

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
16th June 2022 via Microsoft Teams

CONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
Dr Penny Blackwell	PB	Governing Body GP
Richard Chapman	RC	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer / CEO Designate, Derby and Derbyshire ICB
Jill Dentith	JD	Lay Member for Governance
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Dr Buk Dhadha	BD	Governing Body GP
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
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Brigid Stacey	BS	Chief Nursing Officer
Dr Greg Strachan	GS	Governing Body GP
Dr Merryl Watkins	MW	Governing Body GP
Martin Whittle	MWh	Lay Member for Patient and Public Involvement / Vice Chair

Apologies:

Dr Bruce Braithwaite	BB	Secondary Care Consultant
Julian Corner	JC	ICB Non-Executive Member – Strategy Planning and Commissioning and Patient Partnership
Dr Robyn Dewis	RD	Director of Public Health – Derby City Council
John MacDonald	JM	Chair Designate, Derby and Derbyshire ICB
Dr Emma Pizzey	EP	Governing Body GP
Sue Sunderland	SS	ICB Non-Executive Member – Audit and Governance
Dean Wallace	DW	Director of Public Health – Derbyshire County Council

In attendance:

Margaret Gildea	MG	ICB Non-Executive Member – People and Culture
Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Suzanne Pickering	SP	Head of Governance
Richard Wright	RW	ICB Non-Executive Member – Finance and Estates
Giselle Robinson	GR	Consultant in Paediatric Emergency Medicine

Item No.	Item	Action
GBP/2223/046	Welcome, Apologies & Quoracy Dr Avi Bhatia (AB) welcomed members to the meeting. Apologies were noted as above. It was confirmed that the meeting was quorate.	

GBP/2223/047	Questions received from members of the public No questions were received from members of the public.	
GBP/2223/048	Declarations of Interest 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. 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 No further declarations of interest were made, and no changes were requested to the Register of Interests.	
GBP/2223/049	Chair's Report – May 2022 AB presented a report, a copy of which was circulated with the meeting papers; the report discussed the closedown of the CCG and the positivity being taken forward into the Integrated Care Board (ICB). The report was taken as read and the following question was raised: <ul style="list-style-type: none"> • The language used in the report is superb and captures the essence very well indeed, acknowledging the professionalism and commitment, all of which will remain and continue, albeit in a different configuration. This is a strong endorsement of the strength of the team being handed over to the ICB. AB appreciated this feedback and concurred with the professionalism of the team, and the continuation and building on what has already been developed. <p>The Governing Body NOTED the content of the report provided</p>	
GBP/2223/050	Chief Executive Officer's Report – May 2022 Dr Chris Clayton (CC) presented a report, a copy of which was circulated with the meeting papers; the report was taken as read and the following points of note were made: <ul style="list-style-type: none"> • This is the last CEO report for this Governing Body, however there will be ongoing CEO reports to the ICB successor body. • Section 1 highlighted the position of the Derbyshire health and care System and emphasised some of the challenges it has been through, which have been managed by the CCG on the System's behalf. Reflections were made on the inherited position that the ICB will receive and the assurances that have gone into the handover position. • A high assurance level has been received from NHSEI in terms of the CCG's handover to the ICB and the readiness assessment. • Assurance work has been undertaken through the CCG's Audit Committee, with reviews undertaken by Internal and External Audit to provide independent assurance on the position being handed over, one which has been built up over several years. • It is technically correct that CCG's have been in statutory formation since 2013, however the CCG movement started 2 or 3 years before that, 	

	<p>working in shadow form in 2012, and in preparatory form a year before that. It has been a longer journey than the report highlights.</p> <ul style="list-style-type: none"> • It remains a challenging position in the Urgent Care System. The importance of hospital flow and the work being undertaken around this is well known about, as is the importance of the work in the community settings, particularly in General Practices; this will continue into the summer as the work commences on winter preparedness through the ICB and its associated partners. • Section 2 provided details of the meetings attended by CC on the CCG and the System's behalf; CC stressed the importance of partnership working. • Section 3 and 4 highlight the ongoing importance of COVID vaccinations in vulnerable groups and the planned autumn campaign which the ICB will be continuing to support. • CC congratulated Dr Hal Spencer on his appointment to the role of CEO at CRHFT; this is welcome news. Hal was previously the Medical Director at CRHFT. CC wished him well and looked forward to working with him in this new capacity. • Section 4.5 noted volunteer's week. It was 'Thank You Day' on 5th June, which was reflected in a video message thanking staff for the work they have done on behalf of health and care service users, particularly over the last two challenging years; this message was widely shared on social media. <p>The following points of note were made:</p> <ul style="list-style-type: none"> • BD echoed CC's thoughts about the dedicated staff; he has worked with the CCG since 2011 when it was in shadow form. The clinicians working in the NHS very much value the help they receive from the non-clinicians. He has been impressed over the years with the dedicated non-clinical staff who make the service what it is. This is under appreciated by the public as they only get to see the front facing side of the NHS, which would not run without these wonderful people and the work they do. BD thanked the individuals whom he has had the pleasure of working with. • AM was assured by the report in that the CCG is handing over an assured position. The things that happen beneath the water keep the show on the road and the crises away from the door. As a member of the Audit and Finance Committees, he has never seen such a good endorsement as the one given by the External Auditors this year. From a finance perspective, the CCG's finance team is no less than the 3rd best team in the country. The staff will be transferring into the new organisation with strong leaders to help them deal with the challenges to be faced. HD considered that this is part of the corporate assurance and governance which is essential to maintain the efficiency and probity of a public sector organisation. <p>The Governing Body NOTED the content of the report provided</p>	
<p>GBP/2223/051</p>	<p>Closedown of the CCG Corporate Committees and Annual Reports</p> <p>Helen Dillistone (HD) advised that there is a requirement for the CCG to produce an Annual Report for each of its Corporate Committees, providing assurance to the Governing Body and ICB Board going forward. HD presented the Annual Reports from the Audit Committee, Clinical & Lay Commissioning Committee, Derbyshire Engagement Committee, Finance Committee and Primary Care Commissioning Committee. Much of the work</p>	

	<p>to close down the CCG has been led by the Corporate Team, capturing the work undertaken by the Committees, ensuring that any live matters of business are transferred into the emerging ICB Corporate Committees, where relevant, to take ownership of them.</p> <p>The reports have been through the May cycle of Committee meetings and have been agreed by Committee members. All the reports were set out in a clear and concise way, detailing the Committee's background and context, the areas reviewed, risk management and assurance provided.</p> <p>The ongoing risks to be transferred into the ICB were provided for each Committee, together with a rationale as to why they should be transferred and which ICB committee they will be transferred into; confirmation of the responsible ICB Executive lead who provided. All outstanding actions have been captured and will be taken account of post July. HD thanked everyone who has helped to compile these reports.</p> <p>The following points of note were made:</p> <ul style="list-style-type: none"> • This is a very comprehensive report which provides an overview of the work done. For completeness, the report from Governance Committee will be presented in the confidential section as it covers both public and confidential information. The Close Down report will be a helpful tool for the ICB as it forms. It was noted that the ICB will be a different organisation with different functions, however, it was felt that this document will give an overview of key issues from the CCG as part of the transition information (JD). • This is an accurate report which shows the wide range of Committees within the CCG. It does not however quite capture the other work which members undertook on the forming of the JUCD Committees. As the CLCC meeting clashed with the JUCD Quality Assurance Committee IS and BS were not always able to attend. This report will help to form a basis for the new organisation and will be a good outline for moving forward (IS). AB agreed that lots of other work is being done by individuals which is not captured within this report and thanked everyone for the work done under the surface. <p>The Governing Body APPROVED the contents of the following Corporate Committee Annual Reports for April 2021 to June 2022, including the closure position of live risks, actions and matters for the committee as at the end of June 2022:</p> <ul style="list-style-type: none"> • Audit Committee • Clinical & Lay Commissioning Committee • Engagement Committee • Finance Committee • Primary Care Commissioning Committee 	
<p>GBP/2223/052</p>	<p>Finance Report – Month 1</p> <p>Richard Chapman (RC) provided an update on the financial position as at Month 1 (H1) of 2022/23 The following points of note were made:</p> <ul style="list-style-type: none"> • The Financial Plan has not as yet been finalised; final submission is due on 20th June. • A set of accounts is to be produced for the CCG at the end of Quarter One 2022/23. 	

	<p>The Governing Body NOTED the following:</p> <ul style="list-style-type: none"> • Allocations have been conveyed for the full year at £2.117bn • The CCG is required to comply with national budget upload deadlines and so has not been able to upload a phased budget at this stage. Therefore, only the year-to-date expenditure has been reported at £172.128m • The reported year end forecast adverse variance to plan at month 1 is £9.013m, to which there are three key elements: <ul style="list-style-type: none"> • A forecast over-spend against mental health budgets of £3m • A shortfall against the £10m prescribing efficiency target of £3.5m • A remaining efficiency target against which no schemes are yet developed of £2.7m 	
<p>GBP/2223/053</p>	<p>Joint CCG Finance Committee / System Finance and Estates Committee (SFEC) Assurance Report – May 2022</p> <p>Andrew Middleton (AM) provided a verbal update following the Joint CCG Finance Committee / SFEC meeting held on 26th May 2022. The following points of note were made:</p> <ul style="list-style-type: none"> • This is a moving horizon, with a further iteration due to be submitted on 20th June. This is an accurate analysis of the financial situation. • The Finance Team continues to perform to a high standard. • Joint working with the SFEC has been a strength and has underpinned a smooth transition; Richard Wright (RW) is Chair of SFEC, which has been operating jointly for many months now therefore RW has been sensitised to the challenges and factors to be considered. • The strengths of the interface of the lay, clinical, and executive membership have been fruitful in challenging different scenarios and helped to understand that we are ultimately doing this for patients; this is however difficult when demand is increasing whilst resources are not. • Dr Merryl Watkins (MWa) has been invited to join the SFEC as a clinical member from 1st July. RW has made this approach in the knowledge that it will be good to have an informed challenger on clinical matters; this is an astute appointment. <p>The Governing Body NOTED the verbal update provided for assurance purposes</p>	
<p>GBP/2223/054</p>	<p>Audit Committee Assurance Report – June 2022</p> <p>Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 10th June 2022. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Committee received the final Head of Internal Audit opinion with a significant assurance rating from 360 Assurance for 2021/22. • The Committee noted the External Audit Opinion from KPMG and gained assurance of the unqualified opinion of the Financial Statements and Regularity, with no significant weaknesses on the Use of Resources. • The Committee approved the 2021/22 Annual Report and Accounts, under the delegated authority of the Governing body. 	

	The Governing Body NOTED the paper for assurance purposes	
GBP/2223/055	<p>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – May 2022</p> <p>IG provided an update following the CLCC meeting held on 12th May 2022. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The CPAG update was noted, and the Committee ratified the updated policies recommended. • Work is ongoing in relation to the alignment of services for Glossop residents as they become part of the Derbyshire ICB. <p>The Governing Body NOTED the paper for assurance purposes and RATIFIED the decisions made by the CLCC</p>	
GBP/2223/056	<p>Derbyshire Engagement Committee Assurance Report – May 2022</p> <p>Martin Whittle (MWh) provided an update following the Derbyshire Engagement Committee meeting held on 17th May 2022. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The updated version of the draft ICS Engagement Strategy was received by the Committee; it was assured that this Strategy will provide a good basis for on which to move forward. • Issues regarding the transfer of Glossop into Derbyshire ICS are being addressed. • The Committee approved an Annual Report of activity, covering April 2021 to June 2022; this report highlighted the work undertaken and the live matters being transferred to the ICB's Public Partnership Committee. This was aligned to the Committee's Closedown Report, which sets out the risks, actions and matters also to be handed over. <p>The Governing Body NOTED the paper for assurance purposes</p>	
GBP/2223/057	<p>Primary Care Commissioning Committee (PCCC) Assurance Report – May 2022</p> <p>Professor Ian Shaw (IS) provided an update following the PCCC meeting held on 25th May 2022. The report was taken as read and the following points of note were raised:</p> <ul style="list-style-type: none"> • The Committee approved the full practice merger of the Hollybrook Medical Centre and Haven Medical Centre in Derby City South PCN, with effect from July 2022, following patient and stakeholder engagement. <p>The Governing Body NOTED the paper for assurance purposes</p>	
GBP/2223/058	<p>Quality and Performance Committee (Q&PC) Assurance Report – May 2022</p> <p>Dr Buk Dhadha (BD) provided an update following the Q&PC meeting held on 26th May 2022, which was Chaired by AM. The report was taken as read and the following point of note were made:</p>	

	<ul style="list-style-type: none"> The continuing pressures on emergency care and ambulance services are affecting performance. <p>The Governing Body NOTED the paper for assurance purposes</p>	
<p>GBP/2223/059</p>	<p>CCG Risk Register – May 2022</p> <p>HD presented a report detailing areas of organisational risk recorded in DDCCG’s Corporate Risk Register as at 31st May 2022. All risks in the Register are allocated to one of the CCG’s Corporate Committees which reviews them monthly in order to ascertain whether any amendments in risk score are required.</p> <p>HD advised that, where there are live risks, they will be captured in the report and, where relevant, will form part of the transfer documentation presented to the ICB Board at its first meeting on the 1st July.</p> <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 May 2022 Appendix 2 which summarises the movement of all risks in May 2022 The amalgamation of risks 04A and 04B into a single risk 04 with a very high-risk score of 16 (probability 4 x impact 4), owned by the Primary Care Commissioning Committee (PCCC) A NEW risk 48 relating to NHS Mail relating to people outside of the NHS being able to access MST meetings The decrease in score for risk 03 relating to Transforming Care Partnerships (TCP) <p>And APPROVED the closure of risk 16 relating to the lack of standardised process in CCG commissioning arrangements</p>	
<p>GBP/2223/060</p>	<p>Closing Governing Body Assurance Framework Quarter 1 – 2022/23</p> <p>HD advised that 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 the key controls in place to manage the objectives and associated strategic risks and provides the Governing Body with assurance around the effectiveness of the controls in place. The CCG’s Corporate Committees proactively take responsibility and ownership of the risks, closely scrutinising them on a monthly basis. The following recommendations were made to the Governing Body:</p> <ul style="list-style-type: none"> <u>Strategic Risk 7</u> - CCG staff retention and morale during the transition will be adversely impacted due to uncertainty of process and implications of the transfer to the ICS, despite the NHSEI continuity of employment promise - The CCG has not experienced any significant staff turnover, and the staff survey is evidence that morale has not been adversely impacted by the transition. This strategic risk is now recommended to be closed. <u>Strategic Risk 8</u> - If the CCG is not ready to transfer its functions or has failed to comprehensively and legally close down the organisation, or if 	

	<p>the System is not ready to receive the functions of the CCG, the ICS operating model cannot be fully established - Through the work of Transition Assurance Committee (TAC) and Transition Working Group (TWG) significant assurance has been provided to the Governing Body that detailed work has been undertaken to manage the closure of the CCG and its safe transfer into the ICB. The CCG's Due Diligence Checklist and supporting documents were reviewed by an Extraordinary Audit Committee on 18th May, together with the Due Diligence materials for the Glossop transfer; assurance was taken from the reports and evidence was subsequently submitted to NHSEI on 20th May, with supporting documentation for our Readiness to Operate as an ICB. This risk is now recommended to be closed.</p> <p>A one-page summary from each of the Corporate Committees, detailing risk movements over the past year, was included in the Committee Closedown and Annual Reports. An opening ICB Board Assurance Framework (BAF) will be presented at the first meeting of the ICB Board on 1st July, reflecting any outstanding matters to be taken forward from the CCG and broader System.</p> <p>The following questions were raised:</p> <ul style="list-style-type: none"> • The opening BAF will have to embrace a wider set of mandates. One of most enjoyable Development Sessions was defining and honing the strategic risks, which was a useful exercise to go through; it was enquired whether such a session would be held with ICB Board members (AM). HD responded that the ICB will receive the opening risk position, however this will be a developing position given the additional complexities that it will be taking on. A Board Development Programme is planned; this will include refining the BAF, setting out strategic commitments and risks, and ensuring ownership of them. A risk-appetite session will be held to understand and recognise the challenges and appetite to live with System risks. • One of the four strategic mandates is to reduce health inequalities; it was queried whether there will be a debate around what this means and the progress to define the metrics to help reduce them (AM). HD advised that a Population Health Needs session will be arranged to understand what this is telling us in terms of ongoing health inequalities. <p>CC supported the ICB development planning. In many senses this is a continuation of the work on health inequalities which has been on the Governing Body's radar since its inception. A Development Session was held pre-COVID on determinants of health throughout the life course and the things that can be done from a social care and health System perspective. This is the Strategic Intent of ICS. There is an NHSEI framework on health inequalities, which is being reinforced by having our own framework and local champion.</p> <p>The Governing Body AGREED:</p> <ul style="list-style-type: none"> • The CLOSURE of GBAF Strategic Risks 7 and 8, owned by Governance Committee • The 2022/23 Quarter 1 (April to June 2022) closing CCG Governing Body Assurance Framework 	
<p>GBP/2223/061</p>	<p>Ratified Minutes of DDCCG's Corporate Committees:</p>	

	<ul style="list-style-type: none"> • Audit Committee – 26.4.2022 • Derbyshire Engagement Committee – 26.4.2022 • Primary Care Commissioning Committee – 27.4.2022 • Quality and Performance Committee – 28.4.2022 <p>The Governing Body RECEIVED and NOTED these minutes</p>	
GBP/2223/062	<p>Minutes of the Governing Body meeting in public held on 5th May 2022</p> <p>The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held</p>	
GBP/2223/063	<p>Matters Arising / Action Log</p> <p><u>Item GBP/2223/007</u> – A further update on the workforce position will be presented to the Governing Body in due course, as it is intrinsic to the broader delivery plans – this will be handed over to the ICB Board.</p> <p><u>GBP/2223/028</u> – Information to ascertain whether there has been an improvement in results to lessen the difference between the white staff group and the BAME and LBGT groups, because of the measures implemented was requested. The staff survey results will be presented to the Governance Committee's June meeting.</p>	
GBP/2223/064	<p>Forward Planner</p> <p>The Governing Body NOTED the Planner for information</p>	
GBP/2223/065	<p>Any Other Business</p> <p>AB explained that the CCG concept has been going for many years. It is understood how important the whole clinical input into a health and social care System is; it is imperative. What the CCG has managed to achieve during this time has been manifest and still sits on the ground now, which is the most important thing. We moved from four CCGs into one; four Governing Body meetings occurred in the same room. There is a running theme of the amount of work done behind the scenes to deliver things.</p> <p>Working in this organisation, everybody has been utterly professional; they have treated each other with respect throughout the whole time, particularly with the huge insults to the NHS, the biggest of which was the COVID pandemic and all the issues occurring around it; this organisation dealt with that admirably, with no precedent to follow, in a world where people were not working together, which made it more difficult.</p> <p>We are handing over to the ICB and the new ICS a strong position; there is a very good legacy of knowledge and corporate memory. Hopefully we will be able to build on the work already done across the System; this work is not new, as we have had Joined Up Care Derbyshire for a while. People will need to understand that it is an evolution going forward.</p> <p>Nobody has forgotten the whole reason that we are here, which is to improve the lives of the people who live in Derbyshire; AB is glad that nobody ever got so involved in the corporate bureaucracy that they ever forgot this. The concept that we are here 'to do the doing' is a lot more difficult with the parameters and issues that we have to work within.</p>	

AB thanked CC and his Executive Team for all their help, everything they have done behind the scenes and particularly whilst looking at a computer screen in a room, on their own and not having the ability more to socialise and discuss things face to face.

AB thanked all Governing Body members, particularly those who Chaired the sub-committees; the amount of time and effort put into the sub-committees was phenomenal, so thank you.

AB thanked MWh for acting as his Vice Chair and for helping him out with the workload; it has been very much appreciated.

AB also thanked the CCG staff and the staff throughout the whole health and social care system, and to the public, as hopefully, most of them understand the pressures within which this is all being undertaken.

AB was pleased that the Derbyshire Engagement Committees had been held to allow the public to speak up and help to deliver what is needed.

AB wished everyone good luck in whatever they move on to next.

CC advised that, on joining the CCG in 2017, the CCG journey was well underway in Derbyshire. Thanks were conveyed to the colleagues who were there at the start of the journey, supporting the CCG formation, and to colleagues on the four Derbyshire CCGs for the work they did. CC also thanked colleagues on DDCCG's Governing Body since its inception 3 years ago, two thirds of which has been undertaken in a virtual manner. The way in which this Governing Body has been conducted is a credit to everyone; thank you for making this happen. There has already been mention of the behind the scenes work of the executive management and admin teams to support Governing Body members.

CC thanked colleagues in the provider organisations who see the patients with health and care needs on our behalf, particularly given the recent challenges. During the last decade Derbyshire CCGs have been through a lot and has managed many difficult challenges. The four Governing Bodies have taken difficult decisions when required; serious matters have been worked through in a thoughtful and comprehensive manner, with difficult and challenging decisions taken with the best views in mind.

Even though the CCG itself is coming to the end, the assurance work that happens in our sub-committees has continued with really considered gusto right until the very end; whilst we recognise that the strategic work of the CCG has naturally tailed off in the last few months, it will be for the ICB to take on new strategic matters. The work undertaken in our sub-committees to keep the show on the road should not be underestimated.

As the most senior officer CC can certainly say that he felt challenged by all Governing Body members on the items that have been presented, and he is sure his executives would say the same thing; however, they have all felt supported in that challenge. The challenges have always been constructive, fair, and necessary. CC thanked the Governing Body for the way it has undertaken its business in a calm, considered way.

Finally, CC publicly thanked the Chair for running the Governing Body in such a calm, thoughtful, considered, and challenging manner.

DATE AND TIME OF NEXT MEETING – This is the final meeting of the CCG's Governing Body

Signed by: (Chair) Dated: