

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
3rd June 2021 via Microsoft Teams

CONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
Dr Bruce Braithwaite	BB	Secondary Care Consultant
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
Dr Steven Lloyd	SL	Medical Director
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
Martin Whittle	MWh	Lay Member for Patient and Public Involvement

Apologies:

Dr Penny Blackwell	PB	Governing Body GP
Richard Chapman	RCp	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer
Dr Ruth Cooper	RC	Governing Body GP
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Zara Jones	ZJ	Executive Director of Commissioning Operations
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Dr Greg Strachan	GS	Governing Body GP
Dean Wallace	DW	Director of Public Health - Derbyshire County Council
Dr Merryl Watkins	MW	Governing Body GP

In attendance:

Niki Bridge	NB	Deputy Chief Finance Officer
Mick Burrows	MB	Director of Commissioning for MH, LD, ASD, and CYP
Dawn Litchfield	DL	Executive Assistant to the Governing Body/Minute Taker
Suzanne Pickering	SP	Head of Governance

Item No.	Item	Action
GBP/2122/ 049	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/ 050	Questions received from members of the public The following questions were received from Keith Venables:	

1. In relation to Item 061/Martin Whittle/Derbyshire Engagement Committee Assurance Report – page 72

At the moment, members of the public can only learn about the decisions being made by CCG by navigating 297 pages of an online document, only published 6 days before the CCG and then framing a question. This excludes the vast majority of the population. This is clearly not acceptable "engagement"; other CCGs do it differently. It is unlikely that face-to-face CCGs in the near future will make a difference. There are many ways that engagement with the public can be vastly improved. Could you outline what you intend to do about this?

Response: The CCG Governing Body meeting is held as a meeting in public, intended to promote open and transparent decision-making and is not intended as a vehicle for direct engagement with local people. Decisions made by the CCG are reached following discussion with local people where this impacts on services. We are continually engaging with a range of patient groups on a range of matters that inform the decisions made by the CCG. Recently examples have included working with families on our digital mental health offer to inform future contracts, listening to the views of patients on our virtual outpatients' appointments to develop a checklist of good practice and talking with patients to inform our approach to 'Team Up', a service which helps to prevent people being admitted to hospital.

In addition, we have been running our Derbyshire Dialogue sessions since 2020 on a range of topics including mental health, the Covid-19 vaccination programme, urgent care, primary care and other topics. These sessions have proved very popular and we will continue with them through the course of this year and beyond.

The Communications and Engagement Strategy also highlights how we plan to continue to implement and use our range of engagement tools for the future, including our Citizen's Panel for which there will be a renewed recruitment drive, and our new engagement platform, which will be used for a range of matters, including staff engagement.

2. In relation to Item 056/Mick Burrows/2021/22 Operational Plan – Primary Care section of coversheet - page 33

Could you clarify whether the rumour that from the very near future, the NHS is about to sell off patients' data, unless patients explicitly take action to stop this, is true or not. If so, what action can patients take to prevent this?

Response: There have been posts on social media with false information about this matter, which are related to the option to opt out of sharing your data with the NHS. The NHS will never sell patient data and there are strict rules about how the NHS can use your data, largely for direct contact, research or for planning purposes. Data is only ever shared securely and safely.

The ability for patients to opt out of having their data shared for planning and research is available. More details are available here: [More details are available here: National data opt-out - NHS Digital](#)

	<p>3. In relation to Item 073/items from minutes – page 277</p> <p>Is it the case that the CCG will set up a shadow "Governance" committee which then becomes the Derby/Derbyshire ICS? If not, could you explain what is going to happen and if so, what the time scale is? Further, who will be entitled to join the new governing body?</p> <p><u>Response:</u> The White Paper, published in the early part of 2021 set out the government's ambition to create Integrated Care Systems (ICS) that will be responsible for whole population health planning, commissioning, and NHS funding held at system level and will work more formally in collaboration and partnership with the Local Authorities and NHS Providers. The ICS will be a new NHS statutory body. The CCGs will cease to exist, and all their statutory functions will transfer into the new ICSs. It is envisaged that the new ICSs will also have new legal duties.</p> <p>It is planned, subject to new legislation being passed during the summer, that the new ICSs will be operational from April 2022. The new ICSs will have a formal statutory Board, and a new Constitution that will set out how ICSs will discharge legal duties across the system.</p> <p>We are awaiting national guidance and further detail on exactly how ICSs will be governed, which is subject to final agreement by the government during the summer.</p> <p>Responses to these questions will be provided within 7 working days and included in the minutes for completeness.</p>	
<p>GBP/2122/051</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/2122/052</p>	<p>Chair's Report – May 2021</p> <p>AB 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"> • With regard to the blended model of appointments now available in General Practice, it was asked if this has resulted in shorter waiting times for consultations and, if so, whether this is something that should be communicated more widely. AB advised that several consultation methods are now available, and it needs to be ensured that patients are using the right forum for the right purpose. GPs endeavour to 	

	<p>respond to e-consult queries quickly however they sometimes receive hundreds of requests overnight which puts excessive demand on General Practice staff and takes time to process. Sometimes it may be difficult to provide an opinion without seeing someone face to face; therefore e-consult is sometimes used as a form of triage as opposed to a consultation.</p> <ul style="list-style-type: none"> • E-consult is not, however, a way of bypassing receptionists to obtain a quicker appointment and it should not discriminate against people that do not have access to electronic systems; an equitable service needs to be offered to all patients. • Practices will continue to offer a blended approach to consultations, which works well for many patients, sometimes reducing the necessity to attend the surgery. • E-consult is a national initiative which practices had to deliver quickly; a stocktake is required to ascertain how well it is working and if it is being used to its best ability. • It was suggested that the different options available for patients to access advice, i.e. self-care, NHS 111, Pharmacy, need to be communicated more widely in order to help them make the most appropriate choice for their condition. It was confirmed that this is being discussed by the Primary Care Leadership Group. <p>The Governing Body NOTED the contents of the report provided</p>	
<p>GBP/2122/053</p>	<p>Chief Executive Officer’s Report – May 2021</p> <p>Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the meeting papers. In his absence, Helen Dillistone (HD) presented the report, which was taken as read. The following points of note were made:</p> <ul style="list-style-type: none"> • This has been an incredibly difficult and busy month with lots of activity across the System, including the continuation of the COVID-19 vaccination programme. • National guidance has now been revised and the previous 12-week gap between COVID-19 vaccinations has changed to 8 weeks. Work is underway to move through all cohorts before the end of the summer. • Derbyshire is one of the highest performing systems in the country in achieving the rollout; thanks were conveyed to everyone involved in this complex piece of work. • The Derbyshire ICS continues to develop; legislation is awaited in the summer. The CCG will be closing down and transferring its functions into the ICS in April 2022, when the ICS will become the new NHS statutory body. • A question around the Derbyshire ICS boundary has been raised. The Derbyshire boundary does not currently include Glossop; however, it has been questioned as to whether this is right. The CCG is working with its statutory partners to collate views on this matter. • The recovery and restoration of services is a high priority across Derbyshire; through the recovery plan, work is underway to clear back logs and help restore normal waiting times as soon as possible. <p>The Governing Body NOTED the contents of the report provided</p>	

<p>GBP/2122/054</p>	<p>Joined Up Care Derbyshire Board Update – May 2021</p> <p>CC provided a written report, a copy of which was circulated with the meeting papers. In his absence, AB presented the report, which was taken as read. The following points of note were made:</p> <ul style="list-style-type: none"> • The patient story relating to the success of social prescribing in the Erewash area was very informative and well received. • A significant proportion of the meeting was allocated to a discussion around the 'strategic intent' of the ICS. • An update from the System Transition Assurance Sub-Committee was provided for information. <p>The following point of note was raised:</p> <ul style="list-style-type: none"> • The discussions on outlining the overall strategic approach to tackling health inequalities in Derby City were noted. It was requested that a Governing Body Development Session be planned to ensure that Governing Body members are sufficiently sighted on the measures being taken to address the health inequalities in Derbyshire; Dr Robyn Dewis and Dean Wallace will be requested to provide input into this session. This will allow the CCG to set the groundwork and build foundations in preparation to hand over to the ICS. AB confirmed that one of the pillars of the ICS is to address health inequalities and that whatever the CCG hands over will be based on a sound footing. <p>The Governing Body NOTED the contents of the report provided</p>	<p>HD</p>
<p>GBP/2122/055</p>	<p>Primary Care Commissioning Committee (PCCC) - Terms of Reference</p> <p>Helen Dillistone (HD) advised that as part of the Governing Body's six-month review of all Corporate Committees' Terms of Reference, the Primary Care Commissioning Committee's Terms of Reference were reviewed by the PCCC and it was agreed that no amendments were required.</p> <p>The Governing Body APPROVED the Terms of References of the Primary Care Commissioning Committee</p>	
<p>GBP/2122/056</p>	<p>2021/22 Operational Plan</p> <p>Mick Burrows (MB) presented the 2021/22 Operational Plan, which is due for final submission to NHSEI today. The Plan was approved by the Governing Body at its May Confidential Meeting and was taken to the Joined Up Care Derbyshire (JUCD) Board on 27th May.</p> <p>Due to the financial regime currently in place, the Plan refers to what must be delivered over the next 6-month period, relating to 6 core themes:</p> <ul style="list-style-type: none"> • Supporting the health and wellbeing of staff and taking action on recruitment and retention. • Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with Covid-19. • Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services. 	

	<ul style="list-style-type: none"> • Expanding primary care capacity to improve access, local health outcomes and address health inequalities. • Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay. • Working collaboratively across systems to deliver on these priorities <p>The Plan is fully compliant with the exception of Transforming Patient Care. Brigid Stacey (BS) advised that this is a complex programme of work for which the CCG is in escalation with NHSEI; a positive meeting was held last week with NHSEI being supportive of the work undertaken to date. One of the main issues is that the CCG does not currently commission the crisis in the community team, which deals with preventing admissions for patients with autism that find themselves in crisis; however, the CCG is looking to commission this from August. Admissions may continue up to Quarter 3 when the commissioning of this service will start to make a difference. Although the CCG is currently -1 against the trajectory, it is looking to deliver the target in Quarter 1.</p> <p>The following points of note were made:</p> <ul style="list-style-type: none"> • Staff support is the NHS's greatest resource. Staff have had an incredibly stressful year; everything possible needs to be done to keep existing staff in the NHS, and attract new staff. • The booking of patients by NHS 111 into primary care is a good idea and is helping to divert inappropriate patients from A&E; however, it is not always being used appropriately. Some routine issues are being booked into emergency appointments; this is taking appointments away from someone who may be very unwell and needs to be seen. The option of booking into routine GP appointments is not available to NHS 111. MB agreed to pass this information onto NHS 111. • Primary care appointments have now increased; taking into account all aspects, primary care is delivering 10 to 20% more appointments than before the pandemic. • It was considered that it will be challenging to meet the targets set as providers across the System are experiencing pressures recruiting. It was asked if there is any evidence that Derbyshire can compete with other Systems to attract the right talent to underpin the recovery, and it was queried what is being done to recruit to services and prevent blockages. MB advised that, from an NHS perspective, the People Plan includes details on the recruitment and retention of staff and rights to work more flexibly, thus strengthening the work/life balance values. • Different ways to achieve goals are being considered, including the use of staffing resources not used before i.e., youth workers as engagement workers. A clear indicator of success is being able to fill the vacancies; a watch needs to be kept on the data coming through. It was noted that student nurse recruitment has increased by a third since the pandemic. • Deep dives have been undertaken by the CCG's Corporate Committees to gain a better knowledge and understand of certain elements i.e., the Derbyshire People Plan and the Mental Health Plan. • The digital approach to communication has resulted in much quicker and easier access to initiatives such as the vaccination programme; the use of social media is an important issue going forward. 	<p>MB</p>
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	<ul style="list-style-type: none"> It was good to see a focus on learning disabilities and autism in the Plan; this will help to support the respective health needs of individuals. <p>The Governing Body NOTED and DISCUSSED the Derby and Derbyshire Integrated Care System's Operational plan for the period April 2021 to September 2021</p>	
GBP/2021/057	<p>Finance Report – Month 1</p> <p>Niki Bridge (NB) provided an update on the Month 1 financial position. The following points of note were made:</p> <ul style="list-style-type: none"> The indicators have not as yet been set for the delegated primary care commissioning allocation; there is currently an adverse variance of £254k however, additional allocations are expected to cover this expenditure. The Month 1 position for the CCG is showing a slight overspend of £162k; however, the position includes £323k relating to expected reclaimable COVID-19 expenditure for the hospital discharge programme. Details of the System's financial position were not included this month; however, it was confirmed that the finances are on track. There is a slight surplus of £100k in the System as at Month 1. <p>The Governing Body NOTED the following:</p> <ul style="list-style-type: none"> The reported YTD overspend is £0.162m The position includes Covid costs of £0.323m which are expected to be reimbursed The YTD budget is based on the H1 plan submitted in May 2021 	
GBP/2122/058	<p>Finance Committee Assurance Report – May 2021</p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 27th May 2021. The following points of note were made:</p> <ul style="list-style-type: none"> Dr Ruth Cooper has now moved on to chair another clinical committee. As Dr Merryl Watkins has been observing the Finance Committee over the last year, this has been very fortuitous and has proved to be an unintended succession planning move which will address any quoracy issues. The Month 1 accounts demonstrate nothing of concern, however a significant increase in CHC referrals has been seen; the implications of this are being addressed via the good liaison between the finance and nursing teams. BS confirmed that a significant increase in fast track CHC referrals has recently been seen, much higher than pre pandemic levels; this was possibly due to staff wanting to get patients out of hospital quicker. Once fast tracked, patients are reviewed after 3 months; upon review it was considered that some referrals were inappropriate. Training is being given to providers to outline the requirements of fast-tracked referrals and the review process. Action has been taken to respond to the rise in costs and it is not anticipated that this will continue. This assurance was noted. 	

	<ul style="list-style-type: none"> • The Risk Register was reviewed by the Committee and the 2 risks owned by the Finance Committee were considered in detail. In reality, Derbyshire has an underlying deficit which has been masked by the COVID-19 situation; the size and scale of this needs to be addressed by the System as a whole as soon as possible. • The Committee undertook a self-assessment of its own performance based on its Terms of Reference; this was a useful exercise which raised issues around how the Committee reports to itself and to the Governing Body. As a process, this was recommended to all Corporate Committees. <p>The Governing Body NOTED the verbal update provided for assurance purposes</p>	
GBP/2122/059	<p>Audit Committee Assurance Report – May 2021</p> <p>Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 25th May 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The work of the Committee over the preceding year was concluded through the Annual Report and Accounts and the Governance Statement, which were all approved under the delegated authority received from the Governing Body. • The Auditors report will be completed by 15th June. No significant risks have been identified. • The reports will be uploaded to the CCG's website for information. • A copy of all the above reports were provided for members in the confidential session papers. <p>The Governing Body NOTED the contents of the report provided for assurance purposes</p>	
GBP/2122/060	<p>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – May 2021</p> <p>Professor Ian Shaw (IS) provided an update following the CLCC meeting held on 13th May 2021. The report was taken as read and the following point of note was made:</p> <ul style="list-style-type: none"> • The Committee ratified the amended male breast reduction surgery for gynaecomastia. <p>The Governing Body NOTED the contents of the report provided for assurance purposes</p>	
GBP/2122/061	<p>Derbyshire Engagement Committee Assurance Report – May 2021</p> <p>Martin Whittle (MWh) provided an update following the Engagement Committee meeting held on 18th May 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The final draft of the JUCD Communication and Engagement Strategy for 2021-23 was signed off by the Committee before finalisation by the JUCD Board in May. The purpose of the Strategy is to identify how the 	

	<p>Derbyshire ICS will communicate, engage, consult and co-produce the solutions to its transformation, recovery and other agendas in partnership with the citizens of Derbyshire. It builds on what is already in place and on what needs to do done better in the future, set in the context of the White Paper and COVID-19. The Strategy is flexible, not setting out too many detailed actions which will provide scope for change dependent upon what happens going forward. It will remain a live document with new initiatives added on an ongoing basis.</p> <ul style="list-style-type: none"> • The previous consultation into Wards 1 and 2 at London Road Community Hospital was paused due to the pandemic; however, UHDBFT has an urgent need for clinical capacity and a request has been made to move Ward 1 to Tissington House at Kingsway at short notice in order to free up space. This request has been considered by both Health and Scrutiny Committees, which were supportive. A 60-day consultation to permanently move Ward 1 to Tissington House will be undertaken. The Committee will be kept informed of the situation. • The Committee received the latest log of the completed engagement assessment form (S14Z2) relating to patient and public engagement. The log provided assurance that programmes are now recommencing the assessment process post-pandemic and enabled the Committee to understand the breadth of programmes being assessed and highlight any deep dives that may be required. The log will be reviewed monthly in line with legislation. <p>The Governing Body NOTED the contents of the report provided for assurance purposes</p>	
<p>GBP/2122/062</p>	<p>Governance Committee Assurance Report – May 2021</p> <p>Jill Dentith (JD) provided an update following the Governance Committee meeting held on 20th May 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The following policies were approved: <ul style="list-style-type: none"> • Fraud, Bribery and Corruption Policy • Policy Management Framework • The status of the CCG's recovery and restoration plan was reviewed; the majority of actions are now complete therefore it was agreed that a final review will be undertaken of all open actions to identify their closure or future ownership before embedding them into business as usual. • The Contract Oversight Report was noted, and it was confirmed that the contract requirements for the Data Security and Protection Toolkit have been met. It was noted that the Data Security and Protection Toolkit Audit received substantial assurance. • The Governing Body requested that a Staff Survey Action Plan be developed and reported to the Governance Committee. The outcome of the joint Organisational Effectiveness and Improvement Group (OEIG) and the Diversity and Inclusion Network workshop were noted, and it was agreed that the Action Plan could now be closed. • An update was received on the CCG's apprenticeship scheme with assurance provided that the CCG is working through this and supporting the individuals within it. It was recognised that the NHS is the largest UK employer, which has an excellent reputation with career progression 	

	<p>opportunities; it was enquired what the plan is for the System to further create opportunities for young people and pump prime new talent. It was requested that Linda Garnett, the System's workforce and organisational development lead, be invited to talk to the Governing Body about NHS People and Culture development in Derbyshire.</p> <p>The Governing Body NOTED the contents of the report provided for assurance purposes</p>	
GBP/2122/063	<p>Primary Care Commissioning Committee (PCCC) Assurance Report – May 2021</p> <p>Professor Ian Shaw (IS) provided a verbal update following the PCCC meeting in public held on 26th May 2021. The Terms of Reference were discussed and approved with no amendments, in preparation for presentation to the Governing Body today.</p> <p>The Governing Body NOTED the verbal update provided for assurance purposes</p>	
GBP/2122/064	<p>Quality and Performance Committee (Q&PC) Assurance Report – May 2021</p> <p>Andrew Middleton (AM) provided an update following the Q&PC meeting held on 27th May 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The forecast increase in demand for children and adult safeguarding services has now materialised; investment into these areas has helped to provide resilience and capacity to cope with the increased activity. • Increases in 'hear and treat' and 'see and treat' have been an effective way of meeting patients' needs and managing demand by saving conveyancing and hand over time. • The JUCD Operating Framework/Quality Architecture was received, and the Committee was assured that the local architecture will deliver the national requirements for quality and safety. • The Stroke Service Report references the audit rating in stroke services at UHDBFT. This was discussed in full at the meeting and the Committee was assured that the CCG is fully sighted on this matter. BS confirmed that UHDBFT's move from a 'C' to 'D' rating relates to CT scans undertaken upon arrival at the Emergency Department. An onsite visit of the stroke pathway was recently undertaken, where support was offered to help resolve any issues. UHDBFT has now moved back to a 'C' rating however long-term measures will be implemented to further improve the rating. • It was noted that the stroke service at CRHFT has now moved out of escalation with NHSEI. The future configuration of stroke services as a whole is currently being considered regionally, with an ambition for a sustainable stroke service to be procured and delivered on an ICS footprint going forward. <p>The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks</p>	

<p>GBP/2122/065</p>	<p>CCG Risk Register – May 2021</p> <p>This report highlights areas of organisational risk recorded in DDCCG’s Corporate Risk Register as at 31st May 2021. All risks in the Risk Register are allocated to one of the CCG’s Corporate Committees which reviews them on a monthly basis. Since the last meeting there has been a decrease in score for one risk as detailed below.</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 2021 • Appendix 2 which summarises the movement of all risks in May 2021 • The decrease in score for one risk: <ul style="list-style-type: none"> ○ Risk 28 relating to the increase in safeguarding referrals 	
<p>GBP/2122/066</p>	<p>LeDeR Annual Report 2021-22</p> <p>BS presented this report which was considered to be a good news story. This programme of work has been invested in and all targets have been achieved. Although all reviews have been allocated, four are still on hold due to coroner or police investigations as a result of the pandemic.</p> <p>The Governing Body NOTED the report for information</p>	
<p>GBP/2122/067</p>	<p>Transforming Care Partnership Report 2021-22</p> <p>BS presented this report. This remains a complex programme of work and the CCG is doing everything possible to ensure delivery for patients</p> <p>The Governing Body NOTED the report for information</p>	
<p>GBP/2122/068</p>	<p>Joined Up Care Derbyshire Board – Ratified Minutes – April 2021</p> <p>The Governing Body RECEIVED and NOTED these minutes</p>	
<p>GBP/2122/069</p>	<p>Derbyshire County Council Health and Wellbeing Board – Ratified Minutes - April 2021</p> <p>The Governing Body RECEIVED and NOTED these minutes</p>	
<p>GBP/2122/070</p>	<p>Ratified Minutes of DDCCG’s Corporate Committees:</p> <ul style="list-style-type: none"> • Audit Committee – 24.4.2021 • Engagement Committee – 16.3.2021 • Governance Committee – 11.3.2021 • Primary Care Commissioning Committee – 28.4.2021 • Quality and Performance Committee – 29.4.2021 <p>The Governing Body RECEIVED and NOTED these minutes</p>	

GBP/2122/071	South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – May 2021 The Governing Body RECEIVED and NOTED the report	
GBP/2122/072	Minutes of the Governing Body meeting in public held on 6th May 2021 The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held	
GBP/2122/073	Matters Arising / Action Log There were no outstanding action items for consideration at this meeting.	
GBP/2122/074	Forward Planner Linda Garnett will be invited to the July meeting to discuss the work of the People and Culture Board and the People Plan. A session on the health inequalities strategy was also requested. The Governing Body NOTED the Planner for information	HD
GBP/2122/075	Any Other Business None raised.	
DATE AND TIME OF NEXT MEETING - Thursday 1 st July 2021 – 9.30am to 11.15am via Microsoft Teams		

Signed by:Dr Avi Bhatia..... Dated:1.7.2021.....
(Chair)