# MINUTES OF THE POPULATION HEALTH AND STRATEGIC COMMISSIONING COMMITTEE

## HELD ON THURSDAY 11TH APRIL 2024, 9.00AM – 11:30AM

## VIA MS TEAMS

| **Present:** | | |
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| Margaret Gildea **(CHAIR)** | MG | Non Executive Member for People & Culture, 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 |
| Craig Cook | CC | Director of Strategy & Planning, DDICB |
| Linda Garnett | LG | Interim Chief People Officer, DDICB |
| Wynne Garnett | WG | Programme Lead - Engaging the VCSE sector in the Derbyshire Integrated Care System |
| Keith Griffiths | KG | Chief Finance Officer, DDICB |
| Ellie Houlston | EH | Director of Public Health, Derbyshire County Council |
| Dean Howells | DH | Chief Nursing Officer, DDICB |
| Steve Hulme | SH | Director of Medicines Management and Clinical Policies, DDICB |
| Clive Newman | CN | Director of Primary Care , DDICB |
| Adedeji Okubadejo | AO | Non-Exec Director & Chair of the Quality & Performance Committee, DDICB |
| 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:** | | |
| Vikki Taylor | VT | Deputy Chief Executive, DHcFT |
| **Minute Taker:** | | |
| Victoria Wright | VW | Executive Assistant, DDICB |
| **Apologies:** | | |
| Penny Blackwell | PB | Integrated Place Executive Chair, DDICB |
| Robyn Dewis | RD | Director of Public Health, Derby City Council |
| Emma Pizzey | EP | GP representative |
| Mark Powell | MP | CEO, DHcFT |
| James Reilly | JR | Non-Executive Director, DCHS |
| Lucy Smith | LS | Lead for Allied Health Professionals, CRH |
| Richard Wright | RW | Interim Chair, DDICB |

| Item No. | Item | Action |
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| **PHSCC/2425/01** | **Welcome, introductions and apologies**<br><br>The Chair welcomed everyone to the meeting. | |

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| | The above apologies were noted as were the values and purposes of the Committee:<br><br>Our Values & Purpose:<br><br>*In delivering their roles and responsibilities, the Committee shall undertake to contribute towards delivery of the following key purposes of an Integrated Care System:*<br><br>• *Strive to improve the outcomes in population health and healthcare.*<br>• *Tackle inequalities in outcomes, experience, and access.*<br>• *Enhance productivity and value for money; and*<br>• *Assist the NHS in supporting broader social and economic development.* | |
| **PHSCC/2425/02** | **Confirmation of quoracy**<br><br>The meeting was confirmed as quorate. | |
| **PHSCC/2425/03** | **Declarations of Interest**<br><br>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.<br><br>With reference to business to be discussed at this meeting, Avi Bhatia (AB) declared that he had an interest in Item PHSCC/2425/11 **-** Primary Care Access Recovery Plan update. This was due to the fact that he is a General Practitioner in the area.<br><br>With reference to business to be discussed at this meeting, Adedeji Okubadejon (AO) declared that he had an interest in Item PHSCC/2425/12 – Increase Demand in Services – Tier 3 Weight Management. This was due to the fact he is clinically and operationally involved with two organisations that provide Tier 4 services and one operates in the local area. | |
| **MINUTES AND MATTERS ARISING** | | |
| **PHSCC/2425/04** | **Minutes from the meeting held on 14th March 2024**<br><br>It was noted that in PHSCC/2324/03, James Reilly (JR) was noted as being a NED at UHDB but he is a NED at DCHS. This will be amended in the minutes. The minutes from the meeting were otherwise agreed as a true and accurate record. | VW |
| **PHSCC/2425/05** | **Action Log from the meeting held on 14th March 2024**<br><br>The log was reviewed and updated. | |

| CORPORATE ASSURANCE | | |
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| **PHSCC/2425/06** | **Development Session update and Terms of Reference review**<br><br>Michelle Arrowsmith (MA) gave an update following the Development session which took place in March. MA, Richard Wright (RW) and Chris Weiner (CW) subsequently met and discussed responsibilities and the summary of actions from the session.<br><br>MA indicated that she was the ICB Executive Lead for the Committee but it is more of a partnership with CW. MA will be leading on commissioning of activity and related performance outcomes and CW will lead on population health, prevention and health inequalities although both interact and overlap.<br><br>In terms of the summary of actions, the membership of the group has been reviewed and a formal VCSE representative has been added as has the Derbyshire Director of Public Health. Some members have been highlighted as core members and others as ordinary members- an updated membership list was circulated as part of the papers. The Terms of Reference (TOR) update is currently a work in progress but feedback from RW was; to try and reflect the Integrated Care system and partnership strategy, to strengthen the outcomes around reducing health inequalities and to reword some of the areas regarding cost improvement and plans in light of other Committees. MA is also going to seek clarification on what needs to be in the ToR with regards to areas of dual governance. Once updated, the ToR will circulated to the group for comment.<br><br>MA will be mapping supporting Committees, working groups and sub-groups to bring back to the May development session and is also looking to bring a draft framework for PHSCC.<br><br>Other actions included to develop a commissioning plan - and work will commence on this when the operational plan is in place, to develop a procurement and contracting plan and to develop data insights for the Committee. Finally, the mandate of the Committee needs to be reconsidered.<br><br>**Key Discussion Points:**<br>• CW highlighted the importance of core members being able to nominate a deputy if they cannot attend.<br>• MA indicated that this is already in the ToR but it has been suggested that there should be a limit on the number of times deputies can attend in a 12 month period so that members prioritise the meeting. This is something the Committee should consider.<br>• Adedeji Okubadejo (AO) queried about approval for contracts and whether the ToR could include clarification on that as the board is keen that there should be more approvals at Committee level.<br>• MA said that Keith was looking into the scheme of delegation. | |

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| | • Keith Griffiths (KG) stated that this was not a simple exercise – it has implications for how Governance works in the ICB in its entirety.<br>• The chair reiterated that it will form part of a review of the whole delegation of authority between Committees and what the board wants to see.<br>• Vikki Taylor (VT) queried whether the ToR needs to state that representatives do not need to be board members of their respective organisations and it would affect who could deputise.<br>• MA agreed to discuss this with RW.<br>• Wynne Garnett (WG) highlighted the need for understanding the Provider Selection Regime and the opportunities that presents with regards to procurement and commissioning.<br>• MA said this should come out of the commissioning plan action but agreed to look at how we bring something back on the Forward Planner.<br><br>**The Chair thanked MA for her excellent summary and MA thanked the Committee for their helpful comments.** | MA<br><br>MA |
| **PHSCC/2425/07** | **Risk Register Report**<br><br>MA stated that there were no major changes. It was agreed at the last meeting that 3 new proposed risks would not be accepted and the Committee asked that a new risk be developed regarding all community service commissioning provision. In looking at this, other risks have been identified regarding access and waiting times which belong to other committees so this needs to be considered. This will be brought back as part of May's development session.<br><br>The Committee agreed to bring this back for fuller discussion in May.<br><br>**The Population Health and Strategic Commissioning Committee RECEIVED and DISCUSSED the risks responsible to the Committee.** | |
| **PHSCC/2425/08** | **Board Assurance Framework**<br><br>MA confirmed that there was not anything of note to raise. There have been some updates and some timescale changes but it has not affected the overall scoring.<br><br>**Key discussion points:**<br><br>• AO enquired about Risk 7 and about the ICB's thoughts on progress with system thinking.<br>• MA stated that it was a journey but there is definite progress within the system at strategic and operational level. There are still blockers and barriers and still more to do. | |

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| | • Sardip Sandu (SS) said she has seen some progress too but asked whether it would be useful to have a checklist or prompt for teams to use to ensure areas are covered. SS feels the willingness is there but it is not automatically considered. There isn't the 'muscle memory'.<br>• CW agreed with MA and SS that things were moving in the right direction but we need to ensure they continue to do so and that the next 4-6 weeks will be a good indicator of progress as plans are finalised for 2024/25.<br>• Keith Griffiths (KG) felt that we still see extremes where there is strong system engagement on some issues but organisational sovereignty on others. There are competing issues for everyone.<br><br>The Population Health and Strategic Commissioning Committee<br><br>• **DISCUSSED** the Board Assurance Framework Strategic Risks 7, 8 and 9 for quarter 4 to date;<br>• **REVIEWED** the risk score for each Strategic Risk 7, 8 and 9 for quarter 4 to date; and<br>• **AGREED** the:<br>○ closing Quarter 4 position for 2023/24; and<br>○ opening Quarter 1 position for 2024/25 confirming that the risks and controls/assurances are still valid and current. | |
| **PHSCC/2425/09** | **Primary Care Subgroup report**<br><br>This was a confidential item so the minutes have been redacted. | |
| **STRATEGY AND POPULATION HEALTH** | | |
| **PHSCC/2425/10** | **Update from Health Protection Board**<br><br>This was a confidential item so the minutes have been redacted. | |
| **PHSCC/2425/11** | **Primary Care Access Recovery Plan update**<br><br>CN gave a presentation on the local Primary Care Access Recovery Plan. This is a 2 year programme and CN explained that this is the midpoint in the programme.<br><br>CN updated on each of key ambitions of the plan which were to tackle the 8am rush and reduce the number of people struggling to contact their practice and for patients to know on the day how their request will be managed and reported that significant progress has been made during 2023/24.<br><br>The first area of the local plan was around Empowering patients and there has been work around improving the information and NHS app functionality and promotion with regards to self referral. There has also been the roll out of the Pharmacy First scheme and an improved position with the automatic GP registration service. | |

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| | Another area of the local plan was Implementing modern GP access to streamline and modernise how General Practice works. All practice now have digital telephony and the number of online consultations has increased. We have had the highest uptake in the East Midlands region of practices who have participated in the national improvement programme – GPIP - and there has been a continuing rise in the number of appointments available.<br><br>A third area of the local plan was regarding Building Capacity. There has been a big investment in Primary Care Network on additional roles incorporating roles such as Clinical Pharmacists, Social Prescribers and Mental Health workers. The number of GPs has remained relatively stable – we are continuing to see a reduction in partners and an increase in salaried GPs. However, this is not matching the demand. There is an excellent Fellowship, Mentor and Retention schemes in place and these are utilised.<br><br>The final area of the plan was around Cutting Bureaucracy – improving the primary and secondary care interface and CW has got all of the governance in place regarding this.<br><br>CN detailed that this year will be around pushing on and the delivery of targets, continuing to work with practices, meeting with the Primary Care Networks to sign off their plans and working with the GP Provider Board to look at their clinical strategy and how that strategy will help us to improve access in a more strategic way.<br><br>**Key Discussion Points:**<br><br>• AO stated that it was good to see increased use of digital technology but that we also need to be mindful of not alienating people who can't use the technologies and that this presentation highlighted lots of positives but asked how this correlates with reports of increasing fragility in Primary Care services.<br>• CN acknowledged we are doing well against the targets in the plan but it doesn't show the structural fragility in General Practice which makes access challenging. Practices are doing a lot as demonstrated with this plan but cannot increase the overall capacity to meet the demand.<br>• SS echoed that there was ongoing good work but agreed with AO regarding concerns on digital inclusion. SS also queried how to create capacity to be able to implement the good work with overstretched services and asked who at a wider level was communicating the good work that is happening.<br>• CN confirmed that the NHS app is not the primary way people access General Practice. 75% of patients still see their GP face to face and most people still call or walk into the practice so whilst digital inclusion should be considered, it's not an issue at the moment. In terms of capacity issue, practices have been given the money to do the work but this doesn't necessarily mean it gives them the capacity they need. With regards to communications, | |

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| | there has been national work but we do not want to overemphasise the positives given that patient experience might not be reflective of the ongoing work.<br>• AB reiterated that the main issue in General Practice is capacity and demand. Online booking may result in inappropriate booking and there are better ways to navigate people to the right place. He also indicated that we should now be focusing on a Primary Care workforce rather than number of GPs.<br>• Suneeta Teckchandani (ST) said she has seen improvements from this work both personally and professionally but we need to look at other options for online platforms for referring patients to SDEC and stated the difficulties in getting a GP appointment weeks away compared to the availability of on the day appointments.<br>• CN replied that in terms of access, it is the challenge of targets and in terms of channels between Primary and Secondary Care, CW is doing a lot of work on that.<br>• CW said we need to be mindful of digital inclusion but also of analogue exclusion. The younger generation who expect to be able to engage in health services differently.<br>• VT & EH both described positive experiences with general practice. EH mentioned that we need to ensure that any changes implemented need to be clear to the patient population – with more things that are in put in place, there is more opportunity for confusion. | |
| **PHSCC/2425/12** | **Increased Demand in Services – Tier 3 Weight Management**<br><br>*Kate Brown joined the meeting.*<br><br>Kate Brown (KB) presented a paper to provide the context for the proposal for increased funding which is included as a pressure in the current planning round.<br><br>The provider, Derbyshire Community Health Services (DCHS) has been trying to manage a service experiencing demand in excess of the commissioned levels and initially proposed some criteria to reduce access. In response to that proposal the ICB Executive Team requested a wider perspective be taken to develop a fuller understanding of the national and local issues and proposed that this committee be made aware of the issues to be in a position to consider it alongside other priorities for example in terms of waiting list size/time and prevention opportunities.<br><br>KB explained that JUCD has a higher prevalence of obesity than both the regional and England average and this is a complex issue for a small service. There was an issue with prioritisation but then the service came under pressure due to Covid but predominantly due to supply issues regarding the availability of weight loss drugs. The waiting list has massively increased and the pathway needs review. DCHS has proposed an extra £1 million in funding to be able to stabilise the service. | |

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| | **Key Discussion Points:**<br><br>• CW said that he recognises the difficult position that the service is in and mentioned there was potential developments in the next few months which would result in a significant change in the sort of services to be provided. There is expected to be NICE guidance with regards to a drug which could move a significant amount of obesity management into Primary Care as a Tier 2 service. A formal review of all obesity management services may be required.<br>• Craig Cook (CC) highlighted that that we need to look at how investment and patient benefit in one area can provide savings in other areas.<br>• AO asked what happens with the pathway upstream and why there is so much emphasis on new medications when Tier 3 is supposed to be an MDT approach. Medications are an expensive part of the pathway and other approaches should not be forgotten.<br>• KB said the service is very keen to continue with the psychological therapy but the NICE guidance indicates access to the medication be via Tier 3 services. CW's point is correct about thinking about the whole pathway as it is changing demand but the service is not focused on medication.<br>• ST confirmed that she supports use of the drug as it has prevention effects at all levels of care and is good for patients but different aspects of obesity management should also be included in the MDT approach such as access to gym facilities.<br>• KB reiterated the need for a stronger pathway group to look at the whole pathway but there will be risk whilst that work proceeds.<br><br>**The Population Health and Strategic Commissioning Committee NOTED the report.**<br><br>*Kate Brown left the meeting.* | |
| **STRATEGIC COMMISSIONING** | | |
| **PHSCC/2425/13** | **2024/2025 Operational Plan**<br>This was a confidential item so the minutes have been redacted. | |
| **ITEMS FOR INFORMATION** | | |
| **PHSCC/2425/14** | Monthly updates, minutes & bulletins:<br><br>• CPAG updates<br>• Derbyshire Prescribing Group report/minutes<br>• JAPC Bulletin<br>• CPLG minutes | |

| CLOSING ITEMS | | |
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| **PHSCC/2425/15** | **Forward Planner**<br><br>MA confirmed that she and RW have been through the Forward Planner and agreed it is ok at the moment but it needs continual work so it will be brought back to each meeting. The Chair suggested any comments on the Forward Planner to go back to MA. | |
| **PHSCC/2425/16** | **Assurance questions**<br><br>• Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? *Yes*<br><br>• 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*<br><br>• 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? *This will be further discussed at the May development session on Risk.*<br><br>• Were papers that have already been reported on at another committee presented to you in a summary form? *Yes*<br><br>• Was the content of the papers suitable and appropriate for the public domain? *It was identified which were suitable and which were confidential.*<br><br>• 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*<br><br>• 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? *No*<br><br>• 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/2425/17** | **Any other business**<br><br>None. | |
| **DATE AND TIME OF NEXT MEETING** | | |
| **Date:** 9th May (Development session on Risk) | | |
| **Time:** 9am – 11.30am | | |
| **Venue:** Derby Council House | | |