

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
1st April 2021 via Microsoft Teams

CONFIRMED

Present:

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| Dr Avi Bhatia | AB | Clinical Chair |
| Dr Penny Blackwell | PB | Governing Body GP |
| Dr Bruce Braithwaite | BB | Secondary Care Consultant |
| Richard Chapman | RCp | Chief Finance Officer |
| Dr Chris Clayton | CC | Chief Executive Officer |
| Dr Ruth Cooper | RC | Governing Body GP |
| Jill Dentith | JD | Lay Member for Governance |
| Dr Buk Dhadda | BD | Governing Body GP |
| Helen Dillistone | HD | Executive Director of Corporate Strategy and Delivery |
| Ian Gibbard | IG | Lay Member for Audit |
| Zara Jones | ZJ | Executive Director of Commissioning Operations |
| Dr Steven Lloyd | SL | Medical Director |
| Simon McCandlish | SM | Lay Member for Patient and Public Involvement |
| Andrew Middleton | AM | Lay Member for Finance |
| Dr Emma Pizzey | EP | Governing Body GP |
| Professor Ian Shaw | IS | Lay Member for Primary Care Commissioning |
| Brigid Stacey | BS | Chief Nursing Officer |
| Dr Merryl Watkins | MW | Governing Body GP |
| Martin Whittle | MWh | Lay Member for Patient and Public Involvement |

Apologies:

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| Dr Robyn Dewis | RD | Director of Public Health - Derby City Council |
| Dr Greg Strachan | GS | Governing Body GP |
| Dean Wallace | DW | Director of Public Health - Derbyshire County Council |

In attendance:

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| Dawn Litchfield | DL | Executive Assistant to the Governing Body / Minute Taker |
| Suzanne Pickering | SP | Head of Governance |
| Andrew Kemp | AK | Head of Communications and Engagement |

| Item No. | Item | Action |
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| GBP/2122/001 | Welcome, Apologies & Quoracy Dr Avi Bhatia (AB) welcomed members to the meeting. Apologies were received as above. It was confirmed that the meeting was quorate. | |
| GBP/2122/002 | Questions from members of the public No questions were received from members of the public. | |

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| <p>GBP/2122/003</p> | <p>Declarations of Interest</p> <p>AB reminded Committee members and visiting delegates of their obligation to declare any interests that they may have on any issues arising at Committee meetings which might conflict with the business of the CCG.</p> <p>Declarations declared by members of the Governing Body are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Governing Body or the CCG website at the following link: www.derbyandderbyshireCCG.NHS.uk</p> <p>No further declarations of interest were made and no changes were requested to the Register of Interests.</p> | |
| <p>GBP/2122/004</p> | <p>Chair's Report</p> <p>AB provided a written report, a copy of which was circulated with the papers; the report was taken as read. The main points to note were the significant one-year milestone of the UK in going into lockdown due to the COVID-19 pandemic, the positive vaccination programme undertaken in Derbyshire and the ongoing work on the restoration and recovery of services. A mark of respect was paid to those colleagues across the health and care system who have worked so hard during this period. The following points of note were made / questions raised:</p> <ul style="list-style-type: none"> • There has been a huge effort to get the vaccination programme underway, with many clinicians coming out of retirement to support the response. In terms of the backlog, and the recovery and restoration process, it was enquired whether these staff would be retained or whether there is a danger of a workforce crisis as they move back into retirement. AB confirmed that differing types of clinicians came forward to help manage the increased workload; their role was very important, and it is hoped that they can continue to be utilised going forward. • Examples are emerging that the experience of the pandemic has pushed some staff towards retirement, as they cannot go through this type of situation again; it was enquired if this is emerging as a factor in the workforce. Helen Dillistone (HD) advised that a huge amount of work is being undertaken across the System in development of the People Plan, led by the People and Culture Committee. There has been a massive effort to support the vaccination programme, by both clinical and non-clinical staff, with a large proportion of the CCG's staff being deployed in support of the vaccination effort. There is a need to harness the flexibility in the System to mobilise staff into key priority areas. Whilst the vaccination programme has been a great success, there will need to be a continuous effort to undertake the booster vaccines. Much has been learnt through working with volunteers and how best to utilise their skills. The CCG has not seen examples of staff wanting to leave as a result of the pandemic; it does not however have Trust data. <p>The Governing Body NOTED the contents of the report</p> | |

**GBP/2122/
005**

Chief Executive Officer's Report

Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the papers. The report was taken as read and the following points of note were made / questions raised:

- COVID activity and admissions are reducing at both Acute Trusts in Derbyshire, and COVID levels in general are decreasing. The report describes the importance of keeping these levels down, with prevention being the most important thing to achieve this.
- Significant contributions have been made by many people in response to the pandemic, both inside and outside the Derbyshire Health and Social Care System; this has been an important contributor to the success of the delivery of the vaccination programme.
- The plans to restore non-COVID services and reduce waiting lists for routine care are now being enacted; work is underway to restore the backlog to pre-pandemic levels.
- The Capsule Camera pill was highlighted as an important innovation being trialled in the diagnosis of cancer; it can be taken by patients in their own homes, and the results provided within hours.
- The activities being undertaken locally across the Derbyshire System in support of the pandemic were highlighted.
- Dr Komal Raj, one of the Lead GPs at the Derby Arena Vaccination Centre, has produced a helpful video on what to expect when attending for a COVID vaccination; this has been well received.
- A video has been produced in recognition of achieving 100 days of the vaccination programme in Derbyshire which demonstrated the depth and breadth of engagement with both the community and staff. The Communications Team was thanked for its help in producing the video.
- It was queried at what point the public would find out about the next stage of the vaccination and booster programmes. CC advised that national guidance is awaited as to when the programme to vaccinate the remaining adult cohorts will be undertaken. Work is continuing to complete the current stages of the programme, both 1st and 2nd doses, against the national timelines set out. There is a need to better understand the requirements of a booster programme; no firm guidance has as yet been received.
- It was enquired how people are being motivated to join the NHS. It was suggested that this would be a good time to remind school leavers that working in the NHS is a very good career option. HD advised that the System People and Culture Committee will take ongoing learning from the pandemic and build upon it.
- AB emphasised the fact that it is not easy working in the NHS, especially during challenging times such as a pandemic; however, there has been many positives to take from it with staff working together and differently; increased applications have been seen for Health and Social Care Degrees, Student Nursing places, and GP applications, although there will be a lead time into benefitting from this. AB has not heard of any examples of people wanting to leave the NHS due to the COVID-19 pandemic, everyone has stepped up to the challenge, for which we are all thankful.

The Governing Body NOTED the contents of the report

**GBP/2122/
006**

Staff Survey 2020

HD advised that the NHS undertakes a national annual survey to collect staff views about working in their respective organisations. Last year DDCCG was a newly established organisation therefore this year's survey has enabled comparative results to be provided. The response rate of 83% of staff was higher than the average for similar organisations (80%) and demonstrated a highly engaged workforce.

A summary of the survey results was provided for information which demonstrated how the CCG compared to last year in 10 themed areas; the CCG has shown improvement in all of these areas.

DDCCG was shown to be the most improved organisation nationally when compared to the other organisations in its benchmarking group; this is something to be proud of and demonstrates the journey that the CCG has undertaken over the last 2 years. Significant improvements were demonstrated in 5 key areas, details of which were outlined in the report.

Areas of further thought and development include diversity and inclusion; there was a significant effort in the last 12 months to make this part of the organisation's DNA. A staff engagement exercise was undertaken, a Diversity and Inclusion Network implemented, unconscious bias training delivered and a programme of reverse mentoring commenced. Last year's survey suggested that the CCG had more to do to support under-represented staff. Compared to 2019, the data indicates that for the Black, Asian Minority Ethnic (BAME) staff, the situation had worsened with regard to increases in harassment, bullying and abuse, equal opportunities for career progression within the organisation and discrimination at work. This could be as a consequence of the increased focus on the inequalities faced by BAME colleagues due to the pandemic and Black Lives Matter. The Diversity and Inclusion Network may have also given staff more confidence to share their concerns; there is a need to understand what is driving this.

The results of the Survey have been shared with the Senior Leadership Team (SLT) and all staff and internal engagement forums; Directors are working with their respective areas in the ongoing development.

The following points of note were made / questions raised:

- This was an overall positive report. Although during the last year staff have been home working, they now feel better supported and more able to do their jobs. It was asked if the CCG needs to look at continuing with a home working/flexible working arrangement that suits staff. HD responded that the organisation feels more connected now although it has worked virtually for over a year. Structured ways to communicate with staff have been implemented to compensate for working virtually; the SLT has been made more visible to staff, which has been valued. The CCG is looking at a hybrid working model in order to prevent the loss of the investments made and the efficient ways of working achieved. The CCG would like to be able to reduce its carbon footprint further, and also lower its estates costs, thus protecting the environment and saving money which could be better utilised in providing patient care.
- Working from home with no loss of productivity or effectiveness is an important indicator to consider when looking at a flexible working policy.

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| | <ul style="list-style-type: none"> • It was acknowledged that these things do not happen without good leadership. The CCG has evidently tried interesting activities; reverse mentoring is an excellent idea. • Some Teams have a higher rating than others; it was asked why this was. HD advised that the SLT considers the improvements to be a joint team effort; it has led the organisation through a difficult year with many challenges, whilst creating a sense of oneness. Although there are ups and downs, which still need to be understood, they average out across the organisation which overall looks strong. Work is being undertaken by Directors to understand this better by analysing what some teams have done well and replicate it. • Concern was expressed at the BAME inclusion figures being so low; although efforts have been made over the last year to improve the situation, it has worsened; there needs to be a rethink on how best to address this. HD explained that work was undertaken in the latter part of last year to understanding the concerns of under-represented staff; at the time the survey was undertaken the work had not been fully embedded into the organisation; there is still more to do on this. • The good results are a credit to the whole organisation and the culture that underpins it. In terms of under-represented groups, it is important that the actions are implemented within the set timescales. Progress will be monitored through the Governance Committee with detailed conversations held on how to move forward. The learning from the merger of the 4 previous Derbyshire CCGs will be used in the transition arrangements over the next 12 months. • Members of the public should feel proud of these results; it was asked how far the momentum can be taken forward. HD concurred with this, stating that it was in the public session and on the CCG's website for openness and transparency purposes. The survey is used as a way of developing teams within the organisation. The CCG is entering another period of change as it transitions into an ICS; the transitioning of people element will be critical and only be successful if the CCG has motivated, skilled and supported staff with a drive for improvement and change. There is a need to take the enthusiasm into the ICS; if it is done well it will be an exciting time for staff. • The survey results could be used to help recruit people into the NHS. They will also demonstrate to the ICS that it will be getting a motivated group of staff to work within it. <p>The Governing Body NOTED and DISCUSSED the results from the 2020 NHS Derby and Derbyshire CCG staff survey</p> | |
| <p>GBP/2122/007</p> | <p>Finance Report – Month 11</p> <p>Richard Chapman (RCp) provided an update on the Month 11 financial position. The following points of note were made:</p> <ul style="list-style-type: none"> • The financial situation was discussed in detail at the 25th March 2021 Finance Committee meeting. • There is a reported year to date underspend of £6.001m, with a full year outturn underspend of £3.975m forecast. Although there are many moving parts to this, the CCG is confident that it will end the year with a surplus. • Guidance is still awaited on annual leave accruals for Provider staff. | |

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| | <ul style="list-style-type: none"> Retrospective COVID-19 funding has been received by the CCG, although there remains an element still to come. This 'top-up' is unique to the COVID-19 situation. <p>The Governing Body NOTED the following:</p> <ul style="list-style-type: none"> The financial arrangements for H2, October 2020 to March 2021 The reported YTD underspend is £6.001m Allocations of £5.77m for COVID-19 costs for M9 to M10 and £4.533m towards M11 to M12 were received in M10. No reimbursement for the COVID-19 Testing Service has been received in H2 The cumulative retrospective COVID-19 allocation stands at £52.501m The cumulative top-up allocation stands at £6.865m A reduction in allocation for a reduction in expenditure in Acute Independent Sector is £0.753m A full year underspend of £3.975m is forecast | |
| <p>GBP/2122/008</p> | <p>Finance Committee Assurance Report – March 2021</p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 25th March 2021. The following points of note were made:</p> <ul style="list-style-type: none"> This is an abnormal year therefore there is a need to look beyond it to establish a sustainable financial position for Derby and Derbyshire, which will from next year be a single System with a single Control Total. The Finance Team has got an excellent grip on the figures. The key point is to bank the good news and focus activity on ensuring that the System Finance and Estates Committee is fully operational, meeting on a regular basis and delivering development at pace once the organisation is fully functioning. <p>The Governing Body NOTED the verbal update for assurance purposes</p> | |
| <p>GBP/2122/009</p> | <p>Audit Committee Assurance Report – March 2021</p> <p>Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 18th March 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> The Committee noted the significant assurance provided in the draft Head Of Internal Audit Opinion in relation to the tests conducted on the governance and financial controls during this year. The Committee received the audit plan to test Value For Money arrangements. The considerable underlying financial sustainability of the CCG and the System going forward due to the current underlying deficits at CCG and ICS level was highlighted as a significant risk. The process the CCG undertook to produce the Mental Health Investment Standard Statement of Compliance was noted. It was established to provide assurance to the Governing Body, Audit Committee, External Audit and NHSEI that national guidance is | |

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| | <p>followed. The unqualified opinion on the statement provided by KPMG and the CCG's endorsed letter of representation were noted.</p> <p>The Governing Body NOTED the contents of the report for assurance purposes</p> | |
| GBP/2122/010 | <p>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – March 2021</p> <p>Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 11th March 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Committee virtually ratified the breast implants removal policy and the abdominoplasty policy. • The Committee noted the areas for service developments, which consider whether any pathways need to be developed due to gaps in service as a result of IFR submissions; this was not felt to be the case. • The CPAG updates and January bulletin were noted. <p>The Governing Body NOTED the contents of the report for assurance purposes</p> | |
| GBP/2122/011 | <p>Engagement Committee Assurance Report – March 2021</p> <p>Martin Whittle (MWh) provided an update following the Engagement Committee meeting held on 17th March 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Terms of Reference of the Committee were reviewed, and no major changes were made; however, it was noted that the forthcoming transition to ICS status may bring changes in the future. • As this is now a System Committee, it is to be re-named the Derbyshire Engagement Committee. • The CCG's Improvement and Assessment Framework for patient and community engagement rating in 2019/20 has reduced from green to amber. It was considered that the CCG is better than the amber rating given. Evidence for the Assessment is submitted to support the required indicators, however the evidence provided did not give a complete picture of the achievements made by the CCG and System. The CCG undertook a considerable amount of engagement work during this period which was unfortunately not reported in the submission. Processes have been implemented to prevent this from occurring in future. There will be a handing over to the ICS of a good, strong legacy of work undertaken by the communications and engagement teams. • The Trusts' Governors will be utilised to provide valuable contributions into debates; their combined wealth of local knowledge and experience will be harnessed in the wider work of the ICS going forward. <p>The Governing Body NOTED the contents of the report for assurance purposes</p> | |

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| <p>GBP/2122/012</p> | <p>Governance Committee Assurance Report – March 2021</p> <p>Jill Dentith (JD) provided an update following the Governance Committee meeting held on 11th March 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Committee approved the Flexible Working and Learning Development Policies. • The CCG's Recovery and Restoration plan was received and the actions noted. • The health and safety obligations on the CCG are being coordinated to ensure full compliance with legislation. This is important to note as the CCG moves out of lockdown and responds effectively and appropriately to changes in working practices. • The CCG is thinking creatively around the spare capacity available at Cardinal Square and working collaboratively with its System partners. • A vote of thanks was recorded to the subject experts present at the meeting. Although smaller than usual, the meeting was very effective. <p>The Governing Body NOTED the contents of the report for assurance purposes</p> | |
| <p>GBP/2122/013</p> | <p>Primary Care Commissioning Committee (PCCC) Assurance Report – March 2021</p> <p>Professor Ian Shaw (IS) provided a verbal update following the PCCC meeting in public held on 24th March 2021. The meeting mainly consisted of discussion of the standing agenda items.</p> <p>The Governing Body NOTED the verbal update for assurance purposes</p> | |
| <p>GBP/2122/014</p> | <p>Quality and Performance Committee (Q&PC) Assurance Report – March 2021</p> <p>Dr Buk Dhadda (BD) provided an update following the Q&PC meeting held on 25th March 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Committee reviewed its Terms of Reference, which it agreed with the addition of the development of the Key Performance Indicators (KPIs). The role of the Committee in ensuring that the ICS is fit for purpose in terms of oversight was also discussed. • There has been a high rise in waiting times during the COVID-19 pandemic. A risk stratification process is in progress to review clinical priority and ascertain if patients are being seen based on medical need; it is reassuring to know that this is happening. General Practice support into this is important, especially in reassuring patients. <p>The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks</p> | |

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| <p>GBP/2122/015</p> | <p>Governing Body Assurance Framework – Quarter 4 2020/21</p> <p>The Governing Body Assurance Framework (GBAF) provides a structure and process that enables the CCG to focus on the strategic and principal risks that might compromise it in achieving its corporate objectives. It also maps out both the key controls that should be in place to manage those objectives and any associated strategic risks, and provides the Governing Body with assurance on the effectiveness of the controls. The CCG's Corporate Committees have proactively taken the responsibility and ownership of their GBAF risks in order to scrutinise and develop them further. Discussions were held at the January to March 2021 Committee meetings and the year-end position has been reviewed.</p> <p>HD presented the GBAF for Quarter 4 advising that 360 Assurance recently published a benchmarking exercise report for the 2020/21 GBAF. The report advises that 360 Assurance expect the GBAF to remain a dynamic document and that the COVID-19 risks will be integrated into the current risk management processes.</p> <p>Of particular note are risks 4A and 4B, which are overseen by the Finance Committee, relating to the ongoing management of the 2020/21 financial position and the underlying position, recognising whilst this year has been managed well there is still an underlying problem. These risks have been increased in score from a high 8 to a very high 16. Work remains ongoing to monitor and manage the 2020/21 position, but also to understand the recurrent expenditure position as the CCG and System partners begin planning for 2021/22.</p> <p>The Governing Body Risk Management and GBAF Survey is an important measure which helps to inform the auditors on the systems and processes in place within the CCG and tests the understanding of Governing Body members on the importance of the framework and management of it. This was a helpful survey, with good feedback received. It will be used to inform the Head Of Internal Audit Opinion and the CCG is likely to end the year with significant assurance; this is a strong position in which to be.</p> <p>A comment was made that the long term sustainable financial position depends on the transfer to and ownership of the System Finance and Estates Committee; AM urged for these meetings to be established on a regular basis as soon as possible. RCp confirmed that the Terms of Reference of this Committee were signed off by the JUCD Board at its last meeting and the invites will be sent out shortly. AM also suggested that sustainability be added to this portfolio. CC responded that sustainability is a complex issue and not the sole remit of finance.</p> <p>The Governing Body AGREED the 2020/21 Quarter 4 (January to March 2021) Governing Body Assurance Framework</p> | |
| <p>GBP/2122/016</p> | <p>CCG Risk Register – March 2021</p> <p>This report highlights areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 31st March 2021. All risks in the Risk Register are allocated to one of the CCG's Corporate Committees which reviews them on a monthly basis. HD presented the end of year Risk Register noting a decrease in 3 risks as detailed below.</p> | |

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| | <p>The Governing Body RECEIVED and NOTED:</p> <ul style="list-style-type: none"> • The Risk Register Report • Appendix 1 as a reflection of the risks facing the organisation as at 31st March 2021 • Appendix 2 which summarises the movement of all risks in March 2021 • The decrease in score for 3 risks: <ul style="list-style-type: none"> • Risk 24 - relating to patients deferring seeking medical advice for non-COVID issues, owned by the Quality & Performance Committee • Risk 30 - relating to the risk of fraud and cybercrime, owned by the Finance Committee • Risk 37 - relating to the sustainability of the Hyper Acute Stroke Unit at CRHFT, owned by the Quality & Performance Committee | |
| <p>GBP/2122/017</p> | <p>Joined Up Care Derbyshire (JUCD) Board Update – March 2021</p> <p>CC provided an update on the discussions held at the JUCD Board meeting held on 18th March 2021. The following points of note were made:</p> <ul style="list-style-type: none"> • The Board opened with a patient story relating to joining up care in Chesterfield as part of the Ageing Well programme. The holistic model of care has been developed since 2017 through the Place Alliance, specifically supporting housebound patients. This helped the Board think through how the System could enable this type of approach to be used for other models of care. • The System has faced unprecedented challenges in terms of responding to the pandemic; its collective response to the vaccination programme reflects the increasing collaborative ways of working between System partners, for which the staff were applauded. • The Board reviewed the Terms of References of the proposed sub-committees to support the way the ICS works, ahead of potentially taking on statutory responsibilities in 2022. The proposed interim subcommittees are: <ul style="list-style-type: none"> • System Quality sub-committee • System Finance & Estates sub-committee • People and Culture sub-committee • System Transition Assurance sub-committee • Clinical and Professional Leadership Group • The Terms of Reference of the People and Culture Committee have not yet been agreed. There is an existing approach to developing this strategy across the System which will be built upon. Further thought is to be given to System assurance and governance arrangements. • The Terms of Reference of the System Transition Assurance Committee were approved; the process undertaken for the merger of the 4 previous Derbyshire CCGs will be invaluable when working through the transition from CCG to ICS. This Committee will be Chaired by AB. • The Terms of Reference of the Clinical and Professional Leadership Group (CPLG) will build upon the existing Clinical and Professional Reference Group (CPRG) to lead the development and delivery of the clinical model across the system. The starting point is to build upon | |

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| | <p>what works well now, what can be consolidated and what will need to change. The CCG and its General Practice membership are keen to ensure that all professional issues are captured. AB considered it encouraging that JUCD is noting the requirement for clinical leadership going forward; the CCG has this woven into its DNA however the ICS does not as yet; this is one of the concerns for the transition. Work is being undertaken in the clinical community to bring this together across the System.</p> <ul style="list-style-type: none"> • Sustainability continues to be thought through. It was agreed that environmental sustainability will form part of the anchor work with Local Authorities. • The NHS Long Term Plan and recent Government White Paper recognise the importance and priority of provider collaboration at scale. This is where provision of care can be best delivered at either a System or pan-System level. The main focus of this work is on acute, mental health/learning disabilities and ambulance/111, plus in and out of hours primary care. General Practice provider collaboration at scale will be given thought to review further possibilities. • The proposed model for two Place Partnerships in Derbyshire (One for Derby City and one for Derbyshire County) was agreed; this does not remove the current 8 Places but enhances them. Conversations are to be held on how the Place Alliance Groups continue to contribute to the wider partnership. • The breadth and depth of the work currently going on has been demonstrated. It is important to retain clinical leadership and engagement into this learning, as well as capturing the knowledge and corporate memory from the CCG to take forward. • The purpose of the Derbyshire People Plan is to ensure that plans for recovery and stepping services back up have a strong focus on looking after staff. It was queried whether more staff are actually needed or whether existing staff will just be required to work differently. CC advised that this Plan would evolve as it is worked through. Staff will have to work differently therefore the assumptions may well need to change; this is why having a System-wide group is so important. The ICS need to give thought to the staff and skills required across the System. <p>The Governing Body NOTED the update for assurance purposes</p> | |
| <p>GBP/2122/018</p> | <p>Joined Up Care Derbyshire Board – Ratified Minutes – January 2021</p> <p>The Governing Body RECEIVED and NOTED these minutes</p> | |
| <p>GBP/2122/019</p> | <p>Derby City Council Health and Wellbeing Board (H&WB) – Ratified Minutes – January 2021</p> <p>Dr Merryl Watkins (MW), Chair of the Derby City H&WB, advised that the Committee is looking at opportunities as to what can be done differently and how this could be tapped into to help Derby revitalise itself post-COVID-19.</p> <p>The Governing Body RECEIVED and NOTED these minutes</p> | |
| <p>GBP/2122/020</p> | <p>Ratified Minutes of DDCCG’s Corporate Committees:</p> <ul style="list-style-type: none"> • Audit Committee – 21.1.2021 | |

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| | <ul style="list-style-type: none"> • Engagement Committee – 20.1.2021 • Governance Committee – 21.1.2021 • Primary Care Commissioning Committee – 24.2.2021 • Quality and Performance Committee – 25.2.2021 <p>The Governing Body RECEIVED and NOTED these minutes</p> | |
| GBP/2122/021 | <p>South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – March 2021</p> <p>It was enquired how DDCCG could learn from SYB ICS going forwards. CC advised that SYB ICS has a different architectural construct in its number of CCGs, unitary authority relationship and Places; although there is mutual learning to be had, it is not all transferable. CC continues to be connected and attend SYB ICS Committee meetings. DDCCG could learn from SYB ICS's strong presence into defined Places, whilst SYB ICS could learn from DDCCG's commissioning at scale.</p> <p>The work that this Governing Body has done, and the 4 Governing Bodies before it, in bringing the commissioning function together will help the Derbyshire ICS think through how to undertake strategic commissioning at an ICS level. Work needs to be undertaken to support Places and define what commissioning functions should be done by them.</p> <p>The Governing Body RECEIVED and NOTED these reports</p> | |
| GBP/2122/022 | <p>Minutes of the Governing Body meeting in public held on 4th March 2021</p> <p>The minutes of the above meeting were agreed as a true and accurate record.</p> | |
| GBP/2122/023 | <p>Matters Arising / Action Log</p> <p>There were no outstanding action items for consideration at this meeting.</p> | |
| GBP/2122/024 | <p>Forward Planner</p> <ul style="list-style-type: none"> • The May meeting will focus on strategic objectives for the next year. • The Governing Body will be kept informed of the discussions of the transition sub-committees. • In future the JUCD report will be placed higher up the agenda to facilitate adequate discussion time. <p>The Governing Body NOTED the Planner for information</p> | |
| GBP/2122/025 | <p>Any Other Business</p> <p>None raised.</p> | |
| <p>DATE AND TIME OF NEXT MEETING - Thursday 6th May 2021 – 9.30am to 11am via Microsoft Teams</p> | | |

Signed by:
(Chair)

Dated: