NHS
Derby and Derbyshire
Clinical Commissioning Group

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
3rd December 2020 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
Jill Dentith	JD	Lay Member for Governance
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
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 Greg Strachan	GS	Governing Body GP
Dr Merryl Watkins	MW	Governing Body GP
Martin Whittle	MWh	Lay Member for Patient and Public Involvement

Apologies:

Dean Wallace	DW	Director of Public Health - Derbyshire County Council

In attendance:

Anne Hayes	AH	Consultant in Public Health – Derbyshire County Council (part meeting)
Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Suzanne Pickering	SP	Head of Governance
Sean Thornton	ST	Assistant Director of Communications and Engagement
Chrissy Tucker	CT	Director of Corporate Strategy

Item No.	Item	Action
GBP/2021/108	**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/2021/109	**Questions from members of the public** The following question has been received from a member of the public:	

	'Were flu vaccines procured at a local practice level or CCG? Only I'm a patient at one of the surgeries in your CCG and have yet to receive my flu vaccine, despite being on the clinical list as asthmatic. I was told that the practice only received 500 vaccines for 2000 patients, yet supermarkets and private providers appear to have had stock and those without clinical need have been able to be vaccinated. Please can someone explain why stock wasn't procured and given to those at risk as a priority after the over 65s. Only for only 1 in 4 patients to have the rationed flu vaccine doesn't seem acceptable. Additionally please could you advice what the strategy (accepting in the planning stage) is for the role out of COVID-19 vaccines. Will local surgeries be grouping together to deliver care? Appreciating the work that all the drs and nurses on the front line have done and are continuing to do, but it looks like procurement has fallen down somewhere, leaving patients at risk and therefore consequences of further care more likely.' **Response provided**: GP Practices and Community Pharmacies order their influenza vaccines in the January prior to the start of the influenza immunisation programme in the autumn. Each practice is responsible for ordering its own supply of vaccines. The numbers of vaccinations ordered are based on the previous year's uptake of each cohort. Historically the under 65 at risk group uptake is set at a target of 55% uptake of the total cohort, which the majority of practices achieve; not all this patient cohort will attend practices for the vaccination, many receive from local pharmacy; this is also taken into consideration by practices when ordering the vaccine. This year there has been a high demand from the public for the annual influenza immunisation which has resulted in both GP practices and Pharmacies depleting their allocated vaccines quickly. Pharmacies are commissioned by NHSE/I to deliver the free flu immunisation to the under 65s and over 65 patient group patients have a choice where they can access from, they also purchase flu vaccines to give to a variety of sections of the public, these include health and social care workers, and members of the public who wish to purchase a vaccine although they are not in one of the identified flu cohorts. Again pharmacy access to vaccines after initial order has been restricted (now open). Vaccines are delivered to practices on specified dates on a phased percentage of the total order approach (as illustrated below). Practices arrange their flu clinics around these dates, always ensuring the vaccine has been received prior to confirming the dates of the clinics with their patients. • 25% week beginning 28/09/2020 (unchanged) • 20% week beginning 05/10/2020 (forward one week from 12/10/2020) • 25% week beginning 19/10/2020 (forward one week from 26/10/2020) • 30% week beginning 09/11/2020 (unchanged) Once the vaccines received for each period have been used practices have not been able to order any extra from their suppliers; this was on the instruction of NHSE/I. It may appear that there is a vaccine shortage if all the vaccines have been used for that given period; however the vaccine	

	was still scheduled for delivery until mid-November. In anticipation of increased requests for this immunisation and to ensure equitable distribution of supplies, NHSE/I has established a national vaccine supply that will provide any extra vaccines practices may need to meet increased patient demand. Practices have now been informed how to access vaccines from this source and have submitted their orders. They also will be contacting patients who are awaiting the immunisation as soon as the stock has arrived in practice to arrange an appointment. In respect of the COVID-19 Vaccination, Derbyshire is working as an STP to plan the future delivery of this vaccine when it becomes available. This includes working with GP practices on a collective PCN footprint to deliver the vaccine.	
GBP/2021/110	**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/2021/111	**Chair's Report** AB provided a written report, a copy of which was circulated with the papers; the report was taken as read. The main focus of the report was around COVID-19, the imminent vaccines, the run up to Christmas and the hard work of everyone in the health and social care sector. **The Governing Body NOTED the contents of the report**	
GBP/2021/112	**Chief Officer's Report** Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the papers. The paper was taken as read and the following points of note were made: • Significant developments have been seen in recent days. A national document on Integrated Care Systems (ICS) has been received from NHSE/I, which the Joined Up Care Derbyshire (JUCD) System will collectively respond to, working in partnership to form a view; General Practice will form part of this mechanism. • The System continues to work through the challenges currently being faced and support the COVID-19 response with testing, tracing and vaccinating.	

	• Meetings attended by CC demonstrate themes of System operation, coordination, facilitation and broader engagement, with thought being given to the next steps for the ICS. • Section 3 covers national developments, research and reports including work to combat Hepatitis C in the homeless during the pandemic, help for people with mental health worries and the launch of a network of more than 40 'long COVID' specialist clinics in the next few weeks. • Section 4 provides local news updates for Derbyshire. Of particular note was the availability of Urgent Treatment Centres to ensure that patients are seen in the right place, for the right thing, at the right time. Derbyshire has also launched 'NHS 111 First' - a national programme that aims to improve the way that patients access urgent care. Details of a 'Call to Arms' plea to support the expectant vaccination programme were provided for information. Andrew Middleton (AM) queried whether enough has been done to promote access to Urgent Treatment Centres and the range of services they are able to provide. CC provided assurance that a system approach has been taken to promote the different types of urgent and emergency care available to the public through many different publicity methods. **The Governing Body NOTED the contents of the report**	
GBP/2021/113	**Primary Care Commissioning Committee (PCCC) - Updated Terms of Reference** Helen Dillistone (HD) presented the updated Terms of Reference (TOR) for the PCCC, a copy of which was provided for consideration and approval. This completes the annual review of the TOR for all Corporate Committees. An overview of the amendments was provided for information. AM queried whether there is a need for 3 Lay Members to attend the PCCC, in light of the fact that other Committees have reduced their lay membership. There is a meeting next week to discuss Lay Members' roles and work sharing; HD agreed to bear this in mind and give it further consideration following next week's meeting. Dr Greg Strachan (GS) noted that the 2 GP non-partner representatives have been removed from the regular attendees list; it was however confirmed that Governing Body GPs may be invited to attend meetings to inform decisions on an 'as necessary' basis. Ian Gibbard (IG) requested that Item 12.2.3 be amended to read 'the Clinical and Lay Commissioning Committee shall make recommendations to the Primary Care Commissioning Committee on any changes in relation to the investment or disinvestment of **primary care** commissioned services.' **The Governing Body APPROVED the Updated Terms of Reference of the PCCC with the requested amendments**	**HD**

GBP/2021/114	**COVID-19 Updates** • Derbyshire County Council – Public Health Update **–** Anne Hayes provided an update on the COVID-19 situation for Derbyshire County. • Derby City Council – Public Health Update **–** Dr Robyn Dewis provided an update on the COVID-19 situation for Derby City. As the data is updated weekly, this was the position as at 28th November 2020. AB/CC thanked their Public Health colleagues for the help given to the CCG; the information they have provided has been invaluable. The following questions were raised: • Bearing in mind the potential challenges going forward, is there anything that has been learnt in the past 9 months that will help prepare for a third spike in infections? RD advised that there are real uncertainties going forward with the impact of Tier 3 and the proposed Christmas bubbles. There is a need to ensure that as much information as possible is shared on the risks that people may be taking by mixing with others in order to allow them to make their own assessments on the benefits versus the risks. • With regard to the rates of testing against positive incidents, it would be good to see test rates increasing whilst positive test rates are falling. RD explained that testing levels are comparatively high with positivity levels now starting to come down. There is a need to encourage people to go for testing, and allay any fears and barriers around this, particularly highlighting the financial and practical support available should they test positive and find themselves unable to work. • Some people are more complacent than others around managing the risks; what amount of resources has been put in for a communication plan to support risk taking? RD explained that it is more about everybody taking part in the sharing of information. Each contact made in the health and social care system is an opportunity to have conversations and make people aware of the rules and why they should follow them in order to keep a grip on the situation over the next few months, before the vaccine rollout. There is continued communication with community groups and leaders to try to continue to promote the messages and provide a single consistent message. • The testing graph does not demonstrate best uptake; a comment was made that the specific symptoms criteria need to broadened as anecdotally people that have tested positive have had other symptoms; if the symptoms were to be broadened more people may come forward for testing. RD agreed that this is a point for discussion. Asymptomatic testing and increasing the reasons to go for testing have been trialled elsewhere; however, Derbyshire is currently following national guidance but as there is a move towards wider community testing there will be opportunities to discuss this further. The key is to keep the message as straightforward as possible. • It was enquired if there is an expectation that Derbyshire will move to another Tier or remain in Tier 3 for the long term until things improve. RD considered that it would be difficult to second guess this as there are many perspectives to be considered. A review is to be undertaken on 16th December with a further review expected on 30th December. • When students return home there will be targeted interventions	

	through close working with Universities. Derby did not experience the same impact as Nottingham. RD considered that the University's engagement with Public Health has been good, and it is hoped that the benefits will be seen in the New Year. • It would be useful to know what advice to give to families with returning students, or those expecting people to stay over the Christmas period that do not normally live with them. RD advised that the main message is to ensure that students are tested before returning home however people need to bear in mind that a negative test is not a guarantee therefore people still need to be cautious. If living with vulnerable people this is going to be a challenging time; hygiene and distancing are the main recommendations. Further tests will need to be conducted when students return to universities. • <u>Primary Care Update</u> – Dr Steve Lloyd (SL) considered this an opportune time to bring forward an update on the position of General Practices in Derbyshire. General Practices have shown resilience given the challenges and additional demands placed upon them throughout the pandemic. The following points of note were made: • There is a need to celebrate the work of General Practice in Derbyshire which should not be underestimated. General Practice is one of few health services which have continued with its normal activities as well as taking on additional responsibilities. It has seen a significant amount of patients with new mental health problems, whilst dealing with worsening mental health symptoms for other patients. It has absorbed the increased work load as a result of the pause in elective activity; it has undertaken an enhanced national flu programme whilst also managing its own teams that have been under increased pressure and stressed. • Clarification was requested as to whether remote access was more efficient for General Practice and whether this was working well. It was good to see that Primary Care is implementing an escalation process in line with the rest of the health and social care System. SL responded that there was a rapid embracing of remote working despite practical issues however utilising remote practice has been very effective. There is a need to be mindful that it is the patient that counts and ensure that other access points are equally available for people who may have IT difficulties. A menu of access methods needs to be made available as appropriate. Although it takes just as long to undertake a remote consultation it is much easier for some patients and better from an infection control perspective. • An update on the reimbursement for additional staff required to undertake some of the extra practice work was requested. SL advised that the money provided is so small and the bodies brought in too few to make a big difference, however social prescribers have been an excellent addition. • It was asked if seeing patients with low level mental health concerns was an inappropriate use of GP time and if there is another more appropriate service for first level mental health needs. SL agreed to provide answers to this question within his next report. • Although GP access has improved, e-consult launched quickly and telephone triage used, absorbing an extra 6% of activity is a massive increase in numbers, whilst also picking up work from other providers and absorbing mental health work. Video	**SL**

	consultations are more satisfying for mental health patients, which is why providing access for people who are digitally deprived is so important. • The paper demonstrates that General Practice has been open and fully functioning throughout the pandemic and offering more, and not less; there are many positives to be taken from this. • The Governing Body endorsed receiving reports of this nature on a regular basis. **The Governing Body NOTED these updates for assurance purposes**	**SL**
GBP/2021/115	**Finance Report – Month 7** Richard Chapman (RCp) presented the Month 7 Finance Report. The following points of note were made: • This new format report, provided for ease of consideration, describes the position up to Month 7. • The Year To Date (YTD) achievement of expenditure against plan is £12m away from where it needs to be; it is expected that the CCG will be given £12.832m Top Up and COVID funding for Months 6 and 7 retrospectively; once received this will provide a small surplus. • Effectively the year has been separated into 2 halves: H1 = Months 1-6 and H2 = Months 7-12. • The financial arrangements for H2 comprise of allocations based on H1 expenditure with additional system level allocations, to reflect the different financial arrangements for October 2020 to March 2021. • The current reported YTD position pre-COVID Top Up is a £4.9m deficit; the position post-COVID Top Up is a YTD surplus of £94k. • The H2 plan had a year-end overspend of £33.9m; however £17.7m of mitigations have already come to fruition, including £12.5m on Continuing Health Care. This is £6.5m better than anticipated due to a favourable divergence from planning assumptions following reviews taking place and actual conversion figures becoming available. • At the point the plan was submitted, the System had already identified mitigations of £35m, of which £14.5m related to the CCG. The flu funding expenditure allocation has now been received which is a direct mitigation against the outturn plan. Although GPIT assets were purchased during the pandemic, they could not be reimbursed through COVID expenditure; it has now been agreed that they will be reimbursed through capital funding. • Mental health improvements related to planned investments have slipped due to the pandemic. • The System reported position demonstrates a £43m deficit as at M7 for which mitigations of £21m have already been identified. **The Governing Body NOTED:** • **The financial arrangements for H2, October 2020 to March 2021** • **At Month 7 the year to date overspend is £12.738m** • **Allocations of £12.058m for COVID costs and £0.774m for CCG top up relating to September 2020 and October 2020 are expected in November 2020** • **The cumulative COVID and top up allocations stand at £26.283m and £8.913m respectively and relates to the period April 2020 to August 2020**	

	• **A full year expenditure forecast of £1,821m has been calculated**	
GBP/2021/116	**Finance Committee Assurance Report – November 2020** Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 26th November 2020. The following points of note were made: • AM sees his role as similar to that of the auditors, confirming that RCp has provided a true and accurate financial position for the CCG and System which we can have faith in. AM is impressed by the way in which the team has a grip on the finances in a time of extreme uncertainty. • The new format report was well received by the Committee, with the designer in attendance to receive feedback. • The Committee was pleased to welcome Dr Merryl Watkins (MW) as an observer. AM extended an invitation to Governing Body GPs to attend a meeting at any time. • The CCG is in as good a position as it could be hoped for, underpinned by information flow; the financial position is as positive as it could be in these unprecedented times. • There has been a breakthrough in collaborative relationships between the CCG and Provider finance teams which bodes well for System working; the sharing of information means only having to do things once which is a pre-curser for a similar approach to be adopted by other teams, particularly those concerned with pathway redesign. **The Governing Body NOTED the verbal update for assurance purposes**	
GBP/2021/117	**Audit Committee Assurance Report – November 2020** Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 19th November 2020. The report was taken as read and the following points of note were made: • The National Audit Office is introducing a new standard for external auditors to use in determining whether CCGs have delivered Value For Money; a more extensive set of standards than previously used will be implemented. • Stage 1 of the Internal Audit Opinion, which forms part of the year-end review, was received. It demonstrated that the CCG has maintained appropriate governance and risk management arrangements throughout the year to date. The work is ongoing however nothing has been highlighted which gives rise to any concerns. **The Governing Body NOTED the contents of the report for assurance purposes**	
GBP/2021/118	**Clinical and Lay Commissioning Committee (CLCC) Assurance Report – November 2020** Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 12th November 2020. The report was taken as read and the	

	following points of note were made:
	
	• This is a new report as a result of the CLCC agenda being divided into public and confidential items.
	• The Committee received and ratified the following policies:
	
	  • Breast prosthesis (implant) revision/replacement policy
	  • Blepharoplasty policy
	  • Hypnotherapy Position Statement
	  • Consultant to Consultant Policy – minor amendment only.
	
	• The Committee considered the risks which it is responsible for (Risks 21 and 31) and agreed that the scores were appropriate and correct at that point in time.
	
	The Governing Body NOTED the contents of the report for assurance purposes	

GBP/2021/119	**Engagement Committee Assurance Report – November 2020** Martin Whittle (MWh) provided a verbal update following the Engagement Committee meeting held on 18th November 2020. The following points of note were made: • The Committee received a paper on the learning from COVID. It is an East Midlands report with the learning collated into themes. One of the themes is the relationship with the public. The Committee is required to respond to the report by 20th December outlining what it is doing now and what still needs to be done. • A report was received from the quality task and finish group in relation to risk stratification as part of the COVID response and the increased waiting times risk. The report outlined the work going on and the work still to do. Good assurance was provided. • A report was received from the System Insight Group which demonstrated the good work being undertaken in conjunction with HealthWatch. **The Governing Body NOTED the verbal update for assurance purposes**	
GBP/2021 120	**Governance Committee Assurance Report – November 2020** Jill Dentith (JD) provided an update following the Governance Committee meeting held on 12th November 2020. The following points of note were made: The following policies were received for approval: **<u>HR Policies & Procedures:</u>** • Close Personal Relationships Policy • Grievance Policy • Maternity, Paternity, Adoption, Shared Parental and Parental Leave Policy • Homeworking (during COVID) Policy • Disciplinary Policy	

	• Pay Protection Policy **<u>IG Policies & Procedures:</u>** • Information Governance Policy • NHS Network, Internet and Electronic Mail Acceptable Use Policy • Records Management Policy **<u>Corporate Policies:</u>** • CCG Governance Handbook • Fraud, Corruption and Bribery Policy • Policy Management Framework • Whistleblowing Policy • Risk Management Strategy **<u>Digital Policies:</u>** • Digital Obsolescence Policy • Information Handling and Classification Policy • IT Security and Equipment Policy • Removable Media Policy • Commercial Sponsorship – Joint Working with the Pharmaceutical Industry Policy The Digital Development Update and Cyber Operational Readiness Support Action Plan were received for information. The Committee raised concern that KPI issues with NECS and evidencing performance is a recurring theme. HD confirmed that the CCG is working on a plan with NECS which is being taken through the appropriate forums. The Committee received the Quarter 1 and 2 GBAF and recommended the inclusion of measurable quantification where risks describe improvement. This was agreed and will form part of the 2021/22 GBAF format. **The Governing Body NOTED the contents of the report for assurance purposes**	
GBP/2021/ 121	**Primary Care Commissioning Committee Assurance Report – November 2020** Professor Ian Shaw (IS) provided an update on the discussions held at the Primary Care Commissioning Committee meeting held on 25th November 2020. The report was taken as read. **The Governing Body NOTED the content of the report for assurance purposes**	
GBP/2021/ 122	**Quality and Performance Committee Assurance Report – November 2020** Dr Buk Dhadda (BD) provided an update on the discussions held at the Quality and Performance Committee meeting held on 26th November 2020. The report was taken as read and the following point of note was made:	

	• The Committee received the annual safeguarding adults and children reports which offered assurance. • The Committee reviewed Risk 28 and were assured to reduce the risk rating to 12. • Risk 14 was also reviewed and increased to 12 due to poor compliance and reporting of data. It is expected with further assurance to the Committee next month that this score will be decreased. • The Transforming Care Recovery Action Plan was received by the Committee. The Action Plan was noted as realistic and seen as a System sign up providing the assurance required that performance will be managed. **The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks**	
GBP/2021/123	**CCG Risk Register – November 2020** This report is presented to the Governing Body to highlight the areas of organisational risk that are recorded in the DDCCG Corporate Risk Register as at 30th November 2020. HD advised that the following 2 risks have decreased in score since the last meeting: • Risk 16: Lack of standardised process in CCG commissioning arrangements. CCG and system may fail to meet statutory duties in S14Z2 of Health and Care Act 2012 and not sufficiently engage patients and the public in service planning and development, including restoration and recovery work arising from the COVID-19 pandemic. The reason for the decrease is that the S14Z2 form is now being submitted to the QEIA panel and therefore the probability rating was reduced to 2 and the overall score is now 8. • Risk 028: Increase in safeguarding referrals once the lockdown is lifted and children and parents are seen and disclosures / injuries / evidence of abuse are seen / disclosed. The reason for the decrease is that referrals are back to pre-COVID levels currently. During the restoration and recovery phase, referrals have been slowly increasing but not the increase in level as anticipated. This is being constantly reviewed by the Derby and Derbyshire Safeguarding Partnership and regular reports produced. The following 2 risks have increased in score since the last meeting: • Risk 10: If the CCG does not review and update existing business continuity contingency plans and processes, strengthen its emergency preparedness and engage with the wider health economy and other key stakeholders then this will impact on the known and unknown risks to the Derby and Derbyshire CCG, which may lead to an ineffective response to local and national pressures. The reason for the increase in risk score is due to the uncertainty around EU End of Transition and what will transpire. The probability was recommended to increase from 2 to 3.	

	• Risk 14: On-going non-compliance of completion of initial health assessments (IHAs) within statutory timescales for children in care due to the increasing numbers of children/young people entering the care system. This may have an impact on children in care not receiving their initial health assessment as per the statutory framework. The reason for the increase in score is due to poor IHA performance during August 2020 which showed a decrease of compliance to 26% from 90% compliance in July. A 'contrast summary report' of the breach reasons for the August data has been requested from CRHFT in order to better understand why the drastic decline in performance has occurred. There is also a continued lack of 'finer IHA' quarterly reporting data from CRH. IHA's remain on the risk register of CRHFT and the CCG, the increase in risk score has been appropriately escalated within the CCG by the Designated Nurse for Children In Care. At the end of November, CRHFT reported a marked improvement in the performance of IHAs. The Committee therefore agreed that, assuming assurance of continuous improvement in performance, it will consider a reduction of the risk score in December. **The Governing Body RECEIVED and NOTED:** • **The Risk Register Report** • **Appendix 1 as a reflection of the risks facing the organisation as at 30th November 2020** • **Appendix 2 which summarises the movement of all risks in November 2020** • **The increase in risk score of risk 10 and risk 14** • **The decrease in risk score of risks 16 and risk 28** • **The new risk 32, being the responsibility of the Governance Committee**	
GBP/2021/124	**Joined Up Care Derbyshire (JUCD) Board Update – November 2020** CC provided an update on the discussions held at the JUCD Board meeting held on 19th November 2020. The report was taken as read and the following points of note were made: • A discussion was held relating to the proposed ICS operating model for the Derbyshire System. • The outcomes of the learning from the management of the COVID-19 incident work has led to the publication of a report intended to enable the adoption of proven good practice, inform the restoration and recovery process and assist the work of the Regional System Transformation and Recovery (STaR) Board. • The meeting started with an interesting presentation in relation to improving wellbeing through the power of physical activity – Fit4Life activity – which CRHFT has found useful, with many staff reporting feeling more positive and focused on their work as a result of undertaking the programme. **The Governing Body RECEIVED and NOTED the JUCD Board Update for assurance purposes**	

GBP/2021/125	**JUCD Board – Ratified Minutes – September 2020** **The Governing Body RECEIVED and NOTED the ratified minutes of the JUCD Board held in September 2020**	
GBP/2021/126	**Ratified Minutes of DDCCG's Corporate Committees:** • Audit Committee - 17.9.2020 • Engagement Committee – 21.10.2020 • Governance Committee – 10.9.2020 • Primary Care Commissioning Committee – 28.10.2020 • Quality and Performance Committee – 29.10.2020 **The Governing Body RECEIVED and NOTED these minutes**	
GBP/2021/127	**South Yorkshire and Bassetlaw Integrated Care System CEO Report – November 2020** **The Governing Body RECEIVED and NOTED this report**	
GBP/2021/128	**Minutes of the Governing Body meeting in public held on 5th November 2020** **The minutes of the meeting were agreed as a true and accurate record.**	
GBP/2021/129	**Matters Arising / Action Log** There were no outstanding actions on the action log.	
GBP/2021/130	**Forward Planner –** February meeting Q3 GBAF **The Governing Body NOTED the Planner for information**	
GBP/2021/131	**Any Other Business** None raised.	

DATE AND TIME OF NEXT MEETING

Thursday 14th January 2021 – 9.30am to 11.15am via Microsoft Teams

Signed by: ……. Dated: ……
(Chair)