

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
2nd September 2021 via Microsoft Teams

CONFIRMED

Present:

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
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
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 Greg Strachan	GS	Governing Body GP
Martin Whittle	MWh	Lay Member for Patient and Public Involvement

Apologies:

Jill Dentith	JD	Lay Member for Governance
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Dr Steven Lloyd	SL	Medical Director
Dean Wallace	DW	Director of Public Health - Derbyshire County Council
Dr Merryl Watkins	MW	Governing Body GP

In attendance:

Dawn Litchfield	DL	Executive Assistant to the Governing Body/Minute Taker
Clive Newman	CN	Director of GP Commissioning and Development
Suzanne Pickering	SP	Head of Governance
Sean Thornton	ST	Deputy Director Communications and Engagement

Item No.	Item	Action
GBP/2122/120	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/2122/121	Questions received from members of the public No questions have been received from members of the public.	

<p>GBP/2122/122</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/2122/123</p>	<p>Chair’s Report – August 2021</p> <p>AB provided a written report, a copy of which was circulated with the meeting papers; the report was taken as read. It was noted that the pressure within the System remains as it continues to work in a different manner in order to accommodate patients' needs. The following question was raised.</p> <ul style="list-style-type: none"> • The customer behaviour aspects of care are extremely important to the NHS. It was asked if there is a view on how public consultation could be shaped in order to provide better guidance; it is proving difficult to dispel from patients' perceptions that they cannot obtain GP appointments. It was queried if there is any guidance or communications, based on behavioural understanding, that could help to alleviate this challenge. Martin Whittle (MWh) advised that this is touched upon in the Britain Thinks work highlighted in the Engagement Report, the conclusions of which were taken to the A&E Delivery Board in August. Work is required to create a two-part process between a top-down message-giving service, delivered centrally, and Primary Care working to help educate the public as to what it is trying to achieve. When the Britain Thinks report has been fully analysed, a 360° System-wide engagement approach will be undertaken. <p>It was considered that there are two areas which warrant substantial analysis and exploration: the NHS cannot train staff fast enough to keep up with retirements and leavers, and the demand side of the equation is extremely complex. People feel they have an entitlement to the NHS. It is hoped that the System Engagement Committee will take this on as a major piece of work to try to better understand the nature of patient demand and the supply of services. MWh responded that if people do not understand the System, it is because it has not been explained properly and therefore thought needs to be given to this.</p> <p>General Practice (GP) is a hugely heterogenous group; however, the workforce issue is not only about GP numbers but what the workforce is actually doing and what levels they are working to.</p> <p>It was requested that the Britain Thinks report be presented to the Governing Body to consider the findings in full, and be disseminated across the System accordingly, as this will be an important part of the learning going forward.</p>	<p>MWh</p>

	<p>When patients are unwell, they tend to focus on themselves; understanding what is happening across the System is not relevant to them at that point in time. Although robust messaging from the CCG would be helpful for clinicians and GPs, the messages are sometimes better received by individual clinicians speaking directly to their patients. There needs to be robust leadership across the System and help to disseminate the messages across communities.</p> <p>The Governing Body NOTED the contents of the report provided</p>	
GBP/2122/124	<p>Chief Executive Officer's Report – August 2021</p> <p>Dr Chris Clayton (CC) provided a written 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:</p> <ul style="list-style-type: none"> • Section 1 set out some significant messages relating to the key developments in the NHS over the last month, both locally and nationally. Sir Simon Stevens has now stepped down and has been succeeded by Amanda Pritchard as Chief Executive Officer of NHS England. CC wished Amanda well in her new role. • Locally John MacDonald has been confirmed as Chair-Designate for the newly developed Derbyshire Integrated Care Board (ICB) which is the formal body that the CCG's functions will transfer into from April 2022. DDCCG is fully engaged in making the transition to an ICB a success. • Section 2 provided a flavour of the meetings attended by CC in the interest of partnership working and supporting the preparedness of the System for the challenges being faced. • Section 3 highlighted national developments, research and reports. This is currently a challenging time for everyone, both the public and those delivering care. It was challenging pre-pandemic in terms of demand and the capacity to meet it; however, the post-pandemic challenges have increased due to the displaced care needs that occurred during this period. CC's role in the System is to achieve a balance and understanding of what is going on in terms of care. • A national antibody surveillance programme has been rolled out to provide people with free access to antibody tests to help improve the understanding of immunity against COVID-19 from vaccination and infection. • Invitations have gone out to one million 16-17 year olds, and vulnerable 12-15 year olds, to take up the offer of a COVID vaccination. The Derbyshire vaccination programme remains strong, and important. • Section 4 provided details of local developments. CC expressed his gratitude to Derby City Council colleagues for supporting the success of the vaccination programme at the Derby Arena. The vaccination site is being relocated to the Midlands Education Centre in Derby City centre. • Planning is taking place well in advance of the winter period to ensure that adequate provision is implemented in order to manage demand. <p>The Governing Body NOTED the contents of the report provided</p>	
GBP/2122/125	<p>DDCCG Annual Report and Accounts 2020-21</p> <p>CC gave a message of thanks to all colleagues who have worked on producing the Annual Report and Accounts, particularly Suzanne Pickering and her team for coordinating the report. This year's report has a different</p>	

	<p>flavour to it due to the events of the past year. The report improves year on year in terms of the process and rigour of putting the material together, and its context and the messages it provides. The Governing Body was asked to receive the report in a positive manner and welcome what it says.</p> <p>When comparing this report to the previous year's reports, the difference is that this covered a full year of the pandemic, explaining how it has been managed. There was a difference in approach by the commissioner during this time, as it has been more about supporting the System in the demands placed upon it and the resilience and emergency preparedness response and vaccination programmes. It was also a year where there has been a significant change in the direction of travel around the future of the NHS, with the creation of Integrated Care Systems (ICS).</p> <p>Richard Chapman (RCp) outlined the financial statements contained within the Accounts. This year was a unique year, with the financial regime changing several times and clarity only being provided retrospectively. The CCG responded flexibly to these changes in order to deliver a final small surplus, resulting in a relatively strong balance sheet going into the new financial year. It has continued to develop financial relationships with partner organisations which will be essential in facing the challenges to come. Extended deadlines were made available to CCGs for the submission of the Accounts, however DDCCG managed to deliver them to the original deadlines and no issues were identified in the External Audit Report. DDCCG was congratulated on the quality of the papers submitted and thanked for making this happen on time.</p> <p>AB thanked CC for his valuable input over the past year. He also thanked those people who put the report together whilst working from home.</p> <p>The Governing Body RECEIVED NHS Derby and Derbyshire CCG's Annual Report and Accounts 2020/21 for information and assurance</p>	
<p>GBP/2122/126</p>	<p>South Yorkshire and Bassetlaw (SYB) ICS Joint Committee of CCGs (JCCCG) Transition Proposals</p> <p>CC advised that historically the long-standing relationship with SYB began through North Derbyshire and Hardwick CCGs and related to the patient flows in the North of the County. DDCCG has been formally engaged in the decision-making processes relating to Derbyshire patients. CC reflected that this has been a strong relationship and he has benefited greatly from attending the Committee over the last few years; there is a lot to learn about how to formally work across different boundaries. DDCCG is an affiliate member of the JCCCG, not a formal decision maker. The report relates to the development of the next steps; CC is comfortable with the decisions and recommendations included in the report. The good working relationship with SYB ICS JCCCG provides confidence that the views of Derbyshire are listened to and supported.</p> <p>DDCCG will remain a member of the SYB ICS JCCCG until it ceases on 31st March 2022. Going forward the committee's structure is altering. This report describes how the future ICS will prepare from a commissioning perspective; to this effect, a proposal was supported that a sub-committee to the JCCCG be created to take a forward view. DDCCG will not be a member of this sub-committee; CC will continue to attend the JCCCG until the end of March 2022 to provide support and guidance as appropriate. CC</p>	

	<p>is holding separate conversations with the JCCCG on how the ICSs could work together.</p> <p>It was queried if something similar is required for Glossop. CC responded that details of how the relationship with Glossop is progressing are included in the ICS Boundary Update paper provided for information later in the agenda. Relationships with Nottingham and Staffordshire are also important due to their care of Derbyshire patients. Guidance on what the future relationships will be between ICSs is still being formed. CC agreed to respond in writing to the JCCCG Chair confirming the Governing Body's approval to the recommendations made.</p> <p>The Governing Body REVIEWED the proposal, which seeks agreement from the CCG members of the Joint Committee to this approach and agreement for Schedule (3) enclosed to be added to the Joint Committee's CCG Manual Agreement/Terms of Reference (attached for reference), and specifically APPROVED the:</p> <ul style="list-style-type: none"> • proposed amendment to the delegation of the Joint Committee for the transition work, but the Joint Committee's Terms of Reference (enclosed for reference) are unchanged; and • establishment of the Joint Committee sub-committee – the Change and Transition Board – to take forward the transition work between September and March 2022 	CC
<p>GBP/2021/127</p>	<p>Finance Report – Month 4</p> <p>Richard Chapman (RCp) provided an update on the financial position as at Month 4. The following points of note were made:</p> <ul style="list-style-type: none"> • There is a favourable Year To Date (YTD) variance of £401k. This position includes £0.799m YTD relating to COVID expenditure for the Hospital Discharge Programme which is expected to be reclaimed in full. An allocation of £2.697m to fund Quarter 1 COVID expenditure was received in Month 4. The underspend also includes £0.093m YTD and FOT relating to the Elective Recovery Fund which is also expected to be reimbursed. An allocation of £0.289m was received in Month 4 to fund April and the majority of May's activity. • All financial targets have been met and DDCCG is confident that it will deliver a breakeven position. • Details of the current run rate extrapolation, based on H1 Expenditure with adjustments to forecast outturn, were provided for information. • The largest adverse movement in run rate was seen in Continuing Health Care (CHD) where the expenditure incurred is greater than plan. Although Fast Track costs have reduced, Fully Funded packages of care have increased and are reporting a £1.014m overspend above plan. • The movement in Primary Care Enhanced services relates to the phasing of prescribing costs. • Mental Health Services have a total overspend YTD of £0.389m and a H1 forecast of £1.106m. The ICS has set aside a reserve to cover this overspend with a non-recurrent allocation. • The JUCD system forecast outturn position has improved slightly from last month, by £100k; although there is still a deficit across the System, there is no cause for concern to the delivery of a breakeven position for H1. 	

	<p>The Governing Body NOTED the following:</p> <ul style="list-style-type: none"> • Allocations have been received for H1 at £1.029bn • The YTD reported underspend at month 3 is £0.401m • Retrospective allocations received for quarter 1 Covid spend on the Hospital Discharge Programme were £2.697m further expected funding is £0.799m relating to month 4 • The Elective Recovery Fund has been reimbursed £0.289m for April and 90% May a further YTD estimate and H1 forecast of £0.093m is expected to be reimbursed • H1 is forecast to conclude at a breakeven position 	
<p>GBP/2122/128</p>	<p>Finance Committee Assurance Report – August 2021</p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 26th August 2021. The following points of note were made:</p> <ul style="list-style-type: none"> • AM was assured by RCp's Finance Report. • The comfort and assurance on the variables, each of which could have a significant impact, is that the Finance Team has a good grip on what is going on and other teams have a grip on their own worsening areas. CHC is a standing item on the Finance Committee agenda. It has experienced significant variations in case numbers which, along with increasing costs, have the potential to impact materially on the overall CCG budget; however, provision has been made for such pressures. • Section 117 is demonstrating increased costs. It is unsure how much is due to demand and how much is linked to the fact that it is difficult to source care packages at the right price. Aftercare for challenging Section 117 patients is specialist and complex, and the use of the private sector is required to meet these needs. The Mental Health Delivery Board is aware of this and in the medium term is enhancing the capacity of contracted providers to cope with patients of this nature. • Variances in Month 4 include expected one-off expenditure for ICS start-up costs which have been self-contained. • Despite predicting breakeven positions for H1 and H2, it is recognised that DDCCG is still in a special funding regime and the System Estates and Finance Committee has not lost sight of the underlying System resource challenge; a report from the System Finance Lead is expected at the September meeting on how this is going to be addressed. • The Committee is anxious to handover a “going-concern” position for financial scrutiny and reporting. As the months to 1st April 2022 reduce, the focus will increasingly be on systems and procedures to ensure the transfer of responsibilities is seamless and smooth. <p>The Governing Body NOTED the verbal update provided for assurance purposes</p>	
<p>GBP/2122/129</p>	<p>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – August 2021</p> <p>Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 12th August 2021. The report was taken as read and the outcomes of discussions were noted.</p>	

	The Governing Body NOTED the contents of the report provided for assurance purposes	
GBP/2122/130	<p>Derbyshire Engagement Committee Assurance Report – August 2021</p> <p>Martin Whittle (MWh) provided an update following the Derbyshire Engagement Committee meeting held on 17th August 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • An update was received on the recent insight collection by Britain Thinks, which was commissioned to obtain independent views from patients in Derbyshire about their perceptions of accessing GP and urgent care services in the area. • The Committee approved a 12-week engagement programme to commence in Derby to better understand the impact of the temporary changes made to the provision of community hospital beds at London Road Community Hospital at the start of the COVID-19 pandemic, and to support an informed decision on whether to make those changes permanent. Both Scrutiny Committees have agreed the proposals in principle. It was noted that this is consistent with occurrences in Belper, Bolsover and Buxton, from which good feedback has been received. • Following a discussion at the Quality and Performance Committee, insight will be collected from cancer patients to understand their views and behaviours in accessing services during the pandemic. The System is aware of fewer referrals being made during the pandemic and is keen to identify any messaging or service interventions that it may benefit from. This proposal will be discussed with Healthwatch Derby. <p>The following questions were raised in relation to the report:</p> <ul style="list-style-type: none"> • It was enquired whether there is any evidence which captures the fact that services have improved, and not deteriorated, despite changes being made to them. MWh agreed to share the evidence available. • The Government is making funds available to build 40 new hospitals. Care needs to be taken around the language used as the facility planned for Buxton is not a hospital but a health care facility, in line with the core strategy. Communications received by all Trusts from NHSE stipulate that any build counts as a new hospital in line with Government policy. It should not be about the building but about the services provided and expected from it. MWh assured that expectations will not be built up. <p>The Governing Body NOTED the contents of the report provided for assurance purposes</p>	MWh
GBP/2122/131	<p>Primary Care Commissioning Committee (PCCC) Assurance Report – August 2021</p> <p>Professor Ian Shaw (IS) provided a verbal update following the PCCC meeting held on 25th August 2021. The following point of note was made:</p> <ul style="list-style-type: none"> • An extensive discussion was held in relation to the two risks held by the PCCC. It was agreed that the risks would be kept under review however the scores would not be altered at this point in time. <p>The Governing Body NOTED the verbal update provided for assurance purposes</p>	

<p>GBP/2122/132</p>	<p>Quality and Performance Committee (Q&PC) Assurance Report – August 2021</p> <p>Dr Buk Dhadda (BD) provided an update following the Q&PC meeting held on 26th August 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • Breast performance is to be reviewed by the Committee to understand if the new pathway is having an impact on performance; the August and September data will be used to establish any impact at next month's meeting. • The Committee is looking at how the new ICS performance structure is being constructed and it was agreed that the Committee would require oversight of the transition work. • There are emerging concerns, both locally and nationally, around NHS staff morale and sickness and how this might impact on the recovery and restoration of services and winter performance. Absence numbers and reasons are to be analysed to ascertain what the issues are and establish how performance is being sustained. <p>CC agreed that it is important that the Q&PC understands the challenge around the workforce to ascertain the impact on the quality and performance of services; however, it is not within its remit to fix the challenges. The People and Culture Board, created in the JUCD space, needs to think about the problem and available solutions. The newly formed ICB will have statutory accountability for the One Workforce Plan and individual provider organisations will have People Committees. The links from the CCG's Q&PC to the System Q&PC are crucial. Staff levels of absence are currently between 6 to 11%, with different challenges being faced by the community and acute settings. Although COVID has had a big impact on absence levels, the challenge relates to fatigue and staff maintaining their resilience and wellbeing.</p> <p>The Governing Body NOTED the paper for assurance purposes</p>	
<p>GBP/2122/133</p>	<p>CCG Risk Register – August 2021</p> <p>HD advised that this report highlights areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 31st August 2021. All risks in the Register are allocated to one of the CCG's Corporate Committees which reviews them monthly. No changes have been reported since last month.</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 August 2021 • Appendix 2 which summarises the movement of all risks in August 2021 	
<p>GBP/2122/134</p>	<p>Update on Derbyshire ICS Boundary</p> <p>CC advised that the decision has now been made by the Secretary of State to include Glossop CCG within the Derbyshire ICS Boundary. He thanked HD and her team for working up the conversations and becoming actively engaged in considering the implications of the decision. The paper set out</p>	

	<p>the process and timescales for completion; it is important now to take this forward as it will be of importance to the ICS.</p> <p>HD added that it is not believed that this decision will impact on patients' rights to use services outside of the Derbyshire ICS. All parties are committed to working positively together, as has been the case over the last few weeks throughout the discussions held on how to take this forward and incorporate it into the ICS transition. The CCGs will not be merging but will close down in the usual manner and services transferred into the new ICS from 1st April 2022. A Joint Transition Steering Group has been established, leading four main workstreams comprising of specialist leads from across both Systems:</p> <ul style="list-style-type: none"> • Communications and Engagement • Finance, IT and Contracting • Neighbourhood Development • Statutory Duties, Risks and People Impact <p>The first meeting of the Group is scheduled for mid-September and will focus on developing and overseeing a number of areas of key work. A report will subsequently be provided to the Governing Body, Transition Assurance Sub-Committee (TAC) and Transition Working Group (TWG) for oversight.</p> <p>It was queried where the PCCC will fit into this changing landscape, and whether it is something that needs to be merged separately. HD responded that the Glossop work inherited will need to form part of the Derbyshire System. There are ongoing conversations about direct commissioning. CC added that from April 2022, PCCCs will no longer be in existence; however, as the statutory responsibility will still exist, a joint conversation with Glossop was suggested in order to be sighted on any Primary Care developments between now and the end of March 2022.</p> <p>It was asked where such issues as list closures, GP premises extensions, mergers and premises closures will sit and where service user opinions would be articulated. CC responded that the statutory responsibility would sit with the ICB which will require a structure to support it, i.e., a commissioning sub-committee related to primary / hospital care., with the ability to hold discussions on individual issues where necessary. GPs need to be clear as to what they think is important to be undertaken at a practice level, Primary Care Network level and within Places for both Derbyshire and Derby City. The ICS will be supportive of the right movement for Derbyshire.</p> <p>The Governing Body NOTED the report for assurance purposes</p>	
<p>GBP/2122/135</p>	<p>Derbyshire County Council Health and Wellbeing Board meeting minutes – July 2021</p> <p>The Governing Body RECEIVED and NOTED the above minutes</p>	
<p>GBP/2122/136</p>	<p>Ratified Minutes of DDCCG's Corporate Committees:</p> <ul style="list-style-type: none"> • Derbyshire Engagement Committee – 20.7.2021 • Primary Care Commissioning Committee – 28.7.2021 • Quality and Performance Committee – 29.7.2021 <p>The Governing Body RECEIVED and NOTED these minutes</p>	

GBP/2122/137	South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – August 2021 The Governing Body RECEIVED and NOTED the report	
GBP/2122/138	Minutes of the Governing Body meeting in public held on 5th August 2021 The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held	
GBP/2122/139	Matters Arising / Action Log <u>Action Log – August 2021 – Item GBP/2122/099 – NHS People and Culture Development presentation</u> – Further information was requested on FTE numbers of Derbyshire NHS staff leaving and joining between April 2019 and March 2021. Data on the number of patients per FTE GP was also requested.	DL
GBP/2122/140	Forward Planner The Governing Body NOTED the Planner for information purposes	
GBP/2122/141	Any Other Business None raised	
DATE AND TIME OF NEXT MEETING – Thursday 7 th October 2021 – 9.30am to 11am via Microsoft Teams		

Signed by:Dr Avi Bhatia.....
(Chair)

Dated: ...7.10.2021.....