

## MINUTES OF NHS DERBY AND DERBYSHIRE ICB BOARD PUBLIC MEETING

HELD ON THURSDAY 21<sup>ST</sup> JULY 2022

### VIA MICROSOFT TEAMS

<b>Present:</b>		
John MacDonald	JM	ICB Chair (Chair)
Tracy Allen	TA	Chief Executive DCHS & Place Partnerships (NHS Trust & FT Partner Member)
Dr Chris Clayton	CC	ICB Chief Executive Officer
Julian Corner	JC	ICB Non-Executive Member
Dr Buk Dhadda	BD	ICB Non-Executive Member / Vice Chair of the ICB Board
Helen Dillistone	HD	Executive Director of Corporate Affairs
Margaret Gildea	MG	ICB Non-Executive Member
Keith Griffiths	KG	ICB Executive Director of Finance
Zara Jones	ZJ	Executive Director of Strategy & Planning
Ifti Majid	IM	Chief Executive DHcFT & Provider Collaborative at Scale (NHS Trust & FT Partner Member for Mental Health)
Dr Andrew Mott	AM	GP Amber Valley (Partner Member for Primary Medical Services)
Andy Smith	AS	Strategic Director of People Services, Derbyshire County Council (Local Authority Partner Member)
Sue Sunderland	SS	ICB Non-Executive Member
Dr Chris Weiner	CW	ICB Chief Medical Officer
Richard Wright	RW	ICB Non-Executive Member
<b>In Attendance:</b>		
Tracy Burton	TB	Assistant Chief Nurse Officer (deputising for Brigid Stacey)
Chlinder Jandu	CJ	Administration
Frances Palmer	FP	Corporate Governance Manager
<b>Apologies:</b>		
Dr Avi Bhatia	AB	Clinical & Professional Leadership Group participant to the Board
Suzanne Pickering	SP	Head of Governance
Amanda Rawlings	AR	Chief People Officer
Brigid Stacey	BS	Chief Nursing Officer & Deputy Chief Executive Officer
Dean Wallace	DW	Director of Public Health, Derbyshire County Council (Local Authority Partner Member)

Item No.	Item	Action
<b>Introductory Items</b>		
<b>ICBP/2223/018</b>	<p><b>Welcome and apologies</b></p> <p>John MacDonald (JM) welcomed Tracey Burton, who was deputising for Brigid Stacey, Chief Nurse Officer.</p> <p>Apologies were noted as above.</p>	

Item No.	Item	Action
ICBP/2223/019	<p><b>Confirmation of quoracy</b></p> <p>It was confirmed that the meeting was quorate.</p>	
ICBP/2223/020	<p><b>Declarations of Interest</b></p> <p>The Chair reminded committee members of their obligation to declare any interests they may have on issues arising at committee meetings which might conflict with the business of the ICB.</p> <p>Declarations made by members of the Board are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the ICB Board Secretary or the ICB website at the following link: <a href="https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/">https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/</a></p> <p>No declarations of interest were noted.</p>	
ICBP/2223/021	<p>No questions were received from members of the public.</p>	
<b>Strategy and Leadership</b>		
ICBP/2223/022	<p><b>Chair's Report</b></p> <p>JM acknowledged that the past few months and particularly the last few weeks have been difficult for the NHS and recognised and thanked the efforts of staff in trying to handle some very difficult and challenging situations from ambulances, all the way through to Community Primary Care.</p> <p>JM congratulated Tracey Cunningham on her Community Heroes Award for her role as First Contact Rough Sleeper Paramedic, and thanked her on behalf of the Board, as the work being carried out can make a huge difference to people's lives. Tracey is funded by the ICB but employed by East Midlands Ambulance Service NHS Trust.</p> <p><b>The Board NOTED the Chair's report</b></p>	
ICBP/2223/023	<p><b>Chief Executive's Report</b></p> <p>Dr Chris Clayton (CC) presented the Chief Executive Officer's report, which provided an update on key messages and developments relating to work across the ICB and Integrated Care System (ICS). The report provided a helicopter view both regionally and nationally and included items that would not necessarily be discussed on the agenda otherwise.</p>	

Item No.	Item	Action
	<p>CC requested feedback on the approach, usefulness and content of the report and also the balance between the Chair and Chief Executive reports.</p> <p>CC highlighted the following points:</p> <ul style="list-style-type: none"> <li>• CC expressed his gratitude to colleagues working tirelessly in terms of the Critical Incident Response.</li> <li>• Yesterday's Covid-19 figures showed a slight reduction in cases, but it is too early to tell if this will be significant, and the wider impacts need to be thought about.</li> <li>• CC congratulated Gary Marsh on his appointment as Chief Nurse at UHDB and Tracey Cunningham on her award for her role as First Contact Rough Sleeper Paramedic.</li> <li>• CC highlighted the Health Watch survey, which is being undertaken in general practices and will aid the Board's understanding on the importance of the general practice access position, and also the public's view on this locally.</li> <li>• Now we are no longer part of any joint committee structure outside of Derbyshire, CC would like to build into this report a border situational report, particularly in regards to Greater Manchester, South Yorkshire, Nottinghamshire and East Midlands. CC will work with colleagues about how to factor intelligence in about wider Derbyshire collaboration cross-border working.</li> </ul> <p><b>Comments</b></p> <p>Ifti Majid (IM) suggested considering having a conversation in public regarding the changes to the Mental Health Act and the impact across the whole of the system and how it is going to be managed across the ICB.</p> <p><u>Critical Incidence Response</u></p> <p>Tracy Allen (TA) reported that yesterday a Gold Command meeting was called in response to very high levels of demand and constrained capacity in terms of the number of calls that EMAS were receiving, the number of ambulances and patients presenting outside Emergency Departments, the pressures on EDs and throughout the Acute Trusts in terms of the number of people they were caring for as in-patients. It was agreed that the pressures were such that there were critical patient safety issues. The Gold Command meeting was merited for three main reasons:</p>	

Item No.	Item	Action
	<ul style="list-style-type: none"> <li>• to formalise the requirement for all organisations to move out of their business as usual processes;</li> <li>• by calling it a critical incident across the NHS, we moved into managing the incident through the emergency preparedness, resilience and response format, which provided a helpful structure to ensure decisions were made, recorded and challenged in the right way; and</li> <li>• enabled public communication across Derby and Derbyshire, and to be open and transparent with our citizens and communities around the pressures and what else they could do.</li> </ul> <p>TA praised the collaborative working across the system during the incident. General Practice both in-hours and through Derbyshire Health United were working to try to increase clinical capacity at EDs. Derbyshire Community Health Services NHS Foundation Trust and Local Authorities are asking very senior decision-makers in the integrated discharge teams to challenge themselves, patients and their families in regards to the basis of discharging people. Derbyshire Health Care NHS Foundation Trust are putting in extra capacity to access ED and provide additional support to patients presenting with mental health interventions. There is also work commencing with EMAS and 111 to look at whether there would be a benefit in obtaining more senior clinical decision makers into 111 and EMAS call centres. There was also a significant decision made at the meeting following an ask from the System Operational Resilience Group (SORG) to spot purchase some additional care home beds, which was agreed in order to try and decompress the acute Trusts. SORG and Chief Nurses are also working on the potential to open and staff any other extra beds, which may not be possible due to the short time span.</p> <p>Dr Chris Weiner (CW) highlighted the point about the possibility of a rising-tide event. The evidence which has been seen from international sources suggests that for every 1 degree rise in ambient temperature above 29 degrees Celsius, you might see up to a four and a half percent increase in hospital admissions, and there is a delay of between three and six days between the rise in temperature and those hospital admissions. This is an area we need to monitor and review.</p> <p><b>Comments</b></p> <p>CW thanked TA for stepping in at short notice and chairing the meeting. Everyone engaged across all partnerships, and organisations within Derby and Derbyshire.</p>	

Item No.	Item	Action
	<p>Helen Dillistone (HD) briefed the Board on the process and status of the critical incident as it is not something that has been done before as a whole system, and it does add a level of formality around the process and decisions that are taken. There are systems and processes already in place through the System Escalation Call (SEC), which now formally becomes the Gold Command, and the System Operational Resilience Group, who meet daily, is the Silver Command. There is an important connectivity formally now between these two groups. In terms of the status, the current plan is that it is a temporary status. One of the purposes of the Gold Command is to have key actions to de-escalate the situation as quickly and safely as possible and that work in part will be done by SEC in partnership with partner organisations through planning. NHS England were on the call and were very supportive of the approach that was taken to call the critical incident.</p> <p>Buk Dhadda (BD) thanked colleagues in the escalation meeting and reinforced CW's earlier point about delayed presentation of certain illnesses with increasing temperatures. BD paid tribute to all the colleagues in Primary Care and Community Services who are out in the heat visiting housebound patients who were getting quite unwell, as there was a big spike in trying to ensure housebound, elderly, frail patients who were presenting with acute illnesses were kept at home.</p> <p>Zara Jones (ZJ) pointed out that a Silver Command meeting will be held at 10am to take stock as to what happened overnight and a further meeting at 2pm, followed by a Gold Command meeting at 3:30pm to see whether we are still in a critical incident status.</p> <p><b>The Board NOTED the Chief Executive's Report</b></p>	
<b>Items for Decision</b>		
<p><b>ICBP/2223/024</b></p>	<p><b>Joined Up Care Derbyshire ICS Green Plan</b></p> <p>HD presented the above paper which detailed the new Joined Up Care Derbyshire (JUCD) ICS Green Plan and set out the system's ambition to reduce the carbon footprint of the local NHS.</p> <p>In 2020, the NHS launched the campaign "For a Greener NHS" and an Expert Panel, chaired by Sir Simon Stevens, set out a practical, evidence-based and quantified path to a 'Net Zero' NHS. In response to this call, the ICS were required to develop a regional-level approach to sustainability. The Derbyshire ICS Greener NHS Delivery Group was established and chaired by</p>	

Item No.	Item	Action
	<p>Helen Dillistone, Senior Responsible Officer for Net Zero, and have worked together with support from an external consultancy to develop this ICS Green Plan.</p> <p>Each member organisation has its own individual Trust Green Plan, however this joint ICS Green Plan identifies elements which are better undertaken together, where co-ordination is required across organisations or where additional value can be brought to the system by working together.</p> <p>The Plan details the drivers for change, the significant contributing factors which the NHS has in its carbon footprint and what this looks like for the Derbyshire system. It also sets out what our current contribution is to the CO<sub>2</sub> emissions and determines our baseline to help inform our approach and strategy going forward. Following analysis, there are a number of common themes within each organisation which included:</p> <ul style="list-style-type: none"> <li>• how we engage, educate and train our staff on the Green Plan, and how this links in with the Anchor Institutions;</li> <li>• how we can ensure the drive for transformation includes sustainable care models;</li> <li>• how might organisations who rely on travel and logistics reduce their carbon footprint;</li> <li>• how are we best using our energy efficiency programme and how this links in with our estate strategies;</li> <li>• adaptation planning for any changes we have to make;</li> <li>• how we monitor and evaluate our carbon and greenhouse gases;</li> <li>• what our corporate approach will be towards sustainability; and</li> <li>• sustainable use of resources, through waste management.</li> </ul> <p>HD highlighted the Action Plan within Appendix A which supports the strategy and details timeframes for achieving the system's contribution to the Plan. It details the visions and intervention levels for these timeframes, how we can develop policies to drive change and how we connect with estate groups.</p> <p>HD recommended for the Board to formally adopt the JUCD ICS Green Plan on behalf of the ICB.</p> <p><b>Comments/Questions</b></p> <p>Julian Corner (JC) asked how the ICB will contribute to an overall integrated approach rather than making it all about the</p>	

Item No.	Item	Action
	<p>NHS, due to the scale and interdependency of this project, we ought to be contributing to a much bigger effort than just our own.</p> <p>HD stated that in terms of the bigger effort the Health and Wellbeing Board is starting to bring together not just the NHS organisations but some of the wider partners across the Health and Care System, and there is good evidence of broader thinking around reducing our carbon footprint and the importance of this in reducing health inequalities. We also have a link into the Anchor Institutions and the work and approach that is happening there, which takes a much broader social and economic approach to development.</p> <p>JM commented that working with our key partners in terms of demonstrating a commitment to move on this at pace is something that is absolutely critical. We do have a role in working with other organisations and supporting the work of the Anchor Institutions in ensuring that we are giving a real public commitment to this work.</p> <p>Sue Sunderland (SS) welcomed the plan and was pleased to see the depth of coverage that it is going to encompass. SS queried how challenging we have been to ourselves around some of the targets we have adopted and whether there will be an ongoing challenge to reach them sooner. SS also asked about joining up with D2N2, which is not scheduled until 2030. This is already a well-established network and SS asked what was holding it back until 2030 as it seems like an area which we could action quickly and a good opportunity to link up with our partners given it is a local authority-led scheme.</p> <p>HD shared that 2030 is a target that is being worked towards and part of the complexity is to gain an understanding of where the greatest gains are, even if it is a small incremental change, as combination of these smaller incremental changes could make a big difference. Data is collected quarterly and we will be able to start to see the differences that are being made, which interventions are helping the most and whether we can push some of the targets when evidence is available and understanding is gained of the difference being made.</p> <p>Richard Wright (RW) commented on the implications of this and the consideration needed from signing up to the Green Plan and reaching the 100% carbon-neutral targets. For example, alternatives such as electric power should be considered now when purchasing any more vehicles.</p>	

Item No.	Item	Action
	<p>Margaret Gildea (MG) queried how we can make this real, what the role of the Board is and the role of the specific committees, and how this plan was going to be embedded within the Trusts and wider.</p> <p>HD shared that the group meet each month and the single biggest immediate priority has been around staff engagement. Some of the individual organisations have done huge amounts of work on this already internally but there is something about that broader system strategic approach. We are starting to work with the communications team about how we may network this across the system, particularly clinical engagement because some of this might require quite different clinical practices. HD also acknowledged how NHS England have been helping in this area.</p> <p>CC updated the Board on the wider Anchor approach. CC thanked IM for leading the NHS and Andy Smith for leading the local authority galvanisation of a broader partnership around the institution approach. CC is now supporting IM with the NHS leadership for Anchor Institutions and suggested this being brought back to a Board session in the future. CC also asked Board members to send any strategic items they want on the Board agenda to him.</p> <p>JM recognised the work of the Anchor Institutions across Derbyshire and that this provides a good platform in moving this forward.</p> <p>Keith Griffiths (KG) supported the paper and recognised the effort that had gone into it. KG referred to the air quality and greenhouse gases piece and wanted to emphasise the fact that there are communities in deprived areas that live with the poorest air quality, have the poorest health outcomes and potentially educational attainment.</p> <p>Andrew Mott (AM) shared that he was not sure how visible this plan has been at General Practice and queried what GP involvement there is currently. AM offered to be involved in a working group and stated that the inhaler switch project is underway, but the issue of general practice premises having a mix of leases and owner occupation. Being a large part of the system will be able to push forward with this plan.</p> <p>TA commented with regard to staff engagement that in her experience colleagues are challenging us. By agreeing to this plan we are setting ourselves up for some very challenging discussions and decisions given the capital constraints we are</p>	



Item No.	Item	Action
	<p>currently working under. The Board is going to be held to account by communities and the workforce, for delivering this and meeting expectations.</p> <p>BD asked how we benchmark ourselves against other systems across the country. HD informed the Board that we have data through our regulatory colleagues who on behalf of the region holds a whole system benchmark. We are at middle ground currently and can share this information with the Board if needed. HD also attends the regional group where good practice is shared.</p> <p>JM in summarising confirmed there is strong support for the Green Plan and that we need to play our role in the wider agenda. There are going to be some difficult decisions to be made but these will be needed if we are serious about the plan. JM also reiterated TA's point on staff actually pushing us and we need to build on their desire for this and energise the whole system. JM also thanked AM for his offer of support.</p> <p>With regards to the outcomes, JM stated that we need to know what is happening with our carbon footprint and suggested that the Board receives an update twice a year to be sighted on this work.</p> <p><b>ACTION:</b> HD to bring back progress updates on the Green Plan to the Board bi-annually.</p> <p><b>The Board APPROVED the Joined Up Care Derbyshire ICS Green Plan</b></p>	<p>HD</p>
<b>Corporate Assurance</b>		
<p><b>ICBP/2223/025</b></p>	<p><b>Finance Report – Month 2</b></p> <p>KG gave a verbal financial report for this month based on month 2, which is the period ending 31<sup>st</sup> May when the ICB was functioning as a CCG. The NHS nationally was still completing its financial planning for 2022/23 and this was not concluded until the end of June. An interim plan was set up for the first two months which have been planned against the CCG's position rather than the totality of the Derby and Derbyshire ICB organisation.</p> <p>KG reported that the ICB was £128,000 better off than we expected to be at the end of May, which also implies that primary care co-commissioning running costs are equally where they should be in terms of their planned expenditure levels, and similarly, if they are in the right place then also the</p>	

Item No.	Item	Action
	<p>cash is going to be in the right place as well. The cash draw-down was on plan and 95% of suppliers were paid within 30 days on contract terms.</p> <p>There were some pressures expected on prescribing, some of the other central efficiencies and regarding the cost of continuing healthcare which will be discussed at the next Finance Committee. The committee will also be looking at the quarter one position and the plan that we have now signed off and what the inherent risks are for us all as an ICB in delivery and break even for the system by the 31<sup>st</sup> March. KG will provide a full report around the 3% efficiency targets that apply to all organisations and will be reviewing any investment decisions.</p> <p>KG highlighted the income which is associated with elective activity recovery. More Covid-19 patients have been seen in the first quarter than expected which will have impacted the bed base and our ability to get elected patients in, which means the income that we would normally get for those elective patients is behind plan for the first quarter. There are also extra costs associated with Covid-19 which provider colleagues are modelling and calculating for us. Hopefully the Covid-19 situation has plateaued and we will be able to see those costs behaving differently in the future, but certainly being higher than expected in the first quarter.</p> <p>KG pointed out that the cost of living is a lot higher than what was expected when the national allocations to the NHS were determined back in January.</p> <p>RW clarified that the interim plan discussed at the last ICB Board was a deficit plan which was submitted and further updated. This has been accepted as a break even plan for the NHS Derbyshire system.</p> <p>RW highlighted the challenges within the breakeven plan, which included:</p> <ul style="list-style-type: none"> <li>• Covid-19 is still with us despite what possibly was hoped for when the plan was put together in its initial stages; and</li> <li>• the increase of inflation, which was 9.4% yesterday, however it is recognised as being a higher percentage in the construction sector and estates.</li> </ul> <p>One positive decision that was made by the Directors of Finance is that cash as a system will be used correctly to</p>	

Item No.	Item	Action
	<p>minimise any cost of cash. We have in excess of £2.6 billion and the focus will need to be on how we use this correctly against all the pressures to achieve a break even. RW also highlighted the importance of collaborative working across the system to ensure we place contracts to the actual finances available. This is going to be one of the big management issues for the Executive team, in tying up spend expenditure capacity on a daily basis.</p> <p>JM noted that pay awards are currently not funded nationally and that there is no provision for this. There is therefore a need to ensure that the Board are fully sighted on this to aid in the management and decision making.</p> <p><b>The Board NOTED the Finance Report – Month 2</b></p>	
<p><b>ICBP/2223/ 026</b></p>	<p><b>Audit and Governance Committee Assurance Reports</b></p> <p><u>Inaugural Audit and Governance Committee meeting – 19.07.2022</u></p> <p>SS spoke about the recent Audit and Governance Committee and that it primarily focused on the ICB as an organisation and its role within the system. The following things were highlighted:</p> <ul style="list-style-type: none"> <li>• the Terms of Reference were reviewed and approved;</li> <li>• the forward plan was discussed and recognised that there is going to be a heavy forward plan around the agreement of various policies in relation to the ICB and also the inherited CCG ones which need to be adapted and refreshed to reflect responsibilities and focus. There was a key area of focus in regards to EPRR and business continuity. It was recognised that whilst the draft policy we had been presented with was fine for the immediacy, it also needed to be reviewed to recognise the ICB's role as a Category 1 responder and will be presented to the committee in six months' time;</li> <li>• a detailed finance report was received and the committee were not assured that the current ICB plans would deliver the current financial requirements for the rest of the year. However it was recognised that the plan was a work in progress and was something the committee would continue to monitor;</li> <li>• the opening Risk Register and Board Assurance Framework were reviewed and the committee was assured that the opening position reflected the inherited risks from the CCG and that all the risks had been</li> </ul>	

Item No.	Item	Action
	<p>managed across and been allocated either to the appropriate committee to manage or closed down as they were no longer applicable. The committee agreed that significant further work was required to ensure that the Risk Register and Board Assurance Framework reflected the ongoing risks of the ICB. The committee was reassured that individual committees would be actively considering these as they move into their normal cycle and would seek further assurance as to the processes for developing the Board Assurance Framework and agreed that whilst the strategic objectives of the ICB were still under development, there is actually sufficient clarity as to the focus of those objectives to enable the Board Assurance Framework development to proceed.</p> <p>The Auditor Panel met following the Audit and Governance Committee to approve the appointment of the external auditors for the ICB. The CCG had previously led a tender process to procure external auditors for all ICB partners before its demise, in which only one bid was received from the incumbent auditors. Currently the external audit market is very fragile. This had been discussed by all partner organisations and agreed that as each came to the end of their contract they would join this new contract and the CCG, along with Chesterfield Royal Hospital NHS Foundation Trust, joined immediately. However further guidance was received from NHS England that the ICB would have to formally appoint external auditors. As an Auditor Panel everything was reviewed relating to the original tender process and the Panel were satisfied. SS highlighted the benefits of all partners ultimately having the same external auditors and requested the Board to approve the appointment of KPMG as external auditors for a three plus two-year period with immediate effect.</p> <p><b>The Board APPROVED the appointment of KPMG as external auditors for a three plus two-year period, and NOTED the Audit and Governance Committee Assurance Report</b></p> <p><u>Closing CCG Governance Committee Assurance Report – 23.06.2022</u></p> <p>The closing CCG Governance Committee Assurance report was taken as read.</p> <p><b>The Board NOTED the closing CCG Governance Committee Assurance Report</b></p>	

Item No.	Item	Action
<p><b>ICBP/2223/027</b></p>	<p><b>Finance and Estates Committee Assurance Report – 30.6.2022</b></p> <p>RW noted that at the last combined meeting of the System Finance and Estates Committee and the CCG Finance Committee, members were satisfied that the CCG's finances had been closed down. The committee also discussed a number of contracts that had been approved within the CCG. Further discussion took place in regards to the closure of the CCG's Finance Risk Register and the transfer of these risks. Subject to this Board, the final business cases of the 'making room for dignity mental health bigger project' were approved. The ICB is investing in acute buildings for Derbyshire Healthcare NHS Foundation Trust as we have a national requirement to remove all dormitory accommodation and currently Derbyshire does not have a psychiatric intensive care unit which is not ideal in terms of level of service to our patients. The full project is six separate but interrelated projects – two of which have already commenced and will see two new 54-bed units in the North and South of Derbyshire at Kingsway and Chesterfield. RW highlighted the impact of inflation on this project, which has risen since the project began. Whilst the further four projects were approved, we cannot now proceed until national funding has been identified due to the inflation pressures.</p> <p>JM stated that this is an important development and offered any support the ICB can give to ensure this project moves forward quickly.</p> <p><b>The Board NOTED the Finance and Estates Committee Assurance Report</b></p>	
<p><b>ICBP/2223/028</b></p>	<p><b>People and Culture Committee Assurance Committee Report – 17.6.2022</b></p> <p>MG reported that the first meeting of the People and Culture Committee was held on the 17<sup>th</sup> June despite not being formally instituted at that point. Time was spent on drafting the committee's terms of reference, and discussion took place in regards to a collaborative operational plan, collaboration as a system on a single workforce plan, what programs of work already exist in the NHS, and how we could add value to a concept of a one-workforce across the system.</p> <p>The Derbyshire staff survey results were reviewed and it was clear that retention is one of the big pressures for people. The committee also reviewed a report which looked at a collaborative and inclusive future, the messenger review –</p>	

Item No.	Item	Action
	<p>'How Best to Lead', and took some of their findings on the best way to lead and manage health and social care.</p> <p>The proposed work plan for 2022/23 identified:</p> <ul style="list-style-type: none"> <li>• collaborative leadership developments and talent management; and</li> <li>• equality, diversity, inclusion as two of the major work streams that were going to be looked at by the committee.</li> </ul> <p>There were some wider observations about culture, collaboration and understanding health and social care as an adaptive system, and there will be a systems organisational development plan.</p> <p><b>The Board NOTED the People and Culture Committee Assurance Committee Report</b></p>	
<p><b>ICBP/2223/029</b></p>	<p><b>Population Health and Strategic Commissioning Committee Assurance Report</b></p> <p><u>Inaugural Population Health and Strategic Commissioning Committee meeting – 14.07.2022</u></p> <p>JC reported that the committee's terms of reference were agreed, the forward plan was looked at and the risks that transferred from the precursor committees were reviewed. JC highlighted that there are plans to boost the capacity of the Committee in terms of primary care and Allied Health Professionals.</p> <p>Discussion took place which focused on what the committee represents compared to its precursors, e.g. differences in mindset and approach. It was agreed that the overall role is to develop and oversee plans and work to reduce inequity and morbidity for our population; moving from shorter term organisational commissioning to longer term planning for our populations, which is a significant shift in ways of working from the past, and as such looking at working up delegation frameworks and approaches over the next few months. It is therefore critical that we integrate our work with the wider work of the system and bring in the strategic intent function with a helicopter view on data to really start to think about where/how money is spent. Furthermore, the committee's partnership with the Finance Committee is going to be critical to the delivery of this.</p>	

Item No.	Item	Action
	<p>JC also reported that the committee now has delegated responsibility for primary medical care services and from next year this will also include pharmacy, optometry and primary care dental services. A primary care sub-committee has been established, which has delegated responsibilities in that area and will directly report into the Population Health and Strategic Commissioning Committee at each meeting.</p> <p><b>The Board NOTED the Population Health and Strategic Commissioning Committee Assurance Report</b></p>	
<p><b>ICBP/2223/030</b></p>	<p><b>Derbyshire Engagement Committee Assurance Report – 21.6.2022</b></p> <p>JC reported that the committee discussed the shift from the Derbyshire Engagement Committee to the new Public Partnership Committee. The focus is currently on ensuring the ICB is compliant with its statutory duties. It was also noted that the ICB has significantly enhanced responsibilities for public engagement on strategy. The terms of reference therefore balance statutory duties with a renewed focus on service transformation and the role that continuous engagement in co-production will play in that. Co-production could potentially have significant implications for how we do commissioning, which relates to the roles and responsibilities of the Population Health and Strategic Commissioning Committee.</p> <p>The next phase the committee will be working through is public engagement on service transformation and an Engagement Strategy is with NHSE at the moment for review. The main risk that was noted at the committee is the new responsibilities on public engagement and ensuring that the ICB has the capacity to deliver on this work.</p> <p>JM commented that a lot of this engagement is going to happen at local level and experience has shown that people are not particularly interested in engaging in issues which are at Derbyshire level; they want to know about what is happening in their area. JM suggested putting our effort into local engagement.</p> <p><b>The Board NOTED the Derbyshire Engagement Committee Assurance Report</b></p>	
<p><b>ICBP/2223/031</b></p>	<p><b>CCG Quality and Performance Committee Assurance Report – 30.06.2022</b></p> <p>BD presented the CCG Quality and Performance Committee Assurance Report from the meeting held on the 30<sup>th</sup> June. BD</p>	

Item No.	Item	Action
	<p>expects the ICB report going forward to evolve and develop over time and would value any input from board members outside of this meeting as to how they would like to see this report presented at future meetings. The general structure of the report will:</p> <ul style="list-style-type: none"> <li>• summarise the quality and performance challenges across the system;</li> <li>• summarise the statutory duties which offer assurance to the Board; and</li> <li>• highlight key items which are presented to the committee and any areas which require escalation to the Board.</li> </ul> <p>BD reported that the committee reviews a lot of data and asked the Board what data would be useful to them in order to gain assurance without it receiving too much information.</p> <p>BD spoke about the health inequalities work which has commenced to look at elective care backlog. It will review the whole elective pathway from point of referral, to first appointment, treatment, follow-up and what the impact of this will be on different parts of our population across the Derbyshire.</p> <p>BD made the Board aware that the first System Quality and Performance meeting is next week and a large proportion of time at the meeting has been dedicated to allow committee members to determine how the committee will function going forward. It is anticipated that it will be different to what it has been like for the CCG.</p> <p>JM commented that this is one of the most difficult committees to get the balance between in regards to the individual organisations and the system, and welcomed discussions with other members of the committee in terms of shaping the agenda and how the committee fulfils its role.</p> <p><b>The Board NOTED the Quality &amp; Performance Committee Assurance Report</b></p>	
<b>Items for Information</b>		
<i>The following items are for information only and will not be individually presented</i>		
<p><b>ICBP/2223/032</b></p>	<p><b>Ratified minutes of CCG / ICB Committee Meetings</b></p> <ul style="list-style-type: none"> <li>• CCG Audit Committee – 18.5.2022</li> <li>• CCG Engagement Committee – 17.5.2022</li> <li>• CCG Primary Care Commissioning Committee – 25.5.2022</li> <li>• CCG Quality and Performance Committee – 26.5.2022</li> </ul>	



Item No.	Item	Action
	The above papers were NOTED	
<b>Minutes and Matters Arising</b>		
ICBP/2223/ 033	<p>Minutes from the meeting held on 1<sup>st</sup> July 2022</p> <p>The ICB accepted minutes from the previous meeting as a true and accurate record</p>	
ICBP/2223/ 034	<p>Action Log from the meeting held on 1<sup>st</sup> July 2022</p> <p>No actions noted</p>	
<b>Closing Items</b>		
ICBP/2223/ 035	<p>Any Other Business</p> <p>No items for discussion</p>	
<b>Date and Time of Next Meeting</b>		
<b>Date:</b>	Thursday 15 <sup>th</sup> September 2022	
<b>Time:</b>	9am to 10.45am	
<b>Venue:</b>	via MST	