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

**Held on Thursday, 21st March 2024**

**via Microsoft Teams**

**Unconfirmed Minutes**

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| **Present:** |
| Richard Wright | RW | ICB Chair (Meeting Chair) |
| Tracy Allen | TA | Chief Executive DCHSFT / Participant to the Board for Place |
| Jim Austin | JA | ICB Chief Digital and Information Officer |
| Dr Avi Bhatia | AB | Participant to the Board for the Clinical & Professional Leadership Group |
| Dr Chris Clayton | CC | ICB Chief Executive Officer |
| Jill Dentith | JED | ICB Non-Executive Member |
| Helen Dillistone | HD | ICB Chief of Staff |
| 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 |
| Ellie Houlston | EH | Director of Public Health – Derbyshire County Council (Local Authority Partner Member) |
| Prof Dean Howells | DH | ICB Chief Nurse |
| Dr Deji Okubadejo | DO | ICB Board Clinical Other Member |
| Stephen Posey | SPo | Chief Executive UHDBFT / Chair of the Provider Collaborative Leadership Board (NHS Trust and FT Partner 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, DHU Healthcare CIC |
| Helen Blunden  | HB | BSL Interpreter |
| Craig Cook | CCo | Director of Acute Commissioning, Contracting and Performance |
| Kate Durrant | KD | ICB Board Secretary (incoming) |
| Fraser Holmes | FH | BSL Interpreter |
| Dawn Litchfield | DL | ICB Board Secretary (outgoing) |
| Fran Palmer | FP | ICB Corporate Governance Manager |
| Suzanne Pickering | SP | ICB Head of Governance |
| Sean Thornton | ST | ICB Deputy Director Communications and Engagement |
| **Apologies:** |
| Michelle Arrowsmith | MA | ICB Chief Strategy and Delivery Officer / Deputy CEO |
| Dr Andrew Mott | AM | GP Amber Valley (Partner Member for Primary Care Services) |
| Andy Smith  | AS | Strategic Director of People Services – Derby City Council (Local Authority Partner Member) |
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| **Item No.** | **Item** | **Action** |
| **ICBP/2324/****141** | **Welcome, introductions and apologies:**Richard Wright (RW) welcomed everyone to the meeting. The size of the meeting pack was acknowledged, due mainly to the papers relating to the delegation of specialised commissioning arrangements. This is the second tranche of delegated services from NHS England, the first ones being primary care, pharmacy, optometry, and dentistry. There is a commitment by NHS England to continue to delegate services to ICBs going forward.Apologies for absence were noted as above. |  |
| **ICBP/2324/****142** | **Confirmation of quoracy**It was confirmed that the meeting was quorate. |  |
| **ICBP/2324/****143** | **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, using the following link: <https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/> No further declarations of interest were made. |  |
| **ICBP/2324/****144** | **Minutes of the meeting held on 18th January 2024****The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held** |  |
| **ICBP/2324/****145** | **Action Log – January 2024**ICBP/2324/051 – Integrated Assurance and Performance Report – RW considered that today's report, compared to the one produced a year ago, has changed markedly, now better reflecting system working. Although improvements have been made, there is still more work to do to rationalise what is presented to the Board and to better reflect the strategic nature of the whole system.ICBP/2324/124 – ICB Risk Register Report – December 2023 – The Quality and Performance Committee is to conduct a forensic review on Risk 9 at its March meeting next week.**The Board NOTED the Action Log** |  |
| **ICBP/2324/****146** | **Chair's Report – February 2024**RW presented his report, a copy of which was provided with the meeting papers. The report was taken as read; the following points of note were made: * It was noted that Tracey Allen (TA), will be leaving the NHS later in the year. TA has been a brilliant asset to the ICB and will be missed, she has done a sterling job.
* Dr Chris Weiner (CW) reinforced the message around measles and the importance of the MMR immunisation. Measles is currently circulating around the Midlands. The MMR immunisation is extremely effective in protecting children from the serious consequences of measles.

**The Board NOTED the Chair's report** |  |
| **ICBP/2324/****147** | **Chief Executive's Report – February 2024**CC presented his report, a copy of which was provided with the meeting papers. The paper was taken as read; the following points of note were made:* The exit position of 2023/24 will be focused upon at today's meeting; it is important to reflect on the achievements made during this year, prior to looking at the 2024/25 position and what the ICB wants to achieve going forward.
* Ongoing industrial action by junior doctors was announced yesterday; assurance was provided that the whole system will prepare and respond as required.
* The work around the ICB restructure of staff is now being concluded. Thanks were conveyed to all colleagues working through this with care, sensitivity, and determination to resize and reshape the organisation due to the forward focus. This has been approached with a kind, compassionate and thoughtful spirit.
* Despite the challenges faced by the NHS, it is still a preferred future option of employment for young people, linking to the work being undertaken in partnership with the Anchor Institution.
* Colleagues working at Acute sites who have been supporting ambulance handovers in Trusts were thanked for their hard work over the winter; it is hoped that this will be sustainable and continue to be embedded into the recovery of urgent and emergency care. RW congratulated Stephen Posey and Hal Spencer on the ambulance turnover improvements; he hoped that this could be continued.

RW acknowledged the reduction undertaken within the centre of the ICB, which has been very professionally and compassionately handled. The Board NOTED the Chief Executive's report |  |
| **ICBP/2324/****148** | **Board Assurance Framework (BAF) – Quarter 3**Helen Dillistone (HD) advised that the narrative of some risk descriptions has been amended to strengthen the wording. The Board was requested to note the increased score of Strategic Risk 4 due to the likelihood of the system reporting a deficit position for 2023/24, resulting in a significant recurrent deficit in 2024/25. Work is being undertaken to end the year in the strongest possible position, notwithstanding the challenges being faced going forward as consequence of this.**The Board:****• RECEIVED the Quarter 3 BAF strategic risks 1 to 10****• NOTED the increase in risk scores for Strategic Risk 4 from a very high score of 16 to a very high score of 20** |  |
| **ICBP/2324/****149** | **ICB Risk Register Report – February 2024**Helen Dillistone (HD) presented the Risk Register as at the end of February 2024, which provides assurance to the Board on the operational risks faced by the organisation and demonstrates how they are allocated, monitored, and managed by one of the ICB's Corporate Committees. An increase was recommended in Risk 15 from a moderate 6 to a high 9, relating to the fact that the ICB may not have sufficient resource and capacity to facilitate the functions to be delegated by NHSE.The closure of Risks 18 and risk 26 was recommended.RW requested Sue Sunderland (SS), as Chair of the Audit and Governance Committee, to provide an update of the risk controls over the last year, and her thoughts on what is required going forward to continue to develop them. SS advised that a recent meeting between system Audit Chairs focused on the Risk Register; the Chairs were pleased to see that the strategic risks were system wide ones and not a duplication of their respective organisational risks. All ICB Corporate Committees have considered the Risk Register as part of the effectiveness review to verify the relevance of the risks. The focus going forward needs to be on the actions identified to deal with the threats, ascertain whether these are having the right impact or whether something else needs to be done. Discussion was undertaken at the last Audit and Governance Committee around the workforce risk and whether its wording is correct. Originally there was concern as to whether there was enough staff and the ability to recruit more, now the workforce is demonstrating a larger number of staff than is affordable; this risk may need to shift in focus towards having the right workforce for the resources available. The Risk Register is in a strong position and will continue to be developed in 2024/25.Questions/Comments* The risks are rated, and a tolerable risk rating was introduced against the target, however during the transformation, higher risk levels may need to be managed. RW enquired whether this is working to get the system thinking about managing risk as well as change. SS responded that some risks require long term actions, and in the meantime a certain level of risk will need to be accepted which is higher than would ultimately be liked. The tolerable risk score provides a more realistic interim position, recognising that some of the risks are huge and complex and will take time to improve, particularly given the external circumstances faced.
* It was enquired whether the Risk Register is being used as a management tool, a way of thinking about how the system works, and how to implement acceptable management controls and that the actions agreed will take it to the required position. It was asked if it is a live register, as opposed to a catch-up situation. CC responded that the focus of our attention is on the key risks and confirmed that the risks set out represent a true position; it is a live document and represents the focus of the Executive Team. RW considered the Risk Register to be an important document, being an overview of where the ICB is; however, it must be ensured that there is no doubling up with provider risks in order to prevent duplication.

**The Board RECEIVED and NOTED:****• the Risk Register Report****• Appendix 1, as a reflection of the risks facing the organisation as at 29th February 2024****• Appendix 2, which summarises the movement of all risks in February 2024****and APPROVED the:****• CLOSURE of risk 18 relating to patients accessing their health records****• CLOSURE of risk 26 (former confidential risk 11C) relating to additional investment and recruitment to increase appropriately trained staff and therefore the resilience of the LMNS PMO team** |  |
| **ICBP/2324/****150** | **Domestic Abuse Pledge**HD advised that this pledge is intended to sit alongside the ICB's Domestic Abuse Policy and the new ICB Sexual Safety in Healthcare Organisations Charter, due to be launched shortly. It demonstrates the ICB's commitment to enable its staff to access available support services if needed. The results of the recent ICB staff survey, which included aspects of health and wellbeing, will be presented to the Audit and Governance Committee. The pledge sits alongside staff wellbeing, and the broader work undertaken to keep staff safe in the workplace, recognising that this will be challenging should staff experience abuse outside of work. The Board was requested to support the principles set out. The Communications Team will be requested to raise awareness of this pledge and signpost staff towards the support services available.Questions/Comments* This is a valuable document and a sign of the ICB's commitment to supporting staff. Communications are key to liaising with staff and providing reassurance that help and support are available should they be needed. With reference to contact information, it was enquired whether there is a direct line to contact the police, other than 999 (JD).
* CC fully supported this pledge. In the next 24 months, it is a personal strategic intent of his to increase the influence and power of other strategic partnerships which the NHS currently engages in, including the police and Local Authorities.
* RW enquired how the pledge will be monitored to discover whether it is working, and followed up to ascertain whether it is right and fit for purpose. HD responded that it would not be monitored per se however it sits in the broader staff wellbeing and support work. Line managers, HR and the Safeguarding Team have an important role with the duties associated around this. The key initially will be the monitoring of communications and engagement, and staff knowing that the organisation is supporting them to feel safe to raise any issues and know where to go for help. CC added that it is an important transferable factor on how to move on from pledges to action; the ICB will be communicating and watching through staff surveys. Our staff are members of the broader population; the ICB playing a key role in the strategic partnership will help to make improvements and demonstrate change for the whole population, including our own staff. There is a difference between operational and strategic partnership approaches which the ICB needs to connect and increase power to.
* This is a positive step to take and the commitment to strengthen the strategic partnership around this important agenda was welcomed. Derbyshire County Council has brought community safety and public health together which will help to strengthen strategic partnerships across the County (EH).

**The Board DISCUSSED and APPROVED the ICB's Domestic Abuse Pledge that will sit alongside the ICB's Domestic Abuse Policy and the new ICB Sexual Safety in Healthcare Organisations Charter** |  |
| **ICBP/2324/****151** | **Delegation of Specialised Services from NHS England (NHSE)**CC advised that the strategic intent of NHSE in delegating these commissioning services to ICBs is so that ICBs can have a more holistic view of the spend across all services. Last year saw the delegation of primary care services, dentistry, pharmacy, and optometry to the ICB; this is the next tranche, relating to approximately half of specialised services moving from NHSE to ICBs. The difference in specialised services, by their nature, is that they are provided across a larger footprint than one ICB; there is an expectation that ICBs will work in partnership to undertake primary care delegations across other ICBs. In terms of these additional delegations, which the ICB will be responsible for from 1st April 2024, it was recommended that the Board proceed to accept them, however, they are subject to ongoing work. These services are highly complex to understand; neither ICBs, nor former CCGs, have undertaken this level of commissioning since the 2012 Act when PCTs had more involvement in them. There is a commitment from NHSE in the Midlands region to manage them collectively and work in partnership on their handling over the coming months. A lead ICB is required to take a collective view of the services on our behalf; for Derbyshire this will be Leicester / Leicestershire / Rutland ICB, working in partnership with Birmingham and Solihull ICB, to undertake this on a whole midland's basis. There is a need to understand greater detail about these new delegations, including their performance and financial position; work is ongoing with NHSE in this regard. The benefits of moving forward outweigh the risks, however this will be subject to managing the transition of the services. Questions/Comments* RW has attended meetings about this matter; all of the points rasied today were directly made to NHSE. There is more clarity than before however, this is a position of transition and is as good as it can be at this stage. The ICB will be protected as much as it can be. RW agreed with the direction of delegation, and liked the fact that these services can be built into an offer which reflects the priorities of the Derby and Derbyshire population.
* The opportunities that these delegations present to develop, design, and implement a holistic approach to services, and how they can be used to support the strategy for improving health of our population was commended; concern was expressed that this may be purely transactional. Assurance was requested that, particularly within the concept of the ICB restructure, there will be adequate resource to perform the new delegations (DO). CC responded that something commissioned regionally is being taken to be commissioned locally in partnership and this will be complicated to do. The ICB has a 30% running cost reduction over the next 2 years which is currently being worked through; NHSE also has a 30% running cost reduction to work through. This will have a consequence on capacity which needs to be kept in mind and be proportionate as to what can be achieved. In the first year NHSE will hold the staff base, due to its link to the retained services they will be commissioning, however it will be identifiable in terms of the colleagues working on the ICB's behalf. Assurance was provided that the ICB is working through any potential challenges. CC requested HD to look at what transition time is required for the ICB to become an informed and informing commissioner of these services. For the delegation of the previous services, the ICB has yet to transition into a full commissioner. As a national progression, a view to Board is required on at which point the ICB becomes an influencing and informing commissioner; next year the ICB will hold the position, and the year after will change its influence. A balanced view as to what can be achieved in years 1, 2 and 5 is required.
* Assurance was requested that control measures will be implemented to manage the risks (JED). CC concurred that there are risks in this, but there is clear sighting on them; CC supported a risk share approach for specialised commissioning, due to them being services better undertaken at scale.
* Although this was supported, there are a lot of risks involved namely capacity, complexity and working collaboratively; a plea was made for feedback in early 2024/25 on a small number of key areas where the ICB wants to make a difference for the Derby and Derbyshire population through the changes implemented (TA).
* Dr Chris Weiner (CW) was unable to provide full assurance on the management of the risks. It is important to note that the Chief Medical Officers (CMOs) in the East/West Midlands recognise the need to ensure sufficient capacity to manage the transition of specialised services over the next 5 years. The CMOs are actively discussing working collaboratively across multiple ICBs in order to ensure sufficient support.

RW added that Derby and Derbyshire want to be a system in delivery mode, to work on things to get them right and embed them.**The Board NOTED the contents of this report and AGREED the sign-off of the attached documentation, with the following to be noted:****• NHSE to provide more detail as to how they will work with ICBs and manage these services in partnership****• A full pre-delegation pack has not yet been shared and therefore ICBs need clarity from NHSE ahead of transition in relation to any risks that may be present or might emerge in the 59 services to be transferred, along with a process for resolution of such risks****• Greater clarity is required from NHSE on the role and expectations of the lead ICB****The ICB will work with NHSE to resolve the above during the spring** | **HD****CC** |
| **ICBP/2324/****152** | **Year End Closing Position**Keith Griffiths (KG) advised that it is important to recognise that there are still 10 days to go until the end of the financial year.Craig Cook (CCo) provided an overview of urgent and emergency care, cancer, mental health, autism and learning disabilities, and General Practice performance over the last 12 months, advising that some issues had not been foreseen at the start of this period, including the impact of the industrial action on the operational situation. Although there are still areas of challenge, despite the pressures, the system has improved across all sectors compared to 2022/23. The finalised 2024/25 plan will be presented to the Board at its next meeting; the plan will strive to further improve performance in 2024/25.Linda Garnett (LG) highlighted that a steady growth has been seen in the workforce from the start of the year, with the increase in August due to the medical rotation plus the recruitment of new nurses and midwifes which were unable to be included in the plan. There was an increase in January to help manage operational pressures. A slight reduction was demonstrated in February; however, the likelihood is that the year will end on circa 300 staff above plan. Changes have been seen in the make-up of the workforce, with more substantive and less agency staff being used.Keith Griffiths (KG) advised that in real terms the balanced plan will be achieved for 2023/24. Pressures in year include the cost of inflation and pay awards which will result in the ICB having a deficit of £44.7m by year end. £136m of efficiencies have been achieved in year. Bank and agency staff spend has been well controlled. There are two outstanding national financial risks to the delivery of this position - the costs of the Health Care Support Assistants re-banding, for which there are no costs in the forecast to accommodate and could be as high as £15m, and the change in treatment of PDC benefit for IFRS16 which could cost £7.2m; these issues need to be worked through with the national team.Questions/Comments* It was questioned that whilst Improvements have been made despite the difficult circumstances faced, whether the presentation provided an overly positive picture of the situation. Should the public read the presentation in isolation it may not provide a true picture and match the experiences they are facing. Concern was expressed that although there was progress in making efficiencies, these were non-recurrent efficiencies which will not provide a sustainable financial position going forward (SS).
* The hard work undertaken to reach this position was acknowledged, however the presentation could be accused of giving a glowing perspective of the situation; there is a need to be mindful of how it is articulated and the position managed, as it is building up a problem for 2024/25. Good progress has been made in relation to the workforce, however it was noted that it is now over target. The financial position will be hard to manage both now and moving forward (JED).
* It was asked if the level of spend is sustainable into 2024/25, particularly for performance and workforce. The workforce graph highlighted a gap between planned and actual which opened up at the start of the industrial action; it was enquired whether there is a handle on workforce across the system or if it is still a work in progress (DO).
* MG highlighted the forecast for this year and the deficit faced should no action have been taken; the system has a right to be proud of the achievements made to reach the current position, particularly when factoring in the unfunded pay awards and industrial action. This provides a positive when facing questions around sustainability and further demands for productivity and workforce going forward; undertaking the work this year provided confidence however further work is still required. The gap in workforce resulted from not being able to plan for the incoming new nurses and midwives.
* CC confirmed that the intent was not to paint too good a picture, but to set out the truth about the current position; the intent was to produce a balanced view which includes positives. There is a risk in looking at something at this level that the focus is narrowed to a few short metrics; it is difficult to take a view on the many care interactions happening every day. Should the outturn have been looked at from the start of the year, and the challenges to be faced, there would be pride in the improvements made. There is no denying the underlying challenge faced. Whilst the balance of recurrent/non-recurrent improvement is important, there is a risk of missing the improvements made in 2023/24. The 2023/24 learning is preparing for the key challenges in 2024/25 to build a more resilient health and care model. Conversations are now being held on how to develop plans to move towards a more sustainable footing.

RW requested that public opinion forms part of how the system reviews where it is; the breaking down of inequalities needs to be considered in next year's year-end position. RW thanked colleagues involved in this work for making progress; however, it was acknowledged that there is still work to be done.**The Board NOTED the 2023/24 Year End Closing position** |  |
| **ICBP/2324/****153** | **Integrated Assurance and Performance Report**QualityProfessor Dean Howells (DH) presented the slides on quality, highlighting the following:* Maternity Assurance Approach – The LMS is focused on the improvement plan. DH was impressed with the whole teams' approach to improvement; a follow up oversight meeting is scheduled for next week to focus on the re-inspection metrics.
* IPC – The ICB is working closely with regional colleagues on this plan. DH confirmed that CRHFT has fully recruited to its leadership team around IPC which will be in place from April.
* Deep dive quality assurance report from NHSE into continuing health care services – The ICB has performed in a consistent manner in this area, which is live and challenging. There is good joint working taking place with Local Authorities, however there is more work to do to land the final outcome.

PerformanceCraig Cook (CC) presented the slides on performance, highlighting the following:* Urgent and Emergency Care (UEC) – The target was to achieve 76% A&E performance in 2023/24. There is daily oversight of this by the regional team, linking in with the ICB and providers; good progress has been made in this area, with day-by-day improvement in performance seen across UHDBFT. Concern was expressed around CRHFT's A&E performance; this will be picked up as part of the 2024/25 planning work. There is confidence that this target will be achieved overall.
* RTT/Cancer – There is weekly oversight on this with regional colleagues, in which both Trusts are fully engaged. There is a route to achieve the 78 week wait close down in April, and the cancer targets are being delivered.

 WorkforceLinda Garnett (LG) presented the slides on workforce, highlighting the following:* The trend in growth has been flattening due to a focus on establishment and vacancy control with providers which is now having an impact and demonstrated a reduction in in agency use. Bank working is fluctuating as a response to operational pressures. Previously bank workers were permanently working in what should have been substantive roles. The staff survey demonstrated a greater satisfaction with opportunities for flexible working; this is enabling people to work in substantive roles with the same flexibility as bank working.

FinanceKeith Griffiths (KG) presented the slides on Finance, highlighting the following:* Every provider organisation in the Derbyshire system is now reporting a deficit for this financial year; this is included within the £44.7m deficit. The main risks to achieving the year end position are areas outside the system's control, as well as those that prevent delivery of the Operational Plan. There is an estimated £24.1m risk in meeting the recognised £44.7m yearend deficit. £20m relates to estimated costs at CRHFT and UHDBFT for the national Health Care Assistant claim for re-banding.

Questions/Comments* A more comprehensive performance report is now being provided; however, the community data is an aggregation of a whole range of providers. No progress has been made this year by the community in reducing its long waits; there are still 1500 patients waiting for a first outpatient appointment. It is beholden on us to develop a more granular focus through the system on what those waits are, what their impact is and what more can be done, through productivity and collaborative working, and focus the resources to reduce them (TA).
* Regarding the focus on the 76% 4 hour wait in the Emergency Department, this is an important measure of quality; however, it is disappointing, having worked all year as a whole system to drive improvement, to have a national incentive scheme at yearend that rewards acute trusts when a whole health and care system effort was required to achieve effective UEC flow. This was fed back on behalf of the non-acute health and care partners across Derbyshire. RW recognised this and took it on board.

**The Board NOTED the Month 10 performance Operational Plan update against the plan commitments and targets** |  |
| **ICBP/2324/****154** | **Holistic Discharge Review**Sue Sunderland (SS) gave a presentation on the current discharge arrangements with a view to agreeing a way forward to improve their effectiveness. Whilst the paper outlined questions for further exploration, the discussion focused on those areas that best link to the Intermediate Care Framework priorities. Progress in these areas has the potential to significantly impact on the speed and effectiveness of discharge and consequently increase bed availability as well as improving the patient experience; however, concern was expressed on the limited system resources available to take this forward. Some areas could make a big difference to the speed of discharge and costs of delivery. Although providers are committed to achieving this work, they are struggling to create bandwidth to make it happen; space needs to be created within the acutes to take this forward.Questions/Comments* It was enquired whether seven day per week discharging is taking place and if not, why not (DO). TA considered that consistently lower levels of discharges are made on Saturdays and Sundays from acute hospitals; flattening out discharges across 7 days would make better use of the community available.
* For 90% of discharges, no interventions are required, however it is the remaining 10% of discharges which have an impact on system flow; this might not be the correct forum to look at this situation (JA).
* CC considered this to be an important and complex area of health and care business. The questions asked of the Board are ones being worked on in relevant parts of system. Assurance was provided that there is a full commitment across the partnership to work on this.
* CW praised this report as a useful and valuable insight and thanked SS for the work she has undertaken. It is important to recognise that discharge is happening 7 days per week however it is useful to look at whether this could be done better. There is inconsistent application of discharge pathways being used across the system benefits; there is an opportunity to make improvements to the approach used to drive forward the agenda of care.
* Discharge works well for most people; the challenge occurs around those patients with complex needs. This is where the Integrated Care Partnership (ICP) is important and where the focus needs to be. For clarity, the Mental Capacity Act is different to the Mental Health Act.
* This report has raised a lot of points, many of which are not surprising to those working in this space. The Integrated Place Executive receives a comprehensive performance report; it was suggested that adult social care discharges should be included in this. Further Business Intelligence support and data is required (TA). JA is currently working on a new digital system which could accelerate insight and drive rapid improvement.

RW requested CC to look at this as a holistic issue, as there are a lot of people in hospital beds not being discharged. There needs to be system wide approach on this therefore consideration by the ICS Executive Team was requested.**The Board DISCUSSED the questions highlighted in the presentation and AGREED appropriate next steps** | **CC** |
| **ICBP/2324/****155** | **Audit and Governance Committee Assurance Report – February and March 2024**SS presented these reports which were taken as read. SS requested that all colleagues ensure they respond to any requests from Internal Audit, as currently a Head of Internal Audit (HOIA) Opinion cannot be provided due to outstanding issues. No questions were raised.**The Board RECEIVED and NOTED the report for assurance purposes** |  |
| **ICBP/2324/****156** | **Finance, Estates and Digital Committee Assurance Report – February and March 2024**Jill Dentith (JED) presented these reports, which were taken as read. JED highlighted the conversations were held at the meetings on the 2023/24 position and the positive workshops held to consider estates, digital and workforce in relation to the wider efficiency agenda on efficiencies. A close eye is being kept on the rollout of electronic patient records at acute hospitals. No questions were raised.**The Board RECEIVED and NOTED the report for assurance purposes** |  |
| **ICBP/2324/****157** | **Public Partnership Committee Assurance Report – February 2024**RW presented the report, which was taken as read. It is important that the committees are testing themselves on their plans for next year. No questions were raised.**The Board RECEIVED and NOTED the report for assurance purposes** |  |
| **ICBP/2324/****158** | **Population Health and Strategic Commissioning Committee Assurance Report – January and March 2024**RW presented the above report, which was taken as read. No questions were raised.**The Board RECEIVED and NOTED the report for assurance purposes** |  |
| **ICBP/2324/****159** | **Quality and Performance Committee Assurance Report – December 2023 and January 2024**Dr Deji Okubadejo (DO) presented the above report, which was taken as read. DO confirmed that the Committee has held many discussions on discharge and flow in the system. No questions were raised. **The Board RECEIVED and NOTED the report for assurance purposes** |  |
| **ICBP/2324/****160** | **People and Culture Committee Assurance Report – February 2024** 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** |  |
| **161** | **Fit and proper person framework****The Board NOTED the Fit and Proper Person Test Framework for information** |  |
| **ICBP/2324/****162** | **Derby City Council Health and Wellbeing Board ratified minutes from November 2023****The Board RECEIVED and NOTED the above minutes for information** |  |
| **ICBP/2324/****163** | **Ratified Minutes of ICB Corporate Committees*** Audit and Governance Committee – 11.12.2023 / 8.2.2024
* People and Culture Committee – 6.12.2023
* Public Partnership Committee – 30.1.2024
* Quality and Performance Committee – 21.11.2023 / 30.11.2023 / 21.12.2023

**The Board RECEIVED and NOTED the above minutes for information** |  |
| **ICBP/2324/ 164** | **Forward Planner****The Board NOTED the forward planner for information**  |  |
| **ICBP/2324/****165.1** | 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. |  |
| **ICBP/2324/****165.2** | Did any of the discussions prompt us to want to change any of the risk ratings up or down? |  |
| **ICBP/2324/****166** | **Any Other Business**None raised. |  |
| **ICBP/2324/****167** | **Questions received from members of the public**One question was received from Richard Terry, on behalf of Babington Hospital Site Monitoring Group, Belper, which related to significant issues and concerns raised about emergency and urgent care in the ICB’s Integrated Care Strategy and Joint Forward Plan, the current review of Urgent Treatment Centre provision across the county and the general NHS delivery plan for recovering urgent and emergency care services post-pandemic. Much of the Babington Hospital site in Belper is currently being offered for development by NHS Property Services, and a new DCHS community health services hub is in the contracting stage to replace the former Belper Clinic. Both DCHS and NHS Property Services have recently suggested that some of the capital raised from the Babington Hospital site sale may be redeployed to support local NHS Projects. Local demographic and other conditions mean the case for using this capital to help finance the further enhancement of the Babington hub’s service delivery is especially strong. What is the Board’s view on designating the Babington hub as a new UTC? Given the specific circumstances outlined above, will the current UTC review give due consideration to the viability of a Babington UTC?The following response was provided: The former NHS Derby and Derbyshire CCG decided in 2018 that the Babington Hospital building was not viable for refurbishment as a healthcare facility, that the bedded care provided there would transfer to the newly-built Ada Belfield facility in Belper and that DCHS would progress plans to develop a new health centre on the remaining land on the current health centre site to accommodate the remaining services from the hospital. This decision followed extensive engagement with residents. Plans have since progressed in line with that decision; the bedded care has transferred; planning permission is now granted for the new health centre building and the remaining hospital site is now in the process of being sold by NHS Property Services for alternative use.NHS Derby and Derbyshire Integrated Care Board (ICB) – the successor to the CCG – does not intend to review the decision made regarding the viability of the hospital site for refurbishment for healthcare provision.The ICB will be conducting a review of urgent treatment centres across the county, and engagement with residents will commence in due course. The aim of the review is to consider the current and potential future use of urgent treatment centres across the NHS Derby and Derbyshire ICB footprint (including Glossop), to ensure that we are providing the right care at the right time in the right place and based on the identified needs of the local communities. These are to be considered within the context of the wider urgent care system in Derby and Derbyshire to ensure that we deliver an integrated urgent treatment system that fits the needs of the local population. The review will consider:• Derbyshire's five existing Community UTCs in Buxton, Whitworth Hospital, Ripley, Ilkeston, and Derby City.• Other services that fit within the wider community urgent care offer, such as walk-in centres e.g. Swadlincote, Ashbourne and New Mills.• And it will link in with Primary Care and Place developments across Derbyshire.The review will consider ideas and suggestions, and these will be fully evaluated, and the viable options then entered into an options appraisal process at a later date. |  |
| **Date and Time of Next Meetings** |
| **Date**: Thursday, 16th May 2024 **Time**: 9am to 11.00am**Venue:** via MS Team  |