NHS
Derby and Derbyshire
Integrated Care Board

MINUTES OF THE POPULATION HEALTH AND STRATEGIC COMMISSIONING COMMITTEE

STRATEGIC SESSION

HELD ON THURSDAY 13TH JUNE 2024, 9.00AM – 11:30AM

MS TEAMS

Present:		
Richard Wright **(CHAIR)**	RW	Non Executive Director, NHS Derby and Derbyshire ICB
Michelle Arrowsmith	MA	Chief Strategy & Delivery Officer, Deputy CEO, Executive lead for PHSCC, DDICB
Penny Blackwell	PB	Integrated Place Executive Chair, DDICB
Robyn Dewis	RD	Director of Public Health, Derby City Council
Linda Garnett	LG	Interim Chief People Officer, DDICB
Wynne Garnett	WG	Programme Lead - Engaging the VCSE sector in the Derbyshire Integrated Care System
Margaret Gildea	MG	Non Executive Member for People & Culture, DDICB
Keith Griffiths	KG	Chief Finance Officer, DDICB
Steve Hulme	SH	Chief Pharmacy Officer, DDICB
Clive Newman	CN	Director of Primary Care , DDICB
Adedeji Okubadejo	AO	Non-Exec Director & Chair of the Quality & Performance Committee, DDICB
James Reilly	JR	Non-Executive Director, DCHS
Sardip Sandu	SS	Non-Executive Director, UHDB
Suneeta Teckchandani	ST	Consultant Physician in Acute Medicine, Secondary Care Representative
Chris Weiner	CW	Executive Medical Director, DDICB
In Attendance:		
Sylvia MacArthur	SM	Head of Contracts, DDICB
Daniel Merrison	DM	Senior Performance & Assurance Manager, DDICB
Michael Shaw	MS	Michael Shaw Associates Ltd
Nicola Smith	NS	Assistant Director of Children's Strategic Commissioning, DDICB
Louise Swain	LS	Assistant Director of Partnerships
Vikki Taylor	VT	Deputy Chief Executive and Chief Delivery Officer
Minute Taker:		
Victoria Wright	VW	Executive Assistant, DDICB
Apologies:		
Avi Bhatia	AB	Representative for Clinical and Professional Leadership Group
Craig Cook	CC	Director of Strategy & Planning, DDICB
Ellie Houlston	EH	Director of Public Health, Derbyshire County Council
Dean Howells	DH	Chief Nursing Officer, DDICB
Emma Pizzey	EP	GP representative
Mark Powell	MP	CEO, DHcFT
Lucy Smith	LS	Lead for Allied Health Professionals, CRH

Item No.	Item	Action
PHSCC/2425/26	**Welcome, introductions and apologies** The Chair welcomed everyone to the meeting. The above apologies were noted as were the values and purposes of the Committee: Our Values & Purpose: *In delivering their roles and responsibilities, the Committee shall undertake to contribute towards delivery of the following key purposes of an Integrated Care System:* • *Strive to improve the outcomes in population health and healthcare.* • *Tackle inequalities in outcomes, experience, and access.* • *Enhance productivity and value for money; and* • *Assist the NHS in supporting broader social and economic development.* The Chair stated that this committee was still a work in progress but that he felt this agenda was a stronger agenda than previously and puts the committee in a better position - looking at contracts and procurement about to happen rather than at the end stage and brought to this Committee for sign off. The Committee should be forward looking all of the time. The Chair spoke about the challenges presented with the 2024/25 planning round regarding resource restrictions, demand and wanting to invest in the future and not just manage activity. The Chair also informed the committee that the system is still is in a deficit position – albeit reduced from the initial submission.	
PHSCC/2425/27	**Confirmation of quoracy** The meeting was confirmed as quorate.	
PHSCC/2425/28	**Declarations of Interest** The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of the ICB. The Chair indicated that there were members of the committee yet to return their 2024/25 Committee declaration of interest form to Fran Palmer and asked them to do so. With reference to business to be discussed at this meeting, in relation to PHSCC/2425/39, Vikki Taylor (VT) raised that the organisation she works for – DHFT, are referenced in the paper and wished to raise a potential conflict of interest. The Chair	**CC/WG/MG/EH**

	confirmed that as per previously agreed in these situations, individuals with a potential conflict of interest in an item can remain in the meeting but refrain from taking part in discussion on the relevant item. In relation to PHSCC/2425/47, Sardip Sandu wished to highlight that she works for the University of Nottingham in the Lifespan and Population Health team. It is not a conflict of interest but an interest to be noted.	
Minutes & Matters Arising		
PHSCC/2425/29	**Minutes from the meetings held on 11th April & 9th May** Parts of this item related to previous confidential items so the minutes have been redacted accordingly. Relating to PHSCCD/2425/03, JR commented that he was unsure whether the four proposed risks covered the base of the transformation risk and whether it was worthy of consideration of a risk on its own. Chris Weiner (CW) confirmed there would be an update in Item PHSCC/2425/31. Sardip Sandu (SS) queried about a note in the 9th May Development minutes regarding linkage between the Health Inequalities Board, this committee and the Joint Strategic Needs Assessment (JSNA) and when and how it would be reviewed for joint decision making. Michelle Arrowsmith (MA) confirmed that there is work happening with the Integrated Performance Report but in the meantime, there may be information that could be pulled out of the JSNA plus the data provided by Sean Thornton from the Insight programme for the Public and Partnerships committee which could be useful and that this should go onto the Forward Planner. *NB: This has been added to the forward planner.* The Chair emphasised the importance of population data and public health data and building it into planning going forward. Wynne Garnett (WG) stated that he has recently completed the review of the Memorandum of Understanding around voluntary sector engagement with the system and something that came through very strongly was the amount of soft intelligence collected through the voluntary sector that isn't being currently connected with the JSNA. WG has spoken to Robyn Dewis (RD) about this. It also isn't connected to the Insight programme and this information could be helpful. The Chair suggested WG connect with Sean Thornton regarding this issue. SS asked about whether the East Midlands as a region under the new Mayor would have an impact on our flexibility or how we operate. The Chair said from his experience in South Yorkshire, it has been very economically focused. RD confirmed that the deal is not health focused but focused on the economy but there is ambition for the future regarding health. Chris W pointed out that it is important to recognise that the economy is health.	

	The minutes from the meetings held on 11th April and 9th May were agreed as a true and accurate record.	
PHSCC/2425/30	**Action log from the meetings held on 11th April & 9th May** The log was reviewed and updated. It was noted in relation to PHSCCD/2425/02, the Terms of Reference would be circulated to members for comment and feedback once completed.	
PHSCC/2425/31	**Update from last Development session, Terms of Reference update and Development Framework** *Penny Blackwell joined the meeting during this item.* CW delivered a presentation entitled 'Risk Workshop – Follow up'. The committee agreed at the last workshop that the proposed new risks were suitable but that there was a gap regarding commissioning and the transformation agenda. CW shared a new potential risk regarding this and asked the committee for their feedback before looking at developing the risk any further. The proposed risk wording was: 'There is a risk that there is a failure to have a systematic, comprehensive and timely commissioning process which allows Derby & Derbyshire to plan agree and then implement quality improvement in services and also priority transformational change' **Key Discussion Points:** • JR commented that he noted that the priority for transformation change occurs at the bottom of the wording and would like to see something that highlights the commissioning process driving and enabling the transformational change. • Margaret Gildea (MG) said that she agrees with James and would like to see something that reflected what we were trying to achieve – to make it clear that we want to achieve the objectives of reducing health inequalities and delivering prevention. • CW responded to say that the other new risks have elements regarding health inequalities and prevention and that they are a cluster of risks which come together to form a structure rather than individual risks which sit isolated from one another. • MG supported this and stated as it was more about the process than the outcome, she felt that the wording of priority transformational change was sufficient. • Adedeji Okubadejo (AO) queried how transformational change would be measured. • CW said that firstly, it would be identifying which bits to transform. Then looking at the structural elements - is there something in place that is thought will deliver the	

	transformational change required. That will then be linked to outcomes and looking at how change and outcomes can be tracked. • AO stated that it can be quite easy to get lost in the measuring process and it is important to define the outcomes required and measure progress against working towards those. • CW confirmed that the final risk can be worked on and brought back to PHSCC but the current risk register is linked to the Board Assurance Framework (BAF) which is going to be changed so it would be useful to have a sense of what timeframe to introduce the changes and then identify the threats to the issues and identify the controls. • Michelle Arrowsmith (MA) asked the committee to confirm if they were happy to go ahead with the new risks proposed – subject to the proposed risk number 5 being worked upon- and close the old risks so that details can be added to the new risks and owners of the risks identified. • JR felt that the committee needs more time to familiarise themselves and sign off on that idea. He suggested that 2 or 3 worked up risks could be brought back to the next meeting and 2 or 3 to the one after. • The Chair raised that he suspected the Corporate Team would be looking at the risks and wondering if they are BAF risks rather than risks individual to PHSCC. He asked if a minimum of three risks could be populated for the next meeting in August and that there was agreement in principle for the new risks.	
Corporate Assurance/Scene Setting		
PHSCC/2425/32	**Risk Register Report** Parts of this item related to previous confidential items so the minutes have been redacted accordingly. Following discussion in the previous item, **the committee APPROVED closure of risk 03 and APPROVED NEW** risks 28, 29, 30 and 31. A fifth risk will also be added once approved by the committee.	
PHSCC/2425/33	**Board Assurance Framework** The Population Health and Strategic Commissioning Committee were recommended to: • **DISCUSS** the Board Assurance Framework Strategic Risks 7, 8 and 9 for the final quarter 1 2024/25 position; • **REVIEW** the current risk scores for the Strategic Risks 7, 8 and 9. The Chair confirmed that the BAF is being reviewed so there may be changes.	

	JR commented that looking at the BAF and there are two themes that go through the controls and mitigations. One being a slippage on dates and the other is significant commentary which is a symptom of pressure and capacity. Some of the controls are slipping and not fully developed. Going forward, with the review happening, we need to be mindful of the controls that are put in place. The Chair confirmed this would be fedback during discussions about the BAF. CW said that he felt there was a lot of small detail in the BAF but that controls need to cover the bigger elements. He suggested with the new risks, the controls are small in number but we work hard to deliver these and make sure they are in place. **The committee AGREED to accept the current risk scores.**	
PHSCC/2425/34	**Joint Forward Plan** *Michael Shaw joined the meeting.* *Steve Hulme joined during this item.* MA introduced Michael Shaw (MS) of Michael Shaw Associates who has been doing some work to provide an external unbiased view of the Joint Forward Plan (JFP) in light of the NHSE requirement for all ICBs and partner Trusts nationally to review their Joint Forward Plan by the end of June 2024. MS delivered a presentation on the Derby and Derbyshire JFP covering the original plan, where we started and where we are now and plans in terms of moving forward. Michael explained about how the document is complicated and difficult to navigate and in his discussions with different partners, found that no-one is using the document in an active way and so the document is not where it needs to be. Michael described that the document is heavy on drivers but light on how to resolve those and what interventions are going to take place and how they will be measured but that it needs to be a plan of delivery. MS explained that the recently updated NHSE guidance indicates that there should be a focus on objectives, trajectories and milestones and there should be an element of being held to account to deliver. MS said that the document should be a workplan but currently it is not. However to change the document would mean that it would need to go out to consultation but there is not the timeframe to be able to do that so there is going to be a report, looking at what was set out originally and what has been achieved and then if it is determined that the JFP needs to be changed, there will be an opportunity to work with colleagues to update and refresh it during this financial year. MS has spent time trying to separate the drivers and change initiatives and link them back together. Individuals from different	

	teams and organisations have been providing Michael with information and updates to enable Michael to produce the report for NHSE and the public, with a more detailed version to be adopted as an ICB workplan. MS explained that the report will look at three different areas – Care plans, Enabling plans and ICB functionality and detailed the timeline in terms of governance with the final report submission being on 28th June. MS also highlighted areas which may inhibit the ability to deliver including the Place alliance system of delivery, strategic commissioning and the ability to do complete pathway design with major conditions and large-scale change – the ICB tries to do operational management and large scale change together which doesn't work and governance and assurance needs to be separated. **Key Discussion Points:** • The Chair said that he agreed with a lot of MS's observations and recommendations. The plan is an enabling document not a plan on how to do it. The Chair liked Michael's ideas regarding visual management, which were noted in the presentation, and the focus on Place and localised care. • Penny Blackwell (PB) stated that she massively endorses this work and how she would love to see PMO at Place. The relationships and networks are there but need to be much more sharp at being able to deliver and show impact. To make a shift, real infrastructure needs to be established. • AO echoed the previous comments and agreed with the requirement of having a central PMO. There are lots of people doing lots of great things but not everyone understands where what they are doing fits in with the system and the impact it is making which is needed to get the transformation change needed. • MG praised Michael's analysis of the JFP and also the opportunities for improvement in the system. She stated she would like to see this inform how we work as system going forward and should be an important part of board discussions. • JR agreed with comments already made and said that after a period of design and inquiry and creating the architecture, there is now a focus on delivery and a lot needs to happen in a short amount of time. Getting to grips with this proposition to bring us into delivery mode will be vital. This begins to articulate the critical next steps and where to put the effort and emphasis. • RD stated that she was really keen for there to be a clear delivery plan – what we are going to do and who is going to do it an also be really clear about what we are not going to do. RD did say she didn't see anything on health inequalities in the presentation and that it needs to be a focused area	

	or really clear in all areas of work that there needs to be reporting on health inequalities. • PB said that she always thinks about health inequalities in everything that she does. Health inequalities should underpin every activity in the Joint Forward Plan in terms of targeting the work we do. • RD raised that that that would be the ideal situation if we were mature in our management of health inequalities but there is risk that if not stipulated, it will get forgotten. • MS responded to say it should be integral with everything but that there are things that can be done to make it part of how business is done using equality statements or guidance pieces as design principles. • CW raised that there is work to be done on health inequalities but it is at the core of our work. The Chair thanked Michael and said that his work helps to set the scene for the future. *Michael Shaw left the meeting.*	
PHSCC/2425/35	**24/25 Operational Plan** This was a confidential item so the minutes have been redacted.	
PHSCC/2425/36	**Month 1 activity & performance** Due to time constrictions, this presentation did not take place but as the presentation was circulated prior to the meeting, the Chair confirmed that he is going to take it as read.	
PHSCC/2425/37	**Integrated Performance Report development** This presentation was circulated to the committee prior to the meeting and CW provided some context in the meeting. CW described how he though there were three areas of intelligence – surveillance, operational and management and deep dive. CW is trying to work with the Business Intelligence team to move the system into a position to have a clear view of surveillance data in the first instance to guide decision making for this committee. The Business Intelligence Team are taking good practice from other areas of the country and building on that over the next few months. They will be building a process of reviewing data using SPC charts and use that as a way of presenting information to all parts of the system. There will be development sessions across the system to ensure everyone understands the SPC charts and how to use them. The project plan for this has 5 stages with full delivery planned for January 2025 with a first report delivered in the Autumn.	

	Key Discussion Points: • The Chair asked CW if he could e-mail the committee members between meetings if their ideas or thoughts are required so they can participate in this project going forward. CW agreed. • RD asked about opportunities to add to the measures regarding population health and health inequalities as there were other key areas to pick up. • CW responded to say the last slide regarding measures was what was already identified as good practice but needs to be added to.	
Future Developments and Strategic Commissioning for discussion		
PHSCC/2425/38	**Commissioning and Procurement Subgroup report** • **24/25 Contracting** *Sylvia MacArthur joined the meeting.* Sylvia MacArthur (SM)delivered an update on behalf of Craig Cook regarding the purpose of the Commissioning and Procurement Subgroup and their scope of the work. SM confirmed that the group is new so the full set of reports it will deliver are yet to be established. However, there will be a detailed report from the next PHSCC committee meeting onwards. SM explained the focus of work for the subgroup nwas on two areas including overseeing the agreement of healthcare contracts - in particular the funding arrangements with out of area and NHS providers - and ensuring we deliver commissioning projects in line with procurement regulations. There are currently 3 projects currently active and a further 10 in the pipeline for procurement support in 2024/25 *Sylvia MacArthur left the meeting*.	
PHSCC/2425/39	**Clinical health service to support children with physical health needs in Education** *Nicola Smith joined the meeting.* NS gave an overview of her paper regarding commissioning a Derby and Derbyshire wide clinical health service to support children with physical health needs in Education. NS detailed that there is currently no NHS assurance about the care and support that these children receive at school and it is the ICB's statutory duty to provide this. NS highlighted that there is scrutiny from NHSE on a regional level about this and if this commissioning does not take place, some children will not be able to go to school because their health needs would not be supported. It would be likely that we would be asked to support additional continuing care hours at home and there would be a risk of family	

	breakdowns with the additional pressure of caring for their child on a twenty four hour, seven days a week basis. **Key Discussion Points:** • CW confirmed that there had been extensive discussion at Executive Team level on this and it was fully supported. • KG pointed out that the statutory non-compliance was only highlighted midway through the planning cycle so there has been no financial provision for this but the funding will need to be found. • JR raised a general point on the length of contracts asking why contracts are on a three year plus two year basis rather than five year plus two year basis so retendering does not have to happen so often. • The Chair responded to say that three years can give an opportunity for change where needed in a shorter period. **The Population Health and Strategic Commissioning Committee agreed to APPROVE the commissioning of a Derby Derbyshire wide clinical health service to support children with physical health needs in Education, NOTED the current risks for CYP in Education due to inconsistent models of care and APPROVED the commencement of procurement to identify a preferred provider to deliver the Clinical Health Service for Schools.** *Nicola Smith left the meeting.*	
PHSCC/2425/ 40	**Women's Health Hubs** This was a confidential item so the minutes have been redacted.	
PHSCC/2425/ 41	**Dental plan and update on Pharmacy, Optometry and Dental services in Derby and Derbyshire** It was agreed that this item would be deferred to the next meeting. *NB: This has been added to the forward planner.*	
PHSCC/2425/ 42	**Primary Care Subgroup report** This was a confidential item so the minutes have been redacted.	
PHSCC/2425/ 43	**Derby City North PCN & Friar Gate Surgery – follow up paper** This was a confidential item so the minutes have been redacted.	
PHSCC/2425/ 44	**Permission to procurement Community Orthotics Service.** LS gave a brief overview of her paper and explained that the current Community Orthotics contract is coming to an end and her team wish to have as much time as possible to start the procurement process. There needs to be a full competitive	

	process as it does not fill the PSR requirements of health only delivery. LS confirmed that the procurement process will include looking at cost savings, efficiencies and quality of care and that partner organisations like Healthwatch will be used to gain insight. Work will be done to identify any inequalities in areas such as access, quality and waiting times across our Place footprints and the nine protected characteristics. LS explained that population size, age distribution and the prevalence of conditions who require orthotic treatment will be considered. Patient involvement and patient experience will be invited and suitable representatives will be on the panel. **Key Discussion Points:** • CW stated that he would like to see a set of questions with a set of responses which are weighted sufficiently so that the successful addressing of health inequalities becomes a priority for whoever the provider is. • JR pointed out that there are lessons learned around this contract as the value has previously had to be doubled so would be sceptical that there are any savings to be made here and worry that the value of the contract is based on this year's figures and allows no room for uplift next year. **The Population Health and Strategic Commissioning Committee are APPROVED the Procurement of Derbyshire Orthotics Services Contract.** *Louise Swain left the meeting.*	
PHSCC/2425/45	**Update from the Health Protection Board** It was agreed that this item would be deferred to the next meeting.	
PHSCC/2425/46	**ImpACT+ Specialist Respiratory Service Update** This was a confidential item so the minutes have been redacted.	
PHSCC/2425/47	**Research Strategy** *Suneeta Teckchandani and Sardip Sandu left the meeting during this item.* The committee were asked to agree the final draft of the research strategy so it could go forward to the ICB board. **Key Discussion Points:** • The Chair suggested further discussion on applied research in the future but was happy for this paper to go forward to board.	

	NB: This has been added to the forward planner. • JR thought that the paper was comprehensive and references some of the key parts of our strategy but wanted to question whether we are directing our research effort into the six main conditions where we want to make an impact on the health of our population or improve the health of our population – is effort targeted to link the research activity to the strategic objectives of the partnership? • AO asked if future papers would look at the impact of research on processes and outcomes. • PB stated that the resource required to undertake research need to be considered. • CW responded to say that there's a need to focus in on priority conditions and the priority areas of work although there also needs to be recognition that there will be many people, many parts of the system, which will want to take up opportunities in other areas where there may be little ability to provide impact. • CW also confirmed that there is some resource going through the GP Provider Board to try and improve the engagement of primary care into the research agenda. **The Population Health and Strategic Commissioning Committee are recommended AGREED the Final Draft of Joined Up Care Derbyshire Health and Care Research Strategy.**	
Items for information		
PHSCC/2425/48	**Monthly updates, minutes & bulletins:** • CPAG updates • Derbyshire Prescribing Group report/minutes • JAPC Bulletin • CPLG minutes • GP Strategy Update	
Closing items		
PHSCC/2425/49	**Forward Planner** The Forward Planner was noted as read.	
PHSCC/2425/50	**Committee's Annual Report and Self-Assessment 2023/24** The Chair noted these documents as read and said that in his comments on the documents, he tried to reflect the current position with the committee- how the committee was a work in progress- along with where the committee needs to go. **The Population Health and Strategic Commissioning Committee APPROVED the Committee's Annual Report 2023/24.**	
PHSCC/2425/51	**Assurance questions** • Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? *Yes*	

	• Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? *Yes* • Has the committee discussed everything identified under the BAF and/or Risk Register, and are there any changes to be made to these documents as a result of these discussions? *Yes.* • Were papers that have already been reported on at another committee presented to you in a summary form? *Yes* • Was the content of the papers suitable and appropriate for the public domain? *It was identified which were suitable and which were confidential.* • Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? *Yes in the main apart from papers which were late to be submitted which were circulated as soon as possible.* • Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? *Yes on the Research Strategy.* • What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting? *None - all items to be included on the ICB Board Assurance Report*	
PHSCC/2425/52	**Any other business** None.	
DATE AND TIME OF NEXT STRATEGY MEETING		
Date: Thursday 8th August		
Time: 9am – 11.30am		
Venue: MS Teams		