and Finance are working closely to understand the overspends.**• Finance** – Keith Griffiths (KG) outlined the key messages of the Operational Plan from finance perspective as at the end of May. The final financial plans were submitted on 2nd May; this is the first understanding of the position against the plan committed to. 2023/24 is a pivotal year to stabilise the financial position for the Derbyshire system and will have big implications on the Five Year Forward Plan. It is an ambitious year, in which every organisation has committed to breakeven; to achieve this, efficiency savings of £136m must be found. A process has been undertaken to identify areas of opportunity to deliver these savings. It is recognised that the delivery of savings will take the full 12 months to realise; it is expected that, due to the speed at which they are to be delivered, more will materialise in the latter half of the year. At the end of month 2, it was planned to be overspent by £7.5m as a collective system; however, the actual overspend was £11.6m due to industrial action costs, excess inflation, pay award costs and the Cost Improvement Programme (CIP). The influence and impact that these areas will have on the commitment to breakeven will be monitored. It is important that the system delivers on everything it committed to in the plan, within its gift. The CIP is the biggest risk moving forward based on the month 2 position. CC added that there continues to be significant challenges to work through. The position at the end of Quarter 1 is as anticipated, however there were some areas which were not anticipated when framing the original plans. There is a need to appreciate the performance within our control alongside external pressures and challenges of delivery. Across many different areas, the ICB is on plan and where it is not there is a good understanding as to why and the actions that are being taken, including quality and workforce planning.Support was sought for the Board to have a conversation on how to get this report right, to ensure it has oversight of the important matters and understands the position against plan. The sub-committees need to be used to their full effect to gain assurance, whilst ensuring that governance processes are adhered to.Questions / comments* The danger of only seeing two months' data is that the wrong interpretation of the position may be taken; it would be better for trend information, highlighting any outliers, to be provided (SS). ZJ advised that the idea of this report is to demonstrate the position against plan. A high level of detail is provided at the Q&PC to demonstrate trends however should the Board wish to see this, it could be incorporated into future reports.
* An ongoing concern was raised in relation to investing substantially into virtual wards, with the aim of helping flow, when utilisation has reduced. Although this is a new initiative, and actions have been implemented to ensure it is being used as much as possible, there are some issues with take up (SS). CW responded that considerable investment is being made into virtual wards which is just beginning to flow through the delivery mechanism; the digital enabler and deployed technology will continue over the next 2 to 3 months. A lull will be seen before the full benefits of the investment materialise. There is awareness that further clinical support is needed for the virtual wards; clinicians have been challenged to work in a different way and they need confidence that it will maintain quality of services. Stephen Posey, UHDBFT's CEO, is leading the overall programme from a U&EC Board perspective, drawing together a clinical senate in September to address the clinical concerns in the system. There is poor utilisation at this time however now that things are on the right trajectory, improvement will be seen and watched with interest.
* It was enquired what the NHS is doing regarding Artificial Intelligence (AI) to improve performance (DO). CC requested that this question be picked up by Jim Austin (JA). JA attended the last Audit Committee to discuss future opportunities for AI developments. The key is being able to best prioritise to obtain the most benefit and mitigate the most risks. JA is aware of these opportunities and is already involved in many of the developments currently underway (SS).
* There are three factors not within our financial control; it was enquired whether there is enough being done to prevent this affecting service provision (DO). KG emphasised that the plan submitted outlined the commitments made at that point in time, however there are additional financial pressures; it is not anticipated that the cost of these can be absorbed on top of the £136m efficiency target to be achieved. Discussions are being held with NHSE on financial respite for the NHS. These are national challenges that are not unique to Derbyshire and are separated out as unintended consequences of extra pressures. A resolution is needed quickly as it will have a cash implication later in the year for which there will be no cash in the bank to pay.

**The Board NOTED the Integrated Assurance and Performance Report** | **RW****JA** |
| **ICBP/2324/052** | **Hewitt Review – Government response**Chrissy Tucker (CT) advised that the paper sets out the points from the Hewitt Review and the response from the Department of Health and Social Care on the recommendations. The Review was discussed at the Board Development Session in May. Confirmation was provided that the ICB's Strategy aligns with this direction of travel. **The Board NOTED the key recommendations from the Hewitt Review and the Government response**  |  |
| **ICBP/2324/053** | **People and Culture Committee Assurance Report – June 2023**Margaret Gildea (MG) presented this report which was taken as read; no questions were raised**The Board RECEIVED and NOTED the report for assurance purposes** |  |
| **ICBP/2324/054** | **Audit and Governance Assurance Report – May / June 2023**Sue Sunderland (SS) raised two areas of concern. Regarding the Section 30 referral made by the auditors, this was a consequence of the additional resource received at the end of the year. The remainder of the audit was very positive and a rating of 'unqualified accounts' was given. Secondly, there have been issues with how the Impact contract has been managed; an update will be provided at the next Audit Committee. |  |
|  | **The Board RECEIVED and NOTED the report for assurance purposes** |  |
| **ICBP/2324/055** | **Derbyshire Public Partnership Assurance Report – June 2023**Julian Corner (JC) advised that the Committee is engaging in a refresh of its membership, as per the Terms of Reference. One of the guiding principles of the Five Year Plan is to give people more control over their care; this requires the Committee to be more strategic and reflect the diversity of the population. The Committee is not where the public engagement takes place however it is a vital mechanism for cultural change and overseeing the need for a compelling and consistent approach to public engagement which will drive service transformation and system efficiencies. RW added that it is important to coordinate this engagement through the ICP.**The Board RECEIVED and NOTED the report for assurance purposes** |  |
| **ICBP/2324/****056** | **Quality and Performance Committee Assurance Report – April/May/June 2023**Dr Deji Okubadejo (DO) presented this report which was taken as read; no questions were raised.**The Board RECEIVED and NOTED the report for assurance purposes** |  |
| **ICBP/2324/****057** | **Population Health and Strategic Commissioning Committee Assurance Report – May/June/July 2023**Julian Corner (JC) presented this report which was taken as read; no questions were raised. **The Board RECEIVED and NOTED the report for assurance purposes** |  |
| **ICBP/2324/****058** | **Finance and Estates Committee Update – June 2023**Jill Dentith (JD) confirmed that the Integrated Performance Report highlighted all the relevant financial issues. **The Board RECEIVED and NOTED the verbal update for assurance purposes** |  |
| **ICBP/2324/059** | **Ratified Minutes of ICB Corporate Committees**• Audit & Governance Committee – 23.3.2023 / 4.5.2023• People & Culture Committee – 8.3.2023• Public Partnership Committee – 28.2.2023 / 28.3.2023 / 25.4.2023 / 30.5.2023• Quality & Performance Committee – 30.3.2023 / 27.4.2023 / 25.5.2023**The Board RECEIVED and NOTED the above minutes for information** |  |
| **ICBP/2324/060** | **Forward Planner** **The Board NOTED the forward planner for information** |  |
| **ICBP/2324/061.1** | Did the items on the agenda address the risks in a way that we feel will mitigate them over the short and medium term. If not, do we want to consider a deep dive on any items in a future agenda.CC advised that the onus of today's meeting was on assurance oversight; the risks identified are very relevant to this. The system focused meetings may need to consider other relevant risks. There is a need to be nuanced in this question depending on the subject of meeting. |  |
| **ICBP/2324/061.2** | Did any of the discussions prompt us to want to change any of the risk ratings up or down? |  |
| **ICBP/2324/****062** | **Any Other Business***TA declared a conflict in this item*Amendments to the ICB Constitution – Further consideration has been given to the ICB's Constitution to reference the developing importance of Provider Collaboration at Scale and Place as part of the Constitution of the ICB Board. RW has been working with FT CEOs to gauge their opinion on this. There is a consensus to change the Foundation Trust Partner Member of the ICB Board to automatically being the Chair of the Provider Collaborative Leadership Board. To ensure equity, there is a wish to have input to the Board for Place; it was therefore proposed to create an additional role of Participant to the Board for Place. A recommendation will be made to NHSE for these amendments, alongside other necessary changes, as a single application.**The Board APPROVED the proposed amendments to the ICB's Constitution** |  |
| **ICBP/2324/****063** | **Questions received from members of the public**No questions were received from members of the public.  |  |
| **Date and Time of Next Meetings** |
| **Date**: Thursday, 21st September 2023**Time**: 9am to 10.45am**Venue:** via MS Teams  |