

**Derby and Derbyshire CCG Governing Body Meeting in Public**  
**Held on**  
**4<sup>th</sup> March 2021 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 (part meeting)
Dr Ruth Cooper	RC	Governing Body GP
Jill Dentith	JD	Lay Member for Governance
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
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Brigid Stacey	BS	Chief Nursing Officer
Dr Greg Strachan	GS	Governing Body GP
Dr Meryll Watkins	MW	Governing Body GP
Martin Whittle	MWh	Lay Member for Patient and Public Involvement

**Apologies:**

Dr Bruce Braithwaite	BB	Secondary Care Consultant
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Dr Buk Dhadda	BD	Governing Body GP
Dr Emma Pizey	EP	Governing Body GP
Dean Wallace	DW	Director of Public Health - Derbyshire County Council

**In attendance:**

Ilona Davies	ID	Executive Assistant (shadowing)
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

Item No.	Item	Action
<b>GBP/2021/182</b>	<b>Welcome, Apologies &amp; Quoracy</b>  Dr Avi Bhatia (AB) welcomed members to the meeting.  Apologies were received as above.  It was confirmed that the meeting was quorate.	
<b>GBP/2021/183</b>	<b>Questions from members of the public</b>  No questions were received from members of the public.	

<p><b>GBP/2021/184</b></p>	<p><b>Declarations of Interest</b></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: <a href="http://www.derbyandderbyshireCCG.nhs.uk">www.derbyandderbyshireCCG.nhs.uk</a></p> <p><u>Item 188 – Vaccine Programme Update</u> – All Governing Body GPs declared an interest in this item as they will receive Directly Enhanced Services (DES) funding for administering the COVID-19 vaccines. As this is not a decision item it was agreed that all GPs would remain in the meeting but would not partake in any discussions that may arise in relation to this matter.</p> <p>No further declarations of interest were made and no changes were requested to the Register of Interests.</p>	
<p><b>GBP/2021/185</b></p>	<p><b>Chair's Report</b></p> <p>AB provided a written report, a copy of which was circulated with the papers; the report was taken as read. Of particular note is the ongoing vaccination programme and the hard work being put in to achieve success and make continued progress.</p> <p><b>The Governing Body NOTED the contents of the report</b></p>	
<p><b>GBP/2021/186</b></p>	<p><b>Chief Officer's Report</b></p> <p>Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the papers. The report was taken as read and the following points of note were made by Helen Dillistone (HD) in CC's absence:</p> <ul style="list-style-type: none"> <li>• Details of the vaccination programme will be covered later in the meeting by Dr Steve Lloyd (SL).</li> <li>• Since the last report a well-received visit from the Prime Minister to the Vaccination Centre at Derby Arena has taken place, where he met both staff and patients.</li> <li>• A roadmap for the progressive easing of lockdown has now been issued by the Government; although this is encouraging news, it will require cautious management in order to progress in accordance with the set timescales. It is tempered by the fact that the System is still under significant pressure as it continues to support the full range of health and care needs for COVID and non-COVID patients.</li> <li>• Work continues across the Derbyshire System towards becoming an Integrated Care System (ICS). The Government's White Paper, published on 11<sup>th</sup> February 2021, confirmed some of the key aspects and features of ICS's.</li> <li>• Dedicated virtual Team Talk sessions are held on a weekly basis for all CCG staff in order to provide opportunities for them to contribute towards the shaping of the transition into an ICS. A number of workstreams are</li> </ul>	

	<p>to be developed in order to continue to involve staff in this ongoing process.</p> <ul style="list-style-type: none"> <li>• CC has attended a plethora of meetings in support of the System, details of which were provided for information.</li> </ul> <p>The following questions were raised in relation to this report:</p> <ul style="list-style-type: none"> <li>• The ICS proposals have been known about for a while now; it was enquired how a response would be characterised in the middle of everything else that is currently going on and what the staff reaction had been. HD confirmed that on the whole the staff were not surprised by the contents of the White Paper; the proposals are a natural progression to the way in which the CCG has been working. The ICS will be constructed as an NHS body which will set out its ambition through the Joined Up Care Derbyshire (JUCD) work to facilitate the changes; it inevitably comes with uncertainty as to how it will look. This is the first time that an employment guarantee has been provided for staff below Board level, which is encouraging. In terms of what the jobs will look like, work is to be undertaken to understand this better. Open and regular conversations will continue to be held with staff for some time, recognising that this represents significant change.</li> <li>• There have been recent headlines in the newspapers about organisations closing their office bases; although the employment guarantee is important, and might not be the same job in the same place, it was enquired how confident the CCG is that flexible working will be part of the strategy going forward. HD responded that the CCG will not return to being a solely 'office based' organisation, with staff having to travel across the county. The learning taken and IT investment made during the pandemic will be used to enable staff to continue to work flexibly, creating a balance between functions that could be done virtually whilst maintaining an office presence. Staff have valued the high degree of flexible working, that has been both productive and efficient for the CCG. It was recognised that it may not be possible to have a fully virtual organisation therefore thought needs to be given towards the future operating model of the CCG going into the ICS. System partners also need to be thinking along similar lines in order to create a resilient, adaptive workforce, and manage cost bases.</li> </ul> <p><b>The Governing Body NOTED the contents of the report</b></p>	
<p><b>GBP/2021/187</b></p>	<p><b>DDCCG Financial Planning and Budget Setting 2021/22</b></p> <p>Richard Chapman (RCp) advised that normally at this time of year the CCG would be completing the Operational Plan and presenting an Annual Budget to the Governing Body for approval; however the guidance for 2021/22 is currently being developed by NHSEI and the full extent is not expected until the first quarter of 2021/22. This paper set out how the CCG is proposing to proceed with establishing planning and budgeting while the guidance is being developed.</p> <p>NHSEI has advised that for the first quarter of 2021/22 the financial regime instigated for the second half of 2020/21 will continue, whereby specific System allocations will be given to the CCG to reflect the pandemic and Providers will receive nationally calculated block contracts. When the CCG</p>	

is notified of these allocations it will work with its Derbyshire System partners to agree the distribution of these resources.

It has become apparent that there will be some differences involving individual contracting decisions being made. In 2019/20 the CCG had contracts with two acute Independent Sector elective Providers, the Nuffield, Derby and Practice Plus, Barlborough, for the provision of elective care to CCG patients. During the COVID pandemic, these contract arrangements were rescinded nationally by NHSE and new national contracts implemented. The NHSE contracts expire on 31<sup>st</sup> March 2021 and NHSE confirmed that new CCG contracts are required in order to maintain activity with these Providers from 1<sup>st</sup> April 2021. A new national Procurement Framework has been implemented for Independent Sector Providers which will ensure compliance with Procurement Regulations of any new contract awards. It is proposed that, initially, a direct contract award be made to both Providers under this Framework in order to secure activity from 1<sup>st</sup> April 2021 in the short timescale available. Under the terms of the Framework, direct award contracts may only run for 6 months and then have to be replaced by competitively awarded contracts. It was queried whether 6 months would be an adequate timescale in which to replace these competitive contracts. RCp advised that a plan is being worked through to identify capacity from the Independent Sector directly in order to provide support for Acute Hospitals. There is a national steer that Quarter 1 will be used to set contracts during Quarters 2 to 4.

Quarter 1 will be used to develop a System Operational Plan for the remainder of 2021/22. The expectation is that this will be much like the years prior to the pandemic, with a greater understanding of recurrent financial positions and a goal of creating a Derbyshire Healthcare System with a sustainable financial position. The CCG and Derbyshire System will be expected to enter the second quarter of 2021/22 with an agreed Operational Plan, an agreed Control Total and an efficiency requirement to deliver that Control Total.

It is known that the Derbyshire Healthcare System exited 2019/20 with a circa £125m efficiency gap. Delivering an Operational Plan will identify the following:

- Affordability gap - closed by cash releasing efficiencies; and
- Capacity gap - closed by service transformation to drive the more efficient utilisation of that capacity, which is affordable.

The efficiency gap will be challenging, but for the first time it will be owned by the whole Derbyshire System; this will ensure a more joined-up approach to delivering the efficiency needed to establish a sustainable financial System.

Budgets will be developed in line with the System Operational Plan and presented to the Finance Committee and Governing Body, together with the System Operational Plan, in the first quarter of the year.

During the latter quarters of 2021/22 a transferring of functions over to the ICS will be seen; the governance around this will be overseen by the Finance Committee and reported to the Governing Body. A System methodology will be implemented to give financial duties to all organisations to deliver the individual elements of their financial control totals, with the CCG holding them to account.

	<p><b>The Governing Body NOTED the following:</b></p> <ul style="list-style-type: none"> <li>• the NHS financial regime and position in 2020/21.</li> <li>• proposed approach to Financial Planning for 2021/22 (Quarter 1).</li> <li>• proposed approach to Financial Planning for 2021/22 (Quarter 2-4).</li> <li>• proposed approach to Budget Setting for 2021/22.</li> </ul>	
<p><b>GBP/2021/188</b></p>	<p><b>Vaccine Programme Update</b></p> <p>SL provided a verbal update on the vaccination programme, sharing the data and concepts available at this point in time. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• This complex programme of work has been running for some weeks now, with the completion of Cohorts 1-4 at over 90% coverage.</li> <li>• The programme has now moved into Cohorts 5, 6, and 7; Cohort 6 includes the vaccination of ‘at risk’ people which needs to be completed in a timely manner.</li> <li>• To date, 359,500 doses have been delivered across Derbyshire, the majority of which are first doses.</li> <li>• It was confirmed that 97.5% of the over 70 population in Derbyshire have now been vaccinated.</li> <li>• Work continues at pace to deliver the vaccine to all NHS and care staff.</li> <li>• A campaign has been launched to target all hard to reach groups in order to help combat vaccine hesitancy.</li> <li>• The priorities now include the completion of the programme in good time for cohorts 1 to 10, delivering all second vaccine doses, addressing vaccine hesitancy, and looking at any future long-term vaccine programme coverage requirements.</li> <li>• The Derbyshire System is doing everything possible to look after its patients and staff in order to keep them safe.</li> </ul> <p>The following questions were raised / points of note made:</p> <ul style="list-style-type: none"> <li>• In terms of the hard to reach groups, a sense of where the deficit is in terms of ethnic minorities and lower socio economic groups was requested. SL confirmed that data is available, broken down by ethnic groups, to enable the position to be better understood. The hesitancy rates in Derbyshire are low compared to other regions, however it is not complacent. A huge amount of work is being done to combat this.</li> <li>• Thanks were given to everyone that has played a part in putting the vaccination programme in place and running it. Credit is due to the local staff and volunteers that have stepped up to do this. It has been a whole Derbyshire ICS-led effort from the outset and is proving to be a real success. The patients attending for their vaccinations are a delight and very happy to be there.</li> <li>• AB thanked everyone who has given up their time to help deliver the programme.</li> </ul> <p><b>The Governing Body NOTED the verbal update on the vaccination programme.</b></p>	

<p><b>GBP/2021/189</b></p>	<p><b>Finance Report – Month 10</b></p> <p>RCp provided an update on the Month 10 position. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• The four statutory duties that the CCG is required to deliver have all been achieved.</li> <li>• Slightly more than planned has been spent to date, however the CCG is expecting reimbursement of £6.6m COVID expenditure which will bring it back to where it needs to be.</li> <li>• Some of COVID reimbursements received in the second half of the year related to first half. A £3.3m deficit was reported for the first half of the year and £5.7m surplus in the second half, resulting is a £2.398m surplus forecast outturn for the full year.</li> <li>• A narrative was provided to explain the movement from a £6.6m Year to Date surplus position to a predicted £2.4m Final Outturn surplus.</li> </ul> <p><b>The Governing Body NOTED the following:</b></p> <ul style="list-style-type: none"> <li>• <b>the financial arrangements for H2, October 2020 to March 2021.</b></li> <li>• <b>the reported YTD underspend is £6.581m.</b></li> <li>• <b>Allocations of £8.878m for COVID costs M7 to M8 were received in M10. £6.645m relating to M9 and M10 are expected to be reimbursed in future months.</b></li> <li>• <b>the cumulative COVID allocation stands at £42.198m.</b></li> <li>• <b>the cumulative top-up allocation stands at £6.386m.</b></li> <li>• <b>a full year expenditure underspend of £2.398m is forecast.</b></li> </ul>	
<p><b>GBP/2021/190</b></p>	<p><b>Finance Committee Assurance Report – February 2021</b></p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 25<sup>th</sup> February 2021. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• The February Committee meeting spent time discussing the good financial position in which the CCG finds itself.</li> <li>• The Committee congratulated the CCG’s Financial Control and Governance Team which has been nominated in the Team of the Year category at the Healthcare Financial Management Association Annual Awards; this endorses the good grip the team has on the CCG’s financial situation. The strength of the citation is justifiably glowing and best wishes were given to the team for the event on 10<sup>th</sup> March.</li> <li>• Discussions took place as to what the future would look like, with 2021/22 being a year of 2 parts; quarter 1 will continue with the emergency funding regime of the pandemic, whilst quarters 2 to 4 will see a return to some sort of normality.</li> <li>• A key feature of the 2021/22 allocations is that there will be a Derbyshire System Control Total rather than individual Provider totals.</li> <li>• Although allocations have not been received as yet, there is a good sense of direction in which to proceed; this is being developed by the System Finance Group.</li> <li>• In principle, good relationships and confidence already exist between partner organisations; this is a pre-requisite of any collaboration.</li> <li>• The inherent System affordability gap still remains; a commitment to do things differently is required in order to close this gap.</li> </ul>	

	<ul style="list-style-type: none"> <li>The System as a whole is predicting a £36m surplus.</li> </ul> <p><b>The Governing Body NOTED the verbal update for assurance purposes</b></p>	
<b>GBP/2021/191</b>	<p><b>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – February 2021</b></p> <p>Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 11<sup>th</sup> February 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>The Committee ratified the following Clinical Policy Advisory Group (CPAG) updates: <ul style="list-style-type: none"> <li>Not commissioned statement – Acupuncture.</li> <li>Sedation for ‘Non Standard’ MRI scans.</li> <li>Continuous Glucose Monitoring Policy.</li> </ul> </li> <li>The Committee approved the extension of the following policies, following assurance from the relevant clinicians to determine whether it is safe to extend the review date of these policies by 6 months: <ul style="list-style-type: none"> <li>Hysterectomy for Menorrhagia.</li> <li>Intra-uterine Contraceptive Device and Mirena Coils.</li> <li>Oraya Therapy.</li> <li>Male Breast reduction (Gynaecomastia).</li> <li>Epidermoid/pilar (sebaceous) cysts.</li> <li>Lipoma/lipomata.</li> <li>Cataract Surgery (1st and 2nd eye).</li> <li>Congenital pigmented lesions on face.</li> <li>Laser treatment.</li> </ul> </li> <li>The Committee approved the closure of Risk 21 relating to the AQP CHC care homes framework, as the majority of care homes have now signed up to framework which will enable costs and availability of places to be better predicted.</li> </ul> <p><b>The Governing Body NOTED the contents of the report for assurance purposes</b></p>	
<b>GBP/2021/192</b>	<p><b>Primary Care Commissioning Committee (PCCC) Assurance Report – February 2021</b></p> <p>Professor Ian Shaw (IS) provided a verbal update following the short PCCC meeting in public held on 24<sup>th</sup> February 2021.</p> <p><b>The Governing Body NOTED the verbal update for assurance purposes</b></p>	

<p><b>GBP/2021/193</b></p>	<p><b>Quality and Performance Committee (Q&amp;PC) Assurance Report – February 2021</b></p> <p>AM provided an update following the Q&amp;PC meeting held on 25<sup>th</sup> February 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>• A slight improvement in planned care performance has been demonstrated due to the recovery and restoration programme; however the data is now a couple of months out of date. It is hoped that the planned care situation will now start to improve further.</li> <li>• The capacity of Providers may continue to be compromised due to staff absences, a requirement for annual leave to be taken and separation requirements due to the infection, prevention and control measures implemented.</li> <li>• It was noted that closing 2 ITU beds would release 10 nursing staff, which is an indication of the resources used by the COVID pandemic.</li> <li>• Ongoing financial support is required to ensure the continued recovery and restoration of services.</li> </ul> <p><b>The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks</b></p>	
<p><b>GBP/2021/194</b></p>	<p><b>CCG Risk Register – February 2021</b></p> <p>HD presented this report to the Governing Body to highlight areas of organisational risk recorded in DDCCG’s Corporate Risk Register as at 28<sup>th</sup> February 2021. All risks in the Risk Register are allocated to one of the CCG’s Corporate Committees which reviews them on a monthly basis.</p> <p>The CLCC, at its meeting held on 11<sup>th</sup> February 2021, approved the closure of Risk 21 - This was based on 96% of CHC Care Home Providers to-date signing and returning their contracts. As the CCG has been able to implement the standard AQP tariff to the majority of Providers, the financial pressures have been mitigated.</p> <p><b>The Governing Body RECEIVED and NOTED:</b></p> <ul style="list-style-type: none"> <li>• the Risk Register Report.</li> <li>• Appendix 1 as a reflection of the risks facing the organisation as at the 28<sup>th</sup> February 2021.</li> <li>• Appendix 2, which summarises the movement of all risks in February 2021.</li> <li>• the change to the descriptions of risk 04 and risk 07 forming risk 04 (04A and 04B), owned by Primary Care Commissioning Committee.</li> <li>• the increase in score for risk 11 relating to the financial position, owned by Finance Committee.</li> <li>• the decrease in score for risk 25 relating to the deterioration in existing health conditions as a result of diagnosis of COVID-19, owned by Quality &amp; Performance Committee.</li> <li>• the new risk 33 relating to the risk to patients on waiting lists, owned by Quality &amp; Performance Committee.</li> </ul> <p><b>The Governing Body also APPROVED the closure of risk 21 relating to the existing AQP CHC Care Homes Framework</b></p>	

<p><b>GBP/2021/195</b></p>	<p><b>Ratified Minutes of DDCCG’s Corporate Committees:</b></p> <ul style="list-style-type: none"> <li>• Primary Care Commissioning Committee – 27.1.2021</li> <li>• Quality and Performance Committee – 28.1.2021</li> </ul> <p><b>The Governing Body RECEIVED and NOTED these minutes</b></p>	
<p><b>GBP/2021/196</b></p>	<p><b>South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – February 2021 / SYB ICS Olympic Legacy Park Update</b></p> <p>CC confirmed that he continues to attend the SYB ICS meetings and that there are similarities between the two Systems.</p> <p><b>The Governing Body RECEIVED and NOTED these reports</b></p>	
<p><b>GBP/2021/197</b></p>	<p><b>Mental Health Investment Standard (MHIS) Statement of Compliance – 2019/20</b></p> <p>RCp advised that this statement is normally presented to the Audit Committee prior to the Governing Body, however due to the guidance still being clarified this has not been possible this year. It was confirmed that the methodology used to compile the statement will be presented to the Audit Committee in March.</p> <p><b>The Governing Body CONFIRMED the following, subject to the Audit Committee’s agreement in March 2021:</b></p> <ol style="list-style-type: none"> <li>1. <b>The MHIS Statement of Compliance has been prepared in accordance with the Audit of the MHIS Briefing for Clinical Commissioning Groups and supporting guidance</b></li> <li>2. <b>The financial information underpinning the MHIS Statement of Compliance is reliable and accurate</b></li> <li>3. <b>There are proper internal controls over the preparation of the MHIS Statement of Compliance to ensure that mental health expenditure is correctly classified and included in the MHIS Statement of Compliance, and these controls are subject to review to confirm that they are working effectively in practice</b></li> <li>4. <b>The MHIS Statement of Compliance is free from material misstatement, whether due to fraud or error</b></li> </ol>	
<p><b>GBP/2021/198</b></p>	<p><b>Minutes of the Governing Body meeting in public held on 4<sup>th</sup> February 2021</b></p> <p>The minutes of the above meeting were agreed as a true and accurate record</p>	
<p><b>GBP/2021/199</b></p>	<p><b>Matters Arising / Action Log</b></p> <p>There were no outstanding action items for consideration at this meeting.</p>	
<p><b>GBP/2021/200</b></p>	<p><b>Forward Planner</b></p> <p><b>The Governing Body NOTED the Planner for information</b></p>	

<b>GBP/2021/201</b>	<b>Any Other Business</b>  None raised.	
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**DATE AND TIME OF NEXT MEETING - Thursday 1<sup>st</sup> April 2021 – 9.30am to 11am via Microsoft Teams**

Signed by: Dr Avi Bhatia  
(Chair)

Date: 1.4.2021