Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
3rd March 2022 via Microsoft Teams

CONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
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
Jill Dentith	JD	Lay Member for Governance
Dr Buk Dhadda	BD	Governing Body GP
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Ian Gibbard	IG	Lay Member for Audit
Zara Jones	ZJ	Executive Director of Commissioning Operations
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Andrew Middleton	AM	Lay Member for Finance (part meeting)
Dr Emma Pizzey	EP	Governing Body GP
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
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
Dr Robyn Dewis	RD	Director of Public Health – Derby City Council
Dr Steven Lloyd	SL	Medical Director
Brigid Stacey	BS	Chief Nursing Officer
Dean Wallace	DW	Director of Public Health – Derbyshire County Council

In attendance:

Kate Brown	KB	Director of Joint Commissioning and Community Development (Item 262 only)
Tracy Burton	TB	Deputy Director of Quality and Associate Chief Nurse
Dawn Litchfield	DL	Executive Assistant to the Governing Body / Minute Taker
Kirsty McMillan	KM	Director – Integration & Direct Services – Derby City Council (Item 262 only)
Suzanne Pickering	SP	Head of Governance

Item No.	Item	Action
GBP/2122/255	**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/2122/256	**Questions received from members of the public** No questions were received from members of the public.	

GBP/2122/257	**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 Item 267 – PCCC Assurance Report – February 2022 – Dr Emma Pizzey (EP) declared a conflict of interest in this item. The business case application for the full practice merger between Littlewick Medical Practice (where EP is a GP partner) and Dr Purnell's practice in Ilkeston was discussed at the PCCC meeting. As this is not a decision item it was agreed that EP would remain in the meeting but would not partake in any discussions that may arise in relation to this matter. Item 270 – Ratified minutes of corporate committees – PCCC – 26.1.2022 – Dr Penny Blackwell (PB) declared a conflict of interest in this item. PB is a GP Partner of the practice that has taken over the Hulland and Brailsford practice, which was discussed at the PCCC meeting in January. As this is not a decision item it was agreed that PB would remain in the meeting but would not partake in any discussions that may arise in relation to this matter. Jill Dentith (JD) advised that the dates for her commitments to STHFT have been updated; the register will be amended accordingly. No further declarations of interest were made, and no changes were requested to the Register of Interests.	
GBP/2122/258	**Chair's Report – February 2022** AB presented a report, a copy of which was circulated with the meeting papers; the report was taken as read and no questions were raised. **The Governing Body NOTED the content of the report provided**	
GBP/2122/259	**Chief Executive Officer's Report – February 2022** Dr Chris Clayton's (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: • The COVID position has altered in line with the national position. Although public policy has changed in recent weeks, COVID remains active; the steady stream of patients being admitted into hospital with COVID are being managed. • The COVID Vaccination programme remains live and active. • The Non-Executive Member (NEM) appointments to the Integrated Care Board (ICB) were confirmed in the report. • Admiration was given to the Local Health Resilience Partnership for responding to and overcoming the challenges caused by the recent flooding across the county.	

	• Confirmation has been received that the boundary changes with Glossop will take place from 1st July 2022, with the creation of the ICB. • The CCG remains committed in its support of the challenges faced by the System; there is still a high level of escalation in situ. • The Elective Recovery Plan has now been published nationally, the response to which will be presented to the Governing Body and relevant sub-committees in due course. Derbyshire continues to have high waiting list numbers, with backlogs for elective care treatment which have exacerbated over the course of the pandemic. • Section 2 provided details of the regular meetings attended by the CEO on behalf of the CCG and Derbyshire System. • Sections 3 and 4 provided updates on Local and National developments. The following questions were raised: • Concern was expressed that Derby City seems to have gone back to normal with very little mask wearing being seen, apart from in healthcare settings; trying to persuade unvaccinated patients to have the vaccine is almost impossible, as they consider the pandemic to be over. Although there will be a new wave of vaccinations in April for the elderly and young children, there is a need to continue to push the vaccination message. CC welcomed this feedback on the challenges; it is important to promote the vaccination programme as it has made a huge difference in keeping people safe and continues to do so. The most seriously unwell people with COVID are more likely to be those that are unvaccinated. The targeted phase now is the hesitative / resistant group. It is important to keep the momentum going. • The hospital consultants pension situation will limit the hours they are able to work without being penalised; this is creating issues when trying to obtain senior staff to undertake extra work to help recover the backlog. CC recognised this concern, which is a known national challenge, particularly in relation to the elective backlog and supporting clinicians to be able to do more work where they able to do so. • It was queried whether the NHSE Delivery Plan relating to the elective backlog would have implications locally and, if so, whether there is any funding attached. CC advised that there will be implications for the CCG, and subsequently the ICB, both of whom will contribute to the national delivery. There is currently a significant challenge relating to the orthopaedic waiting list at UHDBFT. One of the biggest requests is to eliminate the 104-week wait position by Quarter 1 of 2022/23. Whilst the plans are clear, the System has been minded to, and planning for, this situation for some time; throughout the pandemic, one of the key objectives has been to maintain acute care for COVID and urgent non-COVID patients and prioritise elective work. Zara Jones (ZJ) advised that the Annual Operating Plan for 2022/23 currently being compiled, will contain an element of elective care. The Plan is being worked through with System colleagues and there will also be ongoing work as the position develops. Richard Chapman (RCp) advised that additional funding will be made available for the Elective Recovery Plan; however, it will have criteria attached to it. One of the key barriers to reducing the backlog is the availability of acute beds; the health and care System needs to ensure that it has available beds to support increased theatre capacity.	

	The Governing Body NOTED the content of the report provided	
GBP/2122/260	**Section 75 Arrangements and Year End** Richard Chapman (RCp) advised that, through joint system working, the H2 financial gap has been closed and the latest 2021/22 Risk Adjusted Forecast Outturn range is between £10m and £20m non-recurrent surplus, most of which sits with the CCG. If the CCG delivers a surplus, there is a risk that the benefit would be lost to the System. This has created an opportunity for flexibility at year end and a proposal has been developed to utilise it creatively, within the bounds of allowability. It is proposed to increase the CCG's contribution to the Better Care Fund (BCF), for services provided in the current financial year, by £10m; this would allow Derbyshire County Council (DCC) to carry forward an equivalent value in its reserves which could be utilised in the creation of a 'Community Future Fund' to accelerate transformation of Place under a new Section 75 Agreement in future years. These are CCG allocations which the Governing Body has discretion to commit. The fund will be jointly controlled by DCC, Derby City Council and the ICB. The fund will help to exacerbate transformation and alleviate the pressure on acute beds. NHSEI has been sighted on, and are comfortable with, the proposal. The External Auditors, KPMG, have been consulted and are assured that the payment is for services received in the current financial year; they are therefore comfortable with the arrangement. The fund will not be created using Derbyshire County taxpayers' money therefore can be used across both Derbyshire County and Derby City areas. Ian Gibbard (IG), as Chair of the Audit Committee, supported the proposal which was deemed to be a sensible way forward. It has also been considered by the CCG's and System's Finance Committees where it was supported. **The Governing Body APPROVED a proposed non-recurrent increase in the NHS contribution to the Derbyshire County Better Care Fund for 2021/22, recognising that this action will free up £10m of Derbyshire County Council reserves, which will be utilised in future years to create a jointly controlled 'Community Future Fund' to accelerate the delivery of community transformation**	
GBP/2122/261	**Strategic update on the ICB arrangements and emerging policy and legislation** AM joined the meeting at this point CC considered that the Governing Body would welcome an update on some of the recent policy developments in terms of the Government's White Papers, reforms, and Parliamentary Bills; this provides a chance to reflect on the important changes to be made, which mirror the strategic directions sought by the Governing Body around the integration agenda with health and social care. Helen Dillistone (HD) gave a presentation, a copy of which will be circulated post meeting. The following information was outlined: • Details of the timeline for the ICB creation were provided for information.	

	• Details of emerging legislation and policy were set out, including the White Papers on Integration, Levelling Up and Adult Social Care reform CC added that an important concept, which has been building for some time, is the importance of Place in the Health and Social Care White Paper and the concept of bringing accountability together around Health and Social Care budgets. Shared accountability and leadership with a single accountable person over a single health and social care budget is currently undergoing engagement and discussion; the outcome is awaited. Derbyshire has been taking this direction of travel for some time now in relation to Place and COVID-19 decisions across the whole health and social care system. The following questions were raised: • The target for implementation of the Shared Care Record is 2024; a comment was made that ICSs will be mandated to have something in situ this year - clarification was requested on this. HD advised that this will be an incremental development; the White Paper takes it further to build on the work already underway to formally bring everything together. It is a step towards what needs to be implemented over the next 12 months. • It was queried as to what the number of Places for Derbyshire will be - two has previously been quoted; it was enquired whether there has been any challenge to this number over such a large geographical area, particularly relating to the Glossop inclusion. Penny Blackwell (PB) confirmed that there will be two Places, Derby City and Derbyshire. Derby City will be able to go further faster as they are already working as a unit, whilst there is still work to do in Derbyshire on bringing together the seven Place Alliances. The thoughts already given to this align to the direction given in the White Paper. Whilst there is no doubt that it will be a challenge to create a Derbyshire Place entity, the desire is there to do it and the culture is already set up. Glossop will be an exciting addition; the High Peak Place Alliance is in a particularly good position in terms of its maturity. Glossop could not be working with a better Alliance. The seven Place Alliances are ready and willing to take on more decision making and become more accountable should they be requested to do so. The Executive Team will be guided by the Governing Body as to the level of detail required in future on important policy changes. **The Governing Body NOTED the presentation provided**	
GBP/2122/262	**JUCD Community Transformation Plan – Team Up's Evolution** Kirsty McMillan (KM), Director of Integration at Derby City Council and Kate Brown (KB), DDCCG's Director of Joint Commissioning and Community Development, gave a presentation on the JUCD Community Transformation Plan, Team Up's Evolution, a copy of which was circulated prior to the meeting. The refreshed Community Transformation Programme will be about improving the health and wellbeing, primarily of older people and other key cohorts, living in Derby and Derbyshire. Work has been undertaken to produce a range of improvement frameworks to provide an overarching version to guide planning and delivery in relation to improving the health and wellbeing of the older person. This will help to achieve three broad impacts to align the focus of all existing (and new) programmes of	

	work. The implementation of ten Sentinel outcome measures will provide an understanding as to whether the Community Transformation Programme is generating impacts for older people. These impacts are: • Improved health and wellbeing • Enhanced quality of care • Value and sustainability The following points were noted: • There is ongoing work between System partners, to focus on coordinating and supporting individuals through the Ageing Well Agenda. • The NHS has recently been exposed to the capacity challenges of non-NHS activity, particularly the social care workforce pressures; there is an increasing demand issue alongside a staffing supply shortage. • There is need to change the current narrative and create an alternative community offer / model, as the scale of the challenge is too great to continue at the current pace. Building on the strengths and abilities of individuals to support themselves to find solutions that work best for them, will allow people to take re-control of their own lives. • The NHS, nor the Local Authority, can manage demand on their own; they will have to pull together and include the private and voluntary sectors, both of which are huge deliverers of care. • The Local Authority has progressed considerably with direct payments to help people have control of the resources they require. • The existing planning submission and transformation programme has a number of components that could be used to monitor and measure the programme's outcomes. Pulling together existing areas of work will have the biggest impact on available scarce resources and help deliver the joined-up care agenda. • This work will be routed in Place; the Integrated Place Executive will own this and drive it at Place level, moving it forward to engage partners, and build on what is already in existence. A focus on engagement will be required to achieve behavioural change. KB added that, whilst we are trying to develop and build on the foundations of Place Alliances, and moving them into ICS Place partnerships, there is already a programme of work to galvanise efforts and shift the focus to individuals and communities, looking at the wider outcomes and inequalities rather than the acute activity focus previously undertaken. The following questions were raised: • It was enquired how the SMART objectives will be focused upon and how it will be demonstrated to the System that this is a better way to address the health and wellbeing of a population. Examples were requested. KB responded that part of this is about bringing together existing pieces of work that have sometimes not been joined up as well as they could be. Individual projects and programmes will be tracked, however a sense of the overall direction at a local Place level is required for them to own and drive the changes. Those issues that will have the biggest impact will be considered first; this will help to turn ambitions into measurables to know where to focus. The Population Health Management launch is taking place today, where conversations will be held around opportunities to reduce falls and addressing inequalities amongst other things. There are many active projects which will help to drive a cultural shift.	

	KM added that this is a potentially challenging, exciting, and rewarding approach; we cannot afford not to do things differently, as we cannot go through another winter with escalations and crises, being helpless in finding solutions due to demand outstripping the ability to support people. It will be a cultural change programme as well as a transformational programme. There are many examples where a different approach has produced a better outcome. Individuals need to be made aware of how small-scale interventions can make huge changes to their lives. Team Up's early interventions have led to individuals feeling more empowered and better able to cope. This alternative approach will allow more time for those people with complicated needs. KM confirmed that the existing resources will be used more wisely, as there will be no additional funding available for this programme. • This is a very ambitious plan. There is no disputing the need for joint working between health and social care, as so much of a person's health is determined by their social situation; shared accountability and responsibility is paramount to this. • Pressures are already being seen across the System particularly around Team Up not being able to provide a universal offer for all patients; there are areas that cannot be covered due to capacity issues. For this to work everyone needs to take responsibility for providing cover; it was enquired how this will be tackled. KM responded that this can only be done by collaboration, putting organisational objectives to one side, and thinking about the wider System and individuals' outcomes; this is what the White Paper is trying to achieve. It will be challenging and there may well be organisational change because of it; however, it will not be possible to level up resources without doing something radically different. • It was asked how organisations will hold each other to account. KM advised that this has already been achieved in some areas. Getting buy-in around shared outcomes will be a necessity; if people sign up to the same outcomes, they will hold each other to account by demonstrating what is working well and if not address why. If the people required to deliver the change own it and lead on it, it will become more successful. • There are already many social prescribers as part of the PCNs who do a lot of the work to ascertain what is available, for example social and exercise groups; it was enquired whether this has been factored in and utilised. KM confirmed that the plan is very much to build on social prescribing; the strength-based approach will engage, learn, and expand from this to be more of a default where appropriate. • The home visiting service is fantastic in Derby City, it provides holistic care and makes a real difference to the patients; however, it falls down on capacity, as by 9.30am there is no availability therefore a GP or ANP has to visit to assess the individual problem, as opposed to providing holistic care. This is an opportunity missed. KM responded that social care and occupational therapy is gearing up to work with the PCN to broaden capacity as far as possible. • It was suggested that, by making use of the tradesmen/women who have regular contact with vulnerable patients, any health and wellbeing concerns could be acted upon before medical or social problems develop. It was enquired whether there is a mechanism for these concerns to be raised. KM considered this to be a good point. During the pandemic people had a lot of contact with vulnerable individuals. There is a need to make every contact count. In the care sector, private providers deliver care, therefore the barriers are broken down to work closely with them to support people in communities. Providing the wider members of society, who are interacting with vulnerable people, with a single contact point could prove advantageous. An ambition could be set	

	to publicise how citizens could pass on genuine concerns; it was suggested that Care Coordinators could act as points of contact for these concerns. • This plan is something that has been worked towards for a long time now and is an opportunity to put the patient at the centre of what we do. When measuring outcomes, by looking at the numbers it is hard to demonstrate savings to the System in a short period of time. Some good services which were delivering outcomes, have not been taken forward due to them being unable to prove their viability. There is a need for everyone to have faith that this is the right direction of travel. • There are massive challenges with the workforce. The home visiting service is just one model which could be tweaked to provide better delivery. **The Governing Body NOTED the presentation provided**	
GBP/2122/263	**Finance Report – Month 10** RCp provided an update on the financial position as at Month 10 (H2). The following points of note were made: • All targets will have been met at M10. • The CCG is anticipating receipt of £3.057m COVID reimbursement, £248k Winter Access Funding and £235k Additional Roles Reimbursement; once received, the Year To Date (YTD) underspend at M10 will be £140k. • The forecast outturn has moved to a £468k surplus following receipt of material late allocations, a balance sheet review, and the commitment to make an additional non-recurrent payment to the Better Care Fund. • Running costs remain underspent YTD although commitments have been made in response to the pandemic, driven pressures, planning requirements and the development of the ICS, which will reduce the forecast outturn underspend to just under £1m against a YTD surplus of just over £2m. • £2.937m of the H2 contingency has been released into the YTD position in line with the agreed plan. • The bridge between the extrapolation of YTD expenditure and forecast outturn was noted. The largest elements of the variation are Additional Roles Reimbursement expenditure and Winter Access Funds in Primary Care Co-Commissioning. It also includes material sums yet to be committed for mental health, and hypothecated funds yet to be distributed for cancer recovery, ambulance services and discharge support. • There are some movements the other way which reduce the YTD run rate in acute, community and primary care services, where funding provided in H1 is not anticipated in H2. **The Governing Body NOTED the following:** • **Allocations have been received for the full year at £2.097bn** • **The YTD reported underspend at month 10 is £0.140m** • **Retrospective allocations received for Half 1 Covid spend on the Hospital Discharge Programme and vaccination inequalities were £5.498m; further funding is expected of £3.057m relating to month 7 to 10**	

	• **Additional anticipated funding includes:**
	
	  • **Elective Recovery Fund reimbursed £0.713m for April to January with an additional £0.107m received for months 10-11; the expectation is this will be returned to NHSE as we do not anticipate the activity**
	  • **Winter Access fund £0.248m YTD and forecast to spend and reimbursed £2.471m**
	  • **Additional Roles Reimbursement Scheme £0.235m YTD and forecast to spend and receive £5.759m**
	
	• **The year-end position is forecast at £0.468m surplus**	

GBP/2122/264	**Finance Committee Assurance Report – February 2022** Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 24th February 2022. The following points of note were made: • The February meeting was a CCG Finance Committee meeting only not a joint CCG Finance and System Finance and Estates Committee (SFEC) meeting. An SFEC meeting was held yesterday which most of the CCG Finance Committee members were able to attend. • The Committee discussed next year's financial allocations which are currently unprecise. • The Committee was pleased to vote £10m into the Community Transformation Fund; this coincided with the planning of a deep dive into the governance and structure of the Better Care Fund (BCF). This will be timely for demonstrating the value of the existing and additional money, totalling more than £100m, and has the potential to be a proactive change budget. • This was Niki Bridge's last Finance Committee meeting prior to her leaving the CCG. • It was suggested that it would be useful for the Governing Body to be updated on the work being undertaken by Craig Cook on the Central Intelligence Agency and Maria Riley on the Efficiencies Programme. This would enable constructive feedback to be provided. • Safe outcomes are anticipated for this financial year and the preparations for the ICS are going well. **The Governing Body NOTED the verbal update provided for assurance purposes**	**AB/CC**
GBP/2122/265	**Clinical and Lay Commissioning Committee (CLCC) Assurance Report – February 2022** Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 10th February 2022. The report was taken as read and no questions were raised. This was RC's last meeting as Chair of the CLCC; RC was thanked for being such an excellent Chair of the meetings over the past few years. RC was wished well for the future. **The Governing Body NOTED the paper for assurance purposes and RATIFIED the decisions made by the CLCC**	

GBP/2122/266	**Governance Committee Assurance Report – February 2022** Jill Dentith (JD) provided an update following the Governance Committee meeting held on 10th February 2022. The report was taken as read and the following points of note were made: • The Committee received and approved the updated Health and Safety policy. • A discussion was held around the estates position, the current amber status and how this is being communicated to staff. The opportunities provided in relation to the different working arrangements and how they will be played out in the longer term were also considered. • A report was received on Quarter 3 Freedom Of Information (FOI) requests. It was noted that 2 FOI requests exceeded the statutory deadline of 20 working days during the Christmas period of Quarter 3; however, assurance was provided that the position has been reviewed and the issue will not occur again as part of any cover arrangements. • Policy development for the ICB was discussed and consideration was given as to how the policies would be approved and ratified going forward; assurance was provided that this work is ongoing. • Risk 32 was initially decreased but subsequently closed through virtual consideration by the Committee. **The Governing Body NOTED the paper for assurance purposes**	
GBP/2122/267	**Primary Care Commissioning Committee (PCCC) Assurance Report – February 2022** EP declared a conflict of interest in relation to this item Professor Ian Shaw (IS) provided an update following the PCCC meeting held on 23rd February 2022. The following points of note were made: • The Committee approved the full merger of Littlewick Medical Centre and Dr Purnell's practice in Ilkeston with effect from April 2022. The closure of the premises situated at Ilkeston Health Centre, with effect from April 2022, was agreed following a patient and stakeholder engagement. All staff and services will be provided from Littlewick Medical Centre. There will be no change to the combined practice boundaries. The Committee was satisfied with the business case and accepted that the patient consultation was compliant. • The Month 9 Finance Report was received. • No changes were made to the risk ratings this month. • An update was provided on the St Thomas Road GP Practice – APMS contract procurement. • The Primary Care Quality and Performance Public Assurance Report for Quarter 3 was received. • It was noted that the Village Surgery Care Quality Commission Inspection Outcome was rated inadequate. **The Governing Body NOTED the paper for assurance purposes**	

GBP/2122/268	**Quality and Performance Committee (Q&PC) Assurance Report – February 2022** Dr Buk Dhadda (BD) provided an update following the Q&PC meeting held on 24th February 2022. The report was taken as read and the following points of note were made: • The Committee is acutely aware of the performance issues with the two-week breast symptoms clinic and are keeping a close eye on this. A System-wide review was undertaken of the service last month, the outcome of which will be received by the Committee in March; the Governing Body will be updated accordingly next month. • The Committee approved the reply to the Derbyshire County Council care homes consultation around residential care facilities being closed in Derbyshire due to modernisation. The response will be sent from the CCG Chair. • Christine Urquhart is retiring from the CCG at the end of February. Christine has done some fantastic work on cancer care across the whole of Derbyshire over many years. Thanks were conveyed to Christine who was wished a happy and healthy retirement. **The Governing Body NOTED the paper for assurance purposes**	
GBP/2122/269	**CCG Risk Register – February 2022** HD advised that this report highlights areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 28th February 2022. All risks in the Register are allocated to one of the CCG's Corporate Committees which reviews them on a monthly basis to ascertain whether any amendments in risk score are required. No changes have been made to the risk scores since the last meeting. Work is ongoing behind the scenes to ensure that a closing and opening position of the risks is undertaken in preparation for April; this is slightly complicated by ICB timescales. The work will need to be undertaken in the first quarter of the next financial year; this will help to shape the work going into the ICB where it is appropriate to do so. Further discussions will be held within the Corporate Committee meetings over the next few months. **The Governing Body RECEIVED and NOTED:** • **The Risk Register Report** • **Appendix 1 as a reflection of the risks facing the organisation as at 28th February 2022** • **Appendix 2 which summarises the movement of all risks in February 2022**	
GBP/2122/270	**Ratified Minutes of DDCCG's Corporate Committees:** • Governance Committee – 11.11.2021 • Primary Care Commissioning Committee – 26.1.2022 – PB declared a conflict of interest in relation to this paper • Quality and Performance Committee – 27.1.2022 **The Governing Body RECEIVED and NOTED these minutes**	

GBP/2122/271	**South Yorkshire and Bassetlaw – ICS CEO Report – February 2022** **The Governing Body RECEIVED and NOTED to update provided**	
GBP/2122/272	**Minutes of the Governing Body meeting in public held on 3rd February 2022** **The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held**	
GBP/2122/273	**Matters Arising / Action Log** Action Log – February 2022 – No outstanding items	
GBP/2122/274	**Forward Planner** **The Governing Body NOTED the Planner for information**	
GBP/2122/275	**Any Other Business** As previously mentioned, RC is retiring from the CCG this month; therefore, it was her last Governing Body meeting today. RC was thanked for all her help over the years for every aspect of the work she has undertaken for the NHS. RC thanked everyone for their kind words. It has been a pleasure and privilege to work with the CCG and to be given the opportunity to make a difference. Everyone has supported each other through the challenging times but worked through them and come out the other side. Particularly after this morning's presentations, RC feels that we can start to make a big difference and build upon the work undertaken over last 3 years as a CCG.	
DATE AND TIME OF NEXT MEETING – Thursday 7th April 2022 at 9am via MST		

Signed by: ……Dr Avi Bhatia…… Dated: ……7.4.2022……
(Chair)