

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

 Held on Thursday, 21<sup>st</sup> November 2024

Joseph Wright Room, Council House, Derby DE1 2FS

**Confirmed Minutes**

<b>Present:</b>		
Dr Kathy McLean	KM	ICB Chair (Meeting Chair)
Jim Austin	JA	Chief Executive Officer, DCHSFT (Participant Member to the Board for Place)
Dr Chris Clayton	CC	ICB Chief Executive Officer
Craig Cook	CCo	ICB Director of Strategy and Planning (on behalf of Michelle Arrowsmith)
Jill Dentith	JED	ICB Non-Executive Member
Helen Dillistone	HD	ICB Chief of Staff
Claire Finn	CF	Interim Chief Finance Officer
Margaret Gildea	MG	ICB Non-Executive Member / Senior Non-Executive Member
Ellie Houlston	EH	Director of Public Health – Derbyshire County Council (Local Authority Partner Member)
Prof Dean Howells	DH	ICB Chief Nurse
Jennifer Leah	JL	ICB Deputy Chief Finance Officer (on behalf of Keith Griffiths)
Dr Andrew Mott	AM	GP Amber Valley (Partner Member for Primary Care Services) / Medical Director of GP Provider Board
Dr Deji Okubadejo	DO	ICB Clinical Lead 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)
Lee Radford	LR	ICB Chief People Officer
Paul Simpson	PS	Chief Executive, Derby City Council (Local Authority Partner Member)
Sue Sunderland	SS	ICB Non-Executive Member
Dr Chris Weiner	CW	ICB Chief Medical Officer
<b>In Attendance:</b>		
Kathryn Durrant	KD	ICB Executive Board Secretary
Tamsin Hooton	TH	Programme Director, Provider Collaborative
Christina Jones	CJ	ICB Head of Communications
Suzanne Pickering	SP	ICB Head of Governance
Uzman Niazi	UN	360 Assurance
Sean Thornton	ST	ICB Director of Communications and Engagement
10 members of the public		
<b>Apologies:</b>		
Michelle Arrowsmith	MA	ICB Chief Strategy and Delivery Officer / Deputy CEO
Dr Avi Bhatia	AB	Participant to the Board for the Clinical & Professional Leadership Group
Keith Griffiths	KG	ICB Chief Finance Officer

Item No.	Item	Action
ICBP/2425/073	<b>Welcome, introductions and apologies:</b>  Dr Kathy McLean (KM) welcomed all Board Members and attendees to the Board Meeting in Public. Introductions were made as below:	

	<ul style="list-style-type: none"> <li>• KM welcomed the observing members of public;</li> <li>• KM formally acknowledged and welcomed Paul Simpson, Chief Executive of Derby City Council and Local Authority Partner Member, to his first Board meeting;</li> <li>• KM acknowledged the ICB's Chief Finance Officer (CFO) Keith Griffiths' last meeting, and thanked him in absence for his hard work and the huge contribution that he has made to the work of the system;</li> <li>• KM introduced and welcomed Claire Finn, the ICB's Interim Chief Finance Officer, to her first Board meeting; and</li> <li>• KM welcomed Tamsin Hooton, Programme Director of the Provider Collaborative, to the Board to present item 082.</li> </ul> <p>Apologies for absence were received as noted above. It was noted that the meeting was being observed by external auditors from 360 Assurance.</p> <p>KM advised the Board and observers that ten questions to the Board were received from members of the public across a variety of topics, and that these questions would be addressed under the usual agenda item at the end of the meeting.</p>	
<p><b>ICBP/2425/074</b></p>	<p><b>Confirmation of quoracy</b></p> <p>It was confirmed that the meeting was quorate.</p>	
<p><b>ICBP/2425/075</b></p>	<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, using 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>It was noted that Mark Powell, due to his role as Chief Executive at Derbyshire Healthcare NHS Foundation Trust, had an interest in item 084, however this interest did not denote a conflict.</p>	
<p><b>ICBP/2425/076</b></p>	<p><b>Minutes of the meeting held on 19<sup>th</sup> September 2024</b></p> <p><b>The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.</b></p>	
<p><b>ICBP/2425/077</b></p>	<p><b>Action Log – September 2024</b></p> <p><b>The Board NOTED the action log, which will be updated accordingly.</b></p>	
<p><b>ICBP/2425/078</b></p>	<p><b>Chair's Report</b></p> <p>KM highlighted the following:</p> <ul style="list-style-type: none"> <li>• the meeting's planned Citizen's Story with a Perinatal Support Service was unable to take place and was deferred until</li> </ul>	

		<p>January's Board Meeting. KM added that her recent visit to the service was very positive and inspirational. It was agreed that citizens' stories are very powerful and help the Board to understand the impact of such healthcare schemes on communities;</p> <ul style="list-style-type: none"> <li>• it is a very interesting period in the development of health services, with the Secretary of State signalling healthcare's shift into community and digital. These messages align with the system's own strategies and ambitions and it will be key for the system to engage with the 10 Year Plan arising from Lord Darzi's review;</li> <li>• it is clear from the national perspective in terms of devolution of health services that focus will be on local neighbourhood teams, place alliances and Primary Care Networks (PCNs);</li> <li>• KM's predecessor as ICB Chair, Richard Wright, has now left the ICB and taken retirement. The Board thanked Richard for his work; and</li> <li>• Richard Wright's replacement Non-Executive Board Member is being recruited and will be announced soon.</li> </ul> <p><b>The Board NOTED the Chair's report.</b></p>	
<p><b>ICBP/2425/079</b></p>		<p><b>Chief Executive's Report</b></p> <p>Dr Chris Clayton (CC) highlighted the following:</p> <ul style="list-style-type: none"> <li>• Keith Griffiths was formally thanked for his service to the ICB and also his long career across the NHS. Keith has strongly supported the ICB and the NHS family in Derbyshire through his stewardship of financial resources and his ability to take serious judgements. CC offered thanks to Interim CFO Claire Finn for attending this meeting and noted that Claire will take up the new role from end of November 2024;</li> <li>• receipt of a petition relating to Talking Therapies was formally acknowledged;</li> <li>• the system is currently awaiting guidance from NHS England (NHSE) with regards to the recently announced increase in the health budget;</li> <li>• the NHS Staff survey is currently live and colleagues are encouraged to complete it;</li> <li>• reduction of waste is a continuing national theme with a new strategy aiming to crack down on single use medical devices;</li> <li>• there is a national focus on obesity and in the 12-24 months ahead the Board will need to consider obesity as a general risk factor;</li> <li>• it is currently key vaccination season; CC confirmed that he has received his seasonal vaccines and encouraged all to receive theirs; and</li> <li>• CC referred to public health and local authorities, recent consultations with regards to care homes and the new CT scanner at Ilkeston.</li> </ul> <p><b>The Board NOTED the Chief Executive's report.</b></p>	
<p><b>ICBP/2324/080</b></p>		<p><b>Joint Forward Plan update</b></p> <p>An overview of the five year plan was presented; the system are currently in the second year of the nationally mandated plan, which</p>	

	<p>is to support transition from a focus on immediate treatment of health issues to prevention. An incremental shift over time will be required and the system's plan will need to be aligned to the government's long-term plan for health, which will be made public in Spring 2025.</p> <p>The system is increasing focus on prevention in areas such as cardiovascular, Team Up, dementia diagnosis, weight management and reducing admissions in frail cohorts. Work is being done to ensure connectivity and alignment of the joint forward plan to the Integrated Care Partnership (ICP), the Integrated Care System (ICS) and the Health and Wellbeing Board (HWB).</p> <p>The Board discussed the update, with the following comments:</p> <ul style="list-style-type: none"> <li>• for future iterations of the plan, it must be made clear how immediate pressures are addressed and how this is balanced against the need to make these fundamental changes in a way that is sustainable in the long-term. In the next few years the Board will likely need to make decisions on key initiatives to find and maintain this balance;</li> <li>• the strategic importance of shared care records and digital innovations across all practitioners was stressed. There is currently no plan to share the acute Trusts' Electronic Patient Record system Nervecentre with other practitioners using TPP SystemOne, such as GPs and mental health clinicians, as clinical information from both of these systems goes into the shared care records;</li> <li>• Derbyshire have been recognised at the national level for the good practice taking place in psychiatric liaison teams to improve rates of dementia diagnosis in community and acute settings. It was agreed that success stories such as this should be shared to staff, investors and the population; and</li> <li>• the joint forward plan risk strategy needs to reflect the BAF, integrated care strategy and the 10 Year Plan, and engagement on this issue with key partners outside the NHS, such as local authorities and voluntary sector, was emphasised. Moving forwards it will be useful to establish a measure of the ambition, with the target, strategy, progress towards the target, challenges and areas of inequality clearly identified, plotted against relevant population information and monitored for the Board's scrutiny.</li> </ul> <p><b>Action: Monitor and establish measure against system ambition and link to board assurance framework</b></p> <p><b>The Board NOTED the Joint Forward Plan Update for assurance purposes.</b></p>	<p>MA</p>
<p>ICBP/2425/ 081</p>	<p><b>Seasonal Plan</b></p> <p>An overview of the seasonal plan for the Board's approval was provided. The system's Winter Plan is in continual development and is based on previous plans, incorporating numerous checkpoints. The initial review has yielded good-high levels of assurance of the breadth and depth of the plan, however it is important to recognise that the system has been under pressure for months and the winter will increase the pressure, particularly on urgent care, and the</p>	

	<p>season will be challenging. Currently weekly oversight meetings are taking place however plans are in place for daily oversight.</p> <p>The Board discussed the plan, with the following comments:</p> <ul style="list-style-type: none"> <li>• the plan does not cover the financial implication and pressure on beds, which have been kept open through the year due to demand. The importance of keeping finance in mind was stressed;</li> <li>• the acute Trusts are well engaged with work underway and a focus on patient safety. Waiting times are still too high however Derbyshire is showing resilience under pressure due to the plans put in place in the last few weeks and work across all partner organisations has been very positive, with more patients getting treatment from the right providers for better outcomes;</li> <li>• primary care has been very engaged with the plan throughout development, with potential for escalation and some available capacity. There is always some uncertainty present in general practice however there are also opportunities to be explored;</li> <li>• it was noted that the RAG rating showed a considerable amount of amber, denoting some unmitigated risk. The system has received assurance from NHSE with regards to delivery of the plan, and the Board were assured that appropriate mitigations of risks are in place despite the very pressured and challenging environment;</li> <li>• acute bed capacity is a pressing issue and will be picked up during the stocktake item. Virtual wards can provide additional capacity, particularly during times of additional pressure, however the system has not had the expected level of engagement with virtual wards. The virtual ward programme is a national initiative for shifting activity for acute illness from acute environments to communities and patients' homes. The change will take time and the system have reached the maximum level of step-down use of beds. The Place team are working on the step-up model of care now and the current approach will be reviewed in the new year to see where a stronger step-up model can be implemented by the end of the winter season;</li> <li>• it was confirmed that a full Communications plan is in place to encourage the general public to keep themselves healthy, including taking up seasonal vaccinations where possible; and</li> <li>• the importance of the NHS working in partnership with local authorities was stressed, including taking advantage of the help that the local authorities can give. This help could include getting targeted messages out to particular groups within the local population as required and facilitating partnerships with the local voluntary sector. The local authorities expressed confidence that their budgets for 2025/26 will be balanced and commented on the importance of assurance of the plan from NHSE.</li> </ul>	
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	<p><b>The ICB Board APPROVED the Derby and Derbyshire 2024/25 Seasonal Plan.</b></p>	
<p><b>ICBP/2425/082</b></p>	<p><b>Strategic Update from the Provider Collaborative</b></p> <p>The paper was taken as read and some additional context was provided. The collaborative comprises providers working together to support the joint forward plan, to ensure the limited resources are used as effectively as possible and to deliver impactful improvements that cannot be managed individually, working towards delivering a £127m cost improvement plan during 2024/25. The team is small but effective and works alongside programme and project SROs across all organisations.</p> <p>So far progress has been made despite constrained resources, significant pressures and requirements to deliver improvements in quality and safety alongside organisational efficiencies and productivity. There is a theme reflected in the joint forward plan of two competing priorities; immediate pressures and the importance of left shift and future planning. Material progress must be made towards both priorities and there are some good examples of where this is happening in current programmes across the collaborative.</p> <p>Currently a priority is the need to develop and deliver against comprehensive benefit realisation plans, although currently the ability to articulate the planned impact is lacking.</p> <p>The Board discussed the report, with the following comments:</p> <ul style="list-style-type: none"> <li>• it was recognised that the development and maturing of the provider collaborative is very positive and welcome, and has been the result of a considerable amount of hard work;</li> <li>• it will be useful to streamline the governance that is currently set up for the provider collaborative, to allow them to support and interlink with the ICB where appropriate in its role as strategic commissioner. Currently wider governance is being reviewed by the ICB with a view to adding value, eliminating repetition and duplication of work and providing a clear framework of expectations for providers;</li> <li>• with regards to fragile services and stroke rehabilitation services, there is concern across the system that this is going to be expanded into acute and hyperacute pathways. In terms of oversight and assurance, work is taking place to stratify services and to agree where they will best be resolved. Acute stroke services are being led by the East Midlands Acute Provider Collaborative and this is where solutions will need to lie in terms of workforce;</li> <li>• there are potential opportunities for the collaborative to work inclusively with local authorities to save public money, for example through the One Public Estate initiative or through procurement opportunities. Digital services also represent an opportunity for the NHS and local authorities to work together on issues such as prevention;</li> <li>• there is also a positive workforce element to collaboration with local authorities, as this ensures that organisations are not in competition to recruit the same people, potentially driving up costs. Joined up working will help ensure that</li> </ul>	



	<p>colleagues are in the most appropriate role and organisation for their skills; and</p> <ul style="list-style-type: none"> <li>it was stressed that a small number of outcomes and ambitions that are achievable amid the current challenges is preferable to a large number of ambitions that are less likely to be attainable.</li> </ul> <p><b>The ICB Board NOTED the update on the Strategic Update from the Provider Collaborative for assurance.</b></p>	
<p><b>ICBP/2425/083</b></p>	<p><b>Progress against Plan (H1 strategic review)</b></p> <p>CC thanked colleagues across the system for their hard work in preparing the 2024/24 half year review, which is a very important piece of planning discipline. A shorter review will be prepared at the end of Quarter 3 to ensure the plans remain in place and are progressing.</p> <p>The review summarises key points and achievements in the first half of the year, including the following points of note:</p> <ul style="list-style-type: none"> <li>more patients than planned have been seen in same day emergency care pathways and community mental health pathways;</li> <li>more GP appointments than planned have taken place; and</li> <li>the challenge is overall pressures across the plan, especially in terms of winter pressures.</li> </ul> <p>There are risks in terms of finite bed capacity which are being worked through now and will flow into next year. The system is currently above plan in terms of open acute beds, leading to two actions:</p> <ul style="list-style-type: none"> <li>in the present, everything possible is being done to relieve pressure on hospitals, as this leads to pressure on ambulances, decreases flow through hospitals and affects the 4-hour target; and</li> <li>over the rest of the year, work will be done to decompress the hospitals in acute and planned care. Beds will need to be closed over time, in a safe and effective way; alternatives must be found to acute bed usage and this is being worked on.</li> </ul> <p>The balance between urgent care and planned care is being worked through and must be delivered within the system's £50m deficit position. A focus is on planned care and seeing as many patients as possible who have been on waiting lists. Some areas such as cancer care are showing very positive improvements and these improvements must be maintained.</p> <p>There was discussion around increased pressure on the system leading to increased rates of staff sickness due to overwork, and if this issue can be addressed alongside bed occupancy and decompression within the available resources.</p> <p>It was noted that bed capacity has always been an issue in the NHS and it might be helpful for the Board to focus on health inequalities as concentration of prevention work on these areas may help to reduce pressure on urgent care.</p>	

	<p><b>The ICB Board NOTED the progress against plan (H1 Review) for assurance.</b></p>	
<p><b>ICBP/2425/084</b></p>	<p><b>Review of Intensive &amp; Assertive Community Treatment within Community Mental Health Teams</b></p> <p>KM noted that this work is being carried out by all ICBs in reaction to the tragic events in Nottinghamshire and the reports that subsequently emerged.</p> <p>The paper outlines the national approach from NHSE to all ICBs and mental health providers towards assertive outreach and community models. The Board has seen the refreshed mental health and learning disabilities strategy and action plan.</p> <p>In terms of process, a very in-depth partnership approach has been completed and overseen by the Delivery Board. A thorough response has been submitted to NHSE; a limited assurance position was confirmed based on the 14 areas of assessment.</p> <p>The action plan, which fully complies with the requirements for the next year, is brought before the Board for approval, however the plan will need to be revised when the anticipated refreshed operational planning guidance is made available. The Quality and Performance Committee and Delivery Board will be monitoring progress against the plan; NHSE are part of the Delivery Board. The system is in a realistic and credible position, with some work to be done and commitment to do so.</p> <p>The Board discussed the action plan, with the following comments:</p> <ul style="list-style-type: none"> <li>• with regards to the limited assurance position, the Board were assured that this can be progressed to a position of more significant assurance within the year;</li> <li>• it was noted that several actions were categorised as 'ongoing', whereas a more detailed breakdown of progress with interim deadlines and expected completion dates would help identify if actions are on track. It was clarified that certain actions require agreement from NHSE at the Delivery Board, which will take place on 17<sup>th</sup> December 2024;</li> <li>• The Quality and Performance Committee will be able to receive the overarching performance report; the Board will require a mechanism to monitor performance and progression against the action plan;</li> <li>• patient safety risks sit with the mental health Trust, and so there is a level of oversight and scrutiny of the plan there; and</li> <li>• over the coming months the Board will need to make choices about how some of these issues are addressed with the resources available; this is an important part of community mental health teams' development.</li> </ul> <p>The events in Nottingham represent an important opportunity for learning for the system, and a development session in December will allow the Board to look at these issues in detail. Although Derbyshire is not formally involved in the six pilot areas for</p>	



	<p>neighbourhood mental health approach work, there are lessons that the system can learn from this scheme.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>NOTED the outcomes of the ICB Maturity Index Self-Assessment Tool for Community Mental Health Service Review submitted to NHSE on the 30th of September 2024;</b></li> <li>• <b>APPROVED the intensive and assertive community treatment action plan, developed as part of the review of CMHTs; and</b></li> <li>• <b>NOTED that the action plan will have regular oversight within Executive Management Team Meetings of both the ICB and DHcFT and will report into the Mental Health and Learning Disabilities and Autism Delivery Board.</b></li> </ul>	
<p><b>ICBP/2425/085</b></p>	<p><b>Integrated Performance Report (including level of assurance from the relevant Committee)</b></p> <p>The integrated performance report was taken as read.</p> <ul style="list-style-type: none"> <li>• <b>Quality</b> Key points of note were:           <ul style="list-style-type: none"> <li>○ themes of the report are maternity and an improvement of indices at University Hospitals Derby and Burton NHS Foundation Trust (UHDB). There are some concerns at Chesterfield Royal Hospital Foundation Trust (CRHFT) where there has not been as much progress;</li> <li>○ the first iteration of a predictive dashboard tool has been received; the tool predicts difficulties in primary care and is proving useful; and</li> <li>○ a harm review and risk assessment has been carried out. There are a number of risks relating to winter, and six significant harm review structures. ICB colleagues and NHSE will be completing quality front line visits in January 2025 to seek feedback from staff and service users on the front line.</li> </ul> </li> </ul> <p>The Chair of the Quality and Performance Committee gave adequate assurance from the committee.</p> <ul style="list-style-type: none"> <li>• <b>Performance</b> Key points of note were:           <ul style="list-style-type: none"> <li>○ although performance is generally behind trajectory, the positive messages from the H1 stocktake were reinforced; there is a considerable amount of work aligning with regards to finance and workforce;</li> <li>○ other concerns include the potential of industrial action, the conflict between immediate and long-term needs, and the need to address inequality. The ICB has a crucial role in this as the anchor organisation and can assist in resolving issues without duplication of effort; and</li> <li>○ overall there has been good learning this year and this will be carried forward in to plans for next year.</li> </ul> </li> </ul> <p>The Chair of the Quality and Performance Committee gave adequate assurance from the committee.</p>	

	<ul style="list-style-type: none"> <li>• Finance</li> </ul> <p>Key points of note were:</p> <ul style="list-style-type: none"> <li>○ several points from the report were noted for the Board's assurance, including triangulation of workforce, finance and efficiency and delivering the updated breakeven position. The importance of Committee oversight of the H2 position and mitigations was emphasised; and</li> <li>○ there was a discussion around the increase in NHS budget and the ramifications of this, including with respect to working with local authorities. It was agreed that the current financial scenario is very challenging and that NHS and LA organisations must work closely together to maximise what can be achieved within the available resources without duplicating work. It was noted that it would be helpful for the NHS and LA organisations to have increased understanding of each other's financial processes.</li> </ul> <p>The Chair of the System Finance, Estates and Digital Committee gave adequate assurance from the committee.</p> <ul style="list-style-type: none"> <li>• Workforce Performance</li> </ul> <p>Key points of note included:</p> <ul style="list-style-type: none"> <li>○ the benefits of the H1 stocktake in understanding the current workforce position;</li> <li>○ costs associated with industrial action; and</li> <li>○ pay awards.</li> </ul> <p>The Chair of the People &amp; Culture Committee gave adequate assurance from the committee.</p> <p><b>The ICB Board NOTED the Performance Report and Committee Assurance Reports.</b></p>	
<p>ICBP/2425/ 086</p>	<p><b>Remuneration Committee Assurance Report – 8<sup>th</sup> October 2024</b></p> <p>This report was taken as read, and the Board were assured that the restructure and redundancy process has almost been completed.</p> <p><b>The ICB Board NOTED the Remuneration Committee Assurance Report.</b></p>	
<p>ICBP/2425/ 087</p>	<p><b>Board Assurance Framework – Quarter 2 2024/25</b></p> <p>An overview was presented of the updated BAF for quarter 2 of 2024/25, and the development seminar in October 2024, in which the Board considered the levels of risk and tolerance. Two changes to strategic risks 1 and 5 have been made. More work will need to be done to ensure the risks are accurate to the Joint Forward plan and the 10 Year Plan, however this framework is recommended to be used for the remainder of the financial year. A revised BAF will be implemented in 2025/26 in line with the 10 Year Plan and other guidance to be issued.</p> <p>The Board endorsed the updated BAF and made the following comments:</p> <ul style="list-style-type: none"> <li>• the reduction to Risk 5 around workforce vacancies across the system, including in social care, has been understood in</li> </ul>	

	<p>People and Culture Committee. The risk references culture and can incorporate issues such as encouraging people into the healthcare sector, and what it feels like to work for the NHS;</p> <ul style="list-style-type: none"> <li>the Board will hold a seminar session in February 2025 to look at workforce, including aspects such as local education colleges, career pathways and neurodivergent pathways. The importance of workplace culture in attracting the right candidates to the workforce was stressed; and</li> <li>risks can be reduced ahead of the new BAF in April 2025, taking positive assurances and looking at scores going forwards.</li> </ul> <p><b>The ICB Board:</b></p> <ul style="list-style-type: none"> <li><b>RECEIVED</b> the final Quarter 2 24/25 BAF strategic risks 1 to 10;</li> <li><b>NOTED</b> the revised risk description for Strategic Risk 5;</li> <li><b>NOTED</b> the increase in risk score in respect of Strategic Risk 1;</li> <li><b>NOTED</b> the decrease in risk score in respect of Strategic Risk 5.</li> </ul>	
<b>ICBP/2425/088</b>	<p><b>ICB Risk Register – October 2024</b></p> <p>There were no comments on this item.</p> <p><b>The Board RECEIVED and NOTED:</b></p> <ul style="list-style-type: none"> <li><b>Appendix 1, the risk register report;</b></li> <li><b>Appendix 2, which details the full ICB Corporate Risk Register;</b></li> <li><b>Appendix 3, which summarises the movement of all risks in October 2024.</b></li> </ul> <p><b>The Board APPROVED CLOSURE of:</b></p> <ul style="list-style-type: none"> <li><b><u>Risk 07</u> relating to the secure storage of staff files;</b></li> <li><b><u>Risk 24</u> relating to the requirement to commission and have in place a Designated Doctor for looked after children.</b></li> </ul>	
<b>ICBP/2425/089</b>	<p><b>Audit and Governance Committee Assurance Report – 10<sup>th</sup> October 2024</b></p> <p>The report was taken as read. There were no questions or comments on this report.</p> <p><b>The Board RECEIVED and NOTED the report for assurance purposes.</b></p>	
<b>ICBP/2425/090</b>	<p><b>Finance Estates and Digital Committee Assurance Report – 24<sup>th</sup> September and 22<sup>nd</sup> October 2024</b></p> <p>The report was taken as read. There were no questions or comments on this report.</p> <p><b>The Board RECEIVED and NOTED the report for assurance purposes.</b></p>	

ICBP/2425/ 091	<p><b>Population Health Commissioning Committee Assurance Report – 24<sup>th</sup> October 2024</b></p> <p>The report was taken as read. There were no questions or comments on this report.</p> <p><b>The Board RECEIVED and NOTED the report for assurance purposes.</b></p>	
ICBP/2425/ 092	<p><b>Public Partnership Committee Assurance Report – 24<sup>th</sup> September 2024</b></p> <p>The report was taken as read. There were no questions or comments on this report.</p> <p><b>The Board RECEIVED and NOTED the report for assurance purposes.</b></p>	
ICBP/2425/ 093	<p><b>Quality and Performance Committee Assurance Report – 31<sup>st</sup> October 2024</b></p> <p>The report was taken as read. There were no questions or comments on this report.</p> <p><b>The Board RECEIVED and NOTED the report for assurance purposes.</b></p>	
ICBP/2425/ 094	<p><b>For information - Primary Care Access Improvement Plan</b></p> <p><b>The ICB Board NOTED that the ICB has continued to make good progress against the Primary Care Access Recovery plan in year 2 and has robust plans to deliver to target by the end date of 31<sup>st</sup> March 2025.</b></p>	
ICBP/2425/ 095	<p><b>For information - Delegation of additional specified Specialised Acute Services and Mental Health, Learning Disability and Autism specialised services and associated workforce</b></p> <p><b>The ICB Board NOTED the contents of this report.</b></p>	
ICBP/2425/ 096	<p><b>Forward Planner</b></p> <p>The forward planner was taken as read.</p> <p><b>The Board NOTED the forward planner for information.</b></p>	
ICBP/2425/ 097	<p><b>Any Other Business</b></p> <p>No other business was raised.</p>	

<p>ICBP/2425/ 098</p>	<p><b>Questions received from members of the public</b></p> <p>Ten questions were received from members of the public, none of which directly related to the agenda. All questions were acknowledged and it was confirmed that the questions would be responded to in writing in due course, via the ICB's usual process.</p> <p>With regards to the questions received regarding Talking Therapies, the Board recognised the great public interest and importance of this issue. Given the live status of the procurement there is a requirement to work within the bounds of the process in terms of answers that can be provided. However it was confirmed that the ICB are maintaining and increasing spend on Mental Health investment in the 2024/25 operational plan and that Talking Therapies link into the plans for 2024/25 and 2025/26.</p> <p>The full list of public questions and answers is below.</p> <ul style="list-style-type: none"> <li>• <b>Enquiry 1</b></li> </ul> <p>1) Matters relating to workforce satisfaction and retention have been discussed in today's meeting. Are the ICB aware of the work that the Arts Team at University Hospitals of Derby and Burton NHS Foundation Trust are pioneering in relation to workforce wellbeing?</p> <p>2) Have the board considered the place of Creative Health within their various priorities and responsibilities?</p> <p><b>Answer: Whilst the ICB is not directly aware of the Art Team's work at UHDB, it would be great to understand the opportunities that creative health has to offer which could support wider system integration work and colleague wellbeing.</b></p> <ul style="list-style-type: none"> <li>• <b>Enquiry 2</b></li> </ul> <p>The sale of the Babington Hospital site will allow a 50% drawn down of capital for the development of NHS services within the local area. What specific plans does the ICB have to use this money?</p> <p><b>Answer: Thank you for your enquiry regarding the sale of Babington Hospital. It is important to note that the ICB is not party to the sale of the hospital; this is being undertaken by colleagues in NHS Property Services. The latest information the ICB holds is that the hospital remains for sale.</b></p> <p><b>Current capital rules indicate that all disposal receipts are utilised for re-investment by the NHS. In terms of local control, the current policy is that the ICB can apply for 50% of the net disposal receipt to invest a building in their area in which NHS Property Services have a legal interest. The ICB and local partners have not yet outlined specific plans to use any share of capital receipts from the sale of Babington Hospital, but in principle there is a schedule of capital works which are prioritised against available capital income and the local NHS</b></p>	
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	<p><b>system would consider these opportunities should capital receipts become available.</b></p> <ul style="list-style-type: none"> <li>• <b>Enquiry 3</b></li> </ul> <p>The ICB is currently reviewing the provision of urgent treatment centres across the region and plan to run an engagement/consultation process as part of this. When is this to take place, in what form and with whom? When will this be completed and conclusions published?</p> <p><b>Answer: Our current plan is to engage with stakeholders and the wider public about the future provision of "same day emergency care", which includes the future role of Urgent Treatment Centre provision, in the first half of 2025. This will be an initial engagement piece to understand what people need and want to inform the ICB's service redesign work.</b></p> <ul style="list-style-type: none"> <li>• <b>Enquiry 4</b></li> </ul> <p>In light of the NHS Constitution that pledges to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered, what attempts have been made to consult the service users and people of Derbyshire on the tendering of NHS Talking Therapies to a private provider?</p> <p><b>Answer: There was a widespread engagement exercise carried in 2018 involving patients, local people and partners including providers to look at what could make IAPT / Talking Therapies more accessible and to consider areas for development. One of the key priorities that local people expressed was consistency of offer, and this was taken into account when designing the new contractual model from 2025 onwards. A Lead Provider model was felt to have a number of advantages including centralising the offer and making Talking Therapies consistent via a single point of access / pathway development etc.</b></p> <p><b>As Talking Therapies is a manualised service based on clearly prescribed national clinical guidelines, the core service was not deemed to be changing in any material sense and therefore it was agreed that consultation was not proportionate or required. When a contract opportunity is put out to tender, the commissioner has no influence over who will wish to bid for the opportunity.</b></p> <ul style="list-style-type: none"> <li>• <b>Enquiry 5</b></li> </ul> <ol style="list-style-type: none"> <li>1, The government has made more money available for our NHS; how do you intend to use it?</li> <li>2, The government have introduced higher national insurance for certain groups, with exceptions. How will this affect the work of the ICB?</li> </ol>	
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	<p>3, Derbyshire County Council are considering closing Aida Belfield Care Home in Belper. How would this affect Joined Up Care in the area?</p> <p><b>Answers:</b></p> <p>1. The ICB are awaiting guidance from DHSC / NHSE regarding what funding will be made available to systems. At this time, as no national guidance has been made available regarding value, purpose or timelines, we have no specific plans.</p> <p>2. The cost associated with pay increases are nationally funded for the NHS to ensure there is no financial barrier to care provision.</p> <p>3. Derbyshire County Council will be undertaking a further period of consultation on the Ada Belfield facility. The outcome from its recent Cabinet Meeting is that the further consultation will not be proposing closure, and the ICB and wider NHS will be working closely with the County Council in the coming months and years to ensure we are developing the best model of community care to meet the needs of our population.</p> <ul style="list-style-type: none"> <li>• <b>Enquiry 6</b></li> </ul> <p>Given the recent scrutiny from the media, MPs and Unions, have the ICB considered re-visiting the tender process for Talking Therapies?</p> <p><b>Answer: The ICB have considered the feedback and queries received by MPs and Unions. Responses have been provided and some discussions have been had already to discuss some of the concerns raised. The ICB's view is that the tender process will proceed as planned.</b></p> <ul style="list-style-type: none"> <li>• <b>Enquiry 7</b></li> </ul> <p>The chairs report refers to unlocking prevention in integrated care systems. NHS TT services are central to this agenda in preventing ill health and realising economic gains. The NHS TT manual states that system partners have a responsibility to ensure there is sufficient funding allocated to commissioning to provide sufficient sessions for effective treatment. From the expected England spend of £936.4M on Talking Therapies and an expectation that there will be 700,617 completed treatments, this makes for a spend of £1,336 per treatment. Why is the ICB offering only £593 per treatment in 2025/26?</p> <p><b>Answer: The ICB reviewed what was needed in terms of outcomes and outputs for this service very carefully and in response to feedback from providers and wider partners. The ICB also considered affordability for the service in line with wider budget considerations. The procurement process is in the process of being concluded – this assesses providers' ability to</b></p>	
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	<p><b>deliver against quality and cost factors to determine suitability and ensure a viable delivery model is in place to meet local needs.</b></p> <ul style="list-style-type: none"> <li> <b>Enquiry 8</b>            How can you provide assurance of continued improvement in mental health care when the funding you are providing for NHS services is insufficient for safe and effective care, particularly for the categories of patients mentioned in the NHS Talking Therapy Manual. That is to say, complex cases, patients with long term conditions, PTSD or social anxiety?   <b>Answer: The ICB recognises the benefits of investing in MH services and is committed to delivering against the nationally-mandated Mental Health Investment Standard, which it has achieved every year since its introduction. In relation to the Talking Therapy service, the ICB set out a reasonable funding settlement to deliver the core access and quality standards for all types of patient need.</b> </li> <li> <b>Enquiry 9</b>            Item 78 Chairs report refers to unlocking prevention in integrated care systems. NHS TT services are central to this agenda in preventing ill health and realising economic gains. The NHS Autumn statement says “Based on evidence the NHS Talking Therapies model can help grow the economy and Government has invested to continue expansion over the next 5 years”. Given this, why does the ICB plan to treat fewer people over the next few years and where do they expect these people to go for treatment?   <b>Answer: The ICB's commissioning intentions, as stated within the tender, represent a stronger focus on quality and fidelity to the Talking Therapies model going forwards. These procurement requirements also reflect a shift in national expectation regarding Talking Therapies access – which is more strongly focused on people completing quality treatment as opposed to numbers accessing treatment. The commissioning intentions also made specific reference to the need to move to a more streamlined model in which collaboration and integration with local pathways is key. The preferred provider(s), in conjunction with the ICB and system partners, will be instrumental in developing these pathways to ensure people are treated in the best place to meet their needs in line with evidence-based practice.</b> </li> <li> <b>Enquiry 10</b>            Item 78 Chairs report refers to unlocking prevention in integrated care systems. NHS Talking Therapy services are central to this agenda in preventing ill health and realising economic gains. The NHS Autumn statement says “Based on evidence the NHS Talking Therapies model can help grow the economy and Government has         </li> </ul>	
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		<p>invested to continue expansion over the next 5 years". Given this, why has the ICB allowed the investment to erode in Derbyshire to the point where we have the lowest spend per completed treatment?</p> <p><b>Answer: The ICB reviewed what was needed in terms of outcomes and outputs for this service very carefully and in response to feedback from providers and wider partners. The ICB also considered affordability for the service in line with wider budget considerations. The procurement process is in the process of being concluded – this assesses providers' ability to deliver against quality and cost factors to determine suitability and ensure a viable delivery model is in place to meet local needs.</b></p>	
<b>Date and Time of Next Meeting</b>			
	<p><b>Date:</b> Thursday, 16<sup>th</sup> January 2025  <b>Time:</b> 9:15am to 11:15am  <b>Venue:</b> The Joseph Wright Room, Council House, Derby</p>		