

**MINUTES OF THE POPULATION HEALTH AND STRATEGIC COMMISSIONING
COMMITTEE**

DEVELOPMENT SESSION

HELD ON THURSDAY 9TH MAY 2024, 9.30AM – 11:30AM

DERBY CITY COUNCIL HOUSE

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
Avi Bhatia	AB	Representative for Clinical and Professional Leadership Group
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
Ellie Houlston	EH	Director of Public Health, Derbyshire County Council
Adedeji Okubadejo	AO	Non-Exec Director & Chair of the Quality & Performance Committee, DDICB
Emma Pizzey	EP	GP representative
James Reilly	JR	Non-Executive Director, DCHS
Suneeta Teckchandani	ST	Consultant Physician in Acute Medicine, Secondary Care Representative
Chris Weiner	CW	Executive Medical Director, DDICB
In Attendance:		
Kevin Watkins	KW	Business Associate, 360 Assurance
Rosalie Whitehead	RW	Risk Management and Legal Assurance Manager, DDICB
Minute Taker:		
Victoria Wright	VW	Executive Assistant, DDICB
Apologies:		
Penny Blackwell	PB	Integrated Place Executive Chair, DDICB
Craig Cook	CC	Director of Strategy & Planning, DDICB
Dean Howells	DH	Chief Nursing Officer, DDICB
Steve Hulme	SH	Chief Pharmacy Officer, DDICB
Clive Newman	CN	Director of Primary Care , DDICB
Mark Powell	MP	CEO, DHcFT
Sardip Sandu	SS	Non-Executive Director, UHDB
Lucy Smith	LS	Lead for Allied Health Professionals, CRH

Item No.	Item	Action
PHSCCD/2425 /01	<p>Welcome, introductions and apologies</p> <p>The Chair welcomed everyone to the meeting.</p> <p>The above apologies were noted as were the values and purposes of the Committee:</p> <p>Our Values & Purpose:</p> <p><i>In delivering their roles and responsibilities, the Committee shall undertake to contribute towards delivery of the following key purposes of an Integrated Care System:</i></p> <ul style="list-style-type: none"> • <i>Strive to improve the outcomes in population health and healthcare.</i> • <i>Tackle inequalities in outcomes, experience, and access.</i> • <i>Enhance productivity and value for money; and</i> • <i>Assist the NHS in supporting broader social and economic development.</i> <p>The Chair confirmed that this development session was part of the work looking at how the Committee goes forward. As communicated previously, there will be two Face to Face development meetings per year with business meetings every other month being held on MS Teams. The Chair said this session is to focus on risk – what needs to be on the risk register for this committee in light of the review of the Terms of Reference and looking ahead.</p>	
PHSCCD/2425 /02	<p>Update from last Development session</p> <p>This was a confidential item so the minutes have been redacted.</p>	
PHSCCD/2425 /03	<p>PHSCC Risk Review workshop session</p> <p>MA and CW delivered a presentation on Risk. The first section covered what PHSCC were responsible for, the current Board Assurance Framework risks and the PHSCC Corporate risks.</p> <p>Key Discussion Points</p> <ul style="list-style-type: none"> • RD raised about consideration on the transfer of both specialised services and of Immunisations and Screening. • MA confirmed that there will be a need to agree a change to the Terms of Reference for Specialised Commissioning. She stated that she was not sure about the Immunisations and Screening but both areas need to be considered risk wise. • RD suggested that there is risk in the transition – a financial risk and risks of delivery the Committee are aware of and other risks which it is not. 	

	<ul style="list-style-type: none"> • The Chair confirmed the Committee needs to get to a point where areas of transition just become part of the normal big picture. • JR asked if their ICB board are looking at revising the strategic risks in the BAF in light of the financial situation and plans in place. • The Chair confirmed that he was not aware of any Board intention to do that but would take that point forward. • Linda Garnett (LG) confirmed that each Committee are encouraged to review their BAF risks and thinks Committees can suggest rewriting and reworking of BAF risks but perhaps it needs some central co-ordination. • Rosalie Whitehead (RW) confirmed that she would take that message back to Helen Dillistone and Chrissy Tucker. • The Chair stated that the current risks don't reflect the reality of the situation. The Committee needs to look at how best to use the funding available and look at risks to achieve collectively within the system – getting interaction with partners right to deliver the bigger picture. • Avi Bhatia (AB) stated that risks should be strategic and broad and not focused on individual contracts such as the current risk 3 which references Long Covid. • MA said that she is unconvinced whether the processes are right on risk and how risks elsewhere are held at a team/project level and move up to become corporate risks and down again as necessary. • AB then queried about workforce risk. • The Chair emphasised that we need to be careful about picking up risks which belong to other committees. • Margaret Gildea (MG) said that she felt uncomfortable about how current risk 3 focuses on ICB reputation as it shouldn't be about the ICB but focused on patients. • EH asked if current Risk 2 should really be an overarching risk rather than focusing on Glossop. • JR said the committee's risks need to align against the 6 responsibilities of the committee as outlined by the presentation. • The Chair raised that he wanted the risks to be against the Terms of Reference and transformation of the system. • Emma Pizzey (EP) asked about how the Committee would know whether risks exist somewhere else when considering new risks. • AB contributed that there were certain elements of current risk 3 that need to be retained regarding finances and service provision and demand. • MA confirmed that the proposed risks cover this. • WG said that we need to be ensure the Committee are not looking at dealing with short term pressures at the expense of long term solutions. He also mentioned about the ICS initial guidance indicating the importance of the VCSE sector with prevention activities and improving the situation with health inequalities. In other ICBs, this is on the risk register. With the current situation with funding, 	
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	<p>should there be a risk about not having a thriving, sustainable VCSE sector.</p> <ul style="list-style-type: none"> • AO stated that there are two categories of risk – strategy and operational. In terms of operational risk, the Committee just needs assurance it is being dealt with. • EH referred to current Risk 3 and said that she felt that the wording was wrong but shouldn't be dismissed as reputation should always be a consideration with risk as people need to be able to trust the ICB and the work that is being done. <p>The second part of the presentation asked the Committee to consider potential revised risks for PHSCC – specifically:</p> <ol style="list-style-type: none"> 1. There is a risk that the ICB does not systematically review historically agreed resource utilisation within contracts and care pathways resulting in the lost opportunity to redeploy wasteful and inefficiently used resources to better improve health outcomes for the residents of Derby City & Derbyshire. 2. There is a risk that the ICB does not deliver the strategic ambitions and priorities within the 5 year forward view. 3. There is a risk that the local health and care economy is unsustainable because of a failure to reduce 'failure demand' by effectively reducing health inequalities and delivering primary and secondary prevention. 4. There is a risk that key healthcare services cannot be maintained due to fragility caused by availability of staff, insufficient capital investment or inadequate outcomes for Derby City and Derbyshire community. <p>Key discussion points:</p> <ul style="list-style-type: none"> • EP felt the proposed risks were broad and covered all bases but queried whether with being broad, were they too difficult to tackle. • Kevin Watkins (KW) explained that risks can be broken down within the BAF. With strategic risks, you then describe them by 'threats' although threats are not currently scored. This would avoid bleeding into the corporate risk register process which is more about operational risks. He suggested that the Committee risks remain strategic to sit within the assurance framework but describe the four proposed risks by threats which would break it down further. • JR felt that all four risks work well as they can be mapped against the list of committee responsibilities but feel like there should be one on commissioning and contracting. • The Chair highlighted that the Committee performance report to be developed needs to show that progress is being made against the risks. • AO described that with the broad nature of the risks, there is the possibility of the score staying flat but the Committee can focus on the threats. 	
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	<ul style="list-style-type: none"> • MA said that another risk should be worked up on JR's point on commissioning and contracting. The Committee may need to score the threats so movement can be seen. Will need to take to Execs and work with the corporate team to look at the feasibility of that. MA felt she is now asking if they are BAF risks or corporate strategic risks for the committee. • CW felt that from discussions, the Committee are comfortable with the risks proposed and that there is probably another to build. CW also liked the proposal of threats. • KW reiterated that it may be a big task to score threats and could be something around committees receive the assurance framework. These feel like strategic risks. • JR thought that the risks should relate to the five year plan, the framework of Start well, Stay well and Die well plus the 5 key conditions. • Suneeta Techchandani (ST) queried what fits as a risk or what is a strategic planning aim for the group. • AO said that planning aims can also be part of risk – what are the consequences if they are not met. • JR emphasised data, analytics and evidence which could be mitigations to risk 1. • MG felt there should be something clearly articulated regarding a risk of not investing resources in line to achieving objectives. • MA stated that she felt from the session that there was the mandate to go away and look at the risks and map across the data and analytics and also look at commissioning, contracting and planning and include some threats to bring back to the next meeting. The slides will be circulated to the committee. • MA/CW to speak to Helen Dillistone about the proposed new risks in relation to the BAF. <p>The chair closed the meeting.</p>	<p>MA/CW</p> <p>VW</p> <p>MA/CW</p>
DATE AND TIME OF NEXT DEVELOPMENT MEETING		
Date: 14 th November 2024		
Time: 9am – 11.30am		
Venue: Face to Face meeting – Derby City Council House, Corporation Street, Derby, DE1 2FS		