NHS
Derby and Derbyshire
Clinical Commissioning Group

NHS DERBY AND DERBYSHIRE CCG
GOVERNING BODY – MEETING IN PUBLIC

Date & Time: Thursday 4th November 2021 – 9.30am to 11.00am
Via Microsoft Teams

Questions from members of the public should be emailed to DDCCG.Enquiries@nhs.net and a response will be provided within seven working days

Item	Subject	Paper	Presenter	Time
GBP/2122/168	**Welcome, Apologies & Quoracy** Apologies: Professor Ian Shaw	**Verbal**	**Dr Avi Bhatia**	**9.30**
GBP/2122/169	**Questions from members of the public**	**Verbal**	**Dr Avi Bhatia**	
GBP/2122/170	**Declarations of Interest** • Register of Interests • Summary register for recording any conflicts of interests during meetings • Glossary	**Papers**	**Dr Avi Bhatia**	
CHAIR AND CHIEF OFFICER REPORTS				
GBP/2122/171	**Chair's Report**	**Paper**	**Dr Avi Bhatia**	**9.35**
GBP/2122/172	**Chief Executive Officer's Report**	**Paper**	**Dr Chris Clayton**	
FOR DECISION				
GBP/2122/173	**Derbyshire Healthcare NHS FT (DHcFT) Acute Mental Health Dormitory Eradication and Psychiatric Intensive Care Unit (PICU) Programme - Outline Business Cases for Radbourne Unit Refurbishment, PICU and Acute-Plus**	**Paper**	**Zara Jones / Andy Harrison**	**9.50**

FOR DISCUSSION				
GBP/2122/ 174	**Winter Plan Update**	**Paper**	**Zara Jones**	**10.10**
CORPORATE ASSURANCE				
GBP/2122/ 175	**Finance Report – Month 6**	**Paper**	**Richard Chapman**	**10.25**
GBP/2122/ 176	**Finance Committee Assurance Report – October 2021**	**Verbal**	**Andrew Middleton**	
GBP/2122/ 177	**Clinical and Lay Commissioning Committee Assurance Report – October 2021**	**Paper**	**Dr Ruth Cooper**	
GBP/2122/ 178	**Primary Care Commissioning Committee Assurance Report – October 2021**	**Verbal**	**Simon McCandlish**	
GBP/2122/ 179	**Quality and Performance Committee Assurance Report – October 2021**	**Paper**	**Dr Buk Dhadda**	
GBP/2122/ 180	**CCG Risk Register – October 2021**	**Paper**	**Helen Dillistone**	
FOR INFORMATION				
GBP/2122/ 181	**Children and Young People Mental Health Transformation Plan Update**	**Paper**	**Zara Jones**	**10.45**
GBP/2122/ 182	**Ratified Minutes of Corporate Committees:** • Primary Care Commissioning Committee – 22.9.2021 • Quality and Performance Committee – 30.9.2021	**Papers**	**Committee Chairs**	
GBP/2122/ 183	**South Yorkshire and Bassetlaw Integrated Care System CEO Report – October 2021 / Development Update**	**Papers**	**Dr Chris Clayton**	
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETING				
GBP/2122/ 184	**Minutes of the Governing Body Meeting in Public held on 7th October 2021**	**Paper**	**Dr Avi Bhatia**	**10.50**
GBP/2122/ 185	**Matters arising from the minutes not elsewhere on agenda:** • Action Log – October 2021	**Paper**	**Dr Avi Bhatia**	

GBP/2122/ 186	**Forward Planner**	**Paper**	**Dr Avi Bhatia**	
GBP/2122/ 187	**Any Other Business** **For Decision -** • **Business As Usual Capital Finance Plan**	**Paper**	**Richard Chapman**	

<u>Date and time of next meeting:</u> Thursday 2nd December 2021 from 9.30am to 11am – via Microsoft Teams

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEMBERS' REGISTER OF INTERESTS 2021/22

NHS Derby and Derbyshire Clinical Commissioning Group

*denotes those who have left the CCG, who will be removed from the register six months after their leaving date

Name	Job Title	Committee Member	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Bhatia, Dr Avi	Clinical Chair	Governing Body	Erewash Place Alliance Group Derbyshire Primary Care Leadership Group Joined Up Care Derbyshire Long Term Conditions Workstream	GP Partner at Moir Medical Centre	✓				2000	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
				GP Parter at Erewash Health Partnership	✓				April 2018	Ongoing	
				Spouse works for Nottingham University Hospitals in Gynaecology				✓	Ongoing	Ongoing	
				Part landlord/owner of premises at College Street Medical Practice, Long Eaton, Nottingham	✓				Ongoing	Ongoing	
Blackwell, Dr Penny	Governing Body GP	Governing Body	Derbyshire Primary Care Leadership Group Gastro Delivery Group Derbyshire Place Board Dales Health & Wellbeing Partnership Dales Place Alliance Group Joined Up Care Derbyshire Long Term Conditions Workstream	Director of Flourish Derbyshire Dales CIC, which aims to provide creative arts and activity projects and to support others in this activity for the Derbyshire Dales		✓			Feb 2019	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
				GP partner at Hannage Brook Medical Centre, Wirksworth. Interests in Drug misuse	✓				Oct 2010	Ongoing	
				GP lead for Shared Care Pathology, Derbyshire Pathology		✓			2011	Ongoing	
				Clinical advisor to the board of Sinfonia Viva, a professional orchestra		✓			01/04/2021	Ongoing	
Braithwaite, Bruce	Secondary Care Specialist	Governing Body	Audit Committee Clinical & Lay Commissioning Committee	Shareholder in BD Braithwaite Ltd, which provides clinical services to Independent Healthcare Groupand provides private medical services in the East Midlands (including patients who are not eligible for NHS funded treatment according to CCG guidelines)	✓				Aug 2014	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
				Employed by Nottingham University Hospital NHS Trust which is commissioned by the CCG to provide services to NHS patients.	✓				Aug 2000	Ongoing	Declare interest in relevant meetings
				Founder Member, Shareholder and Director of Clinical Services for Alliance Surgical plc which is a company that bids for NHS contracts.	✓				July 2007	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
				Fellow of the Royal College Of Surgeons of England and Member of the Vascular Society of Great Britain and Ireland. Advisor to NICE on an occasional basis.		✓			Aug 1992	Ongoing	No action required
				Honorary Associate Professor, University of Nottingham, involved in clinical research activity in the East Midlands.		✓			Aug 2009	Ongoing	No action required
				Medical Director of Independent Healthcare Group which provides local anaesthetic services to NHS patients in Leicestershire, Gloucestershire, Wiltshire and Somerset.	✓				Oct 2020	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
				Chief Medical Officer for Circle Harmony Health Limited which is part owned by Circle Health Group who run BMI and Circle Hospitals	✓				Aug 2020	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
Chapman, Richard	Chief Finance Officer	Governing Body	Clinical & Lay Commissioning Committee Finance Committee Primary Care Commissioning Committee	Nil							No action required
Clayton, Dr Chris	Chief Executive Officer	Governing Body	Clinical & Lay Commissioning Committee Primary Care Commissioning Committee	Spouse is a partner in PWC				✓	2019	Ongoing	Declare interest at relevant meetings
Cooper, Dr Ruth	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Finance Committee North East Derbyshire & Bolsover Place Alliance Group Derbyshire Primary Care Leadership Group CRHFT Clinical Quality Review Group GP Workforce Steering Group Conditions Specific Delivery Board	Locum GP at Staffa Health, Tibshelf	✓				Dec 2020	Ongoing	Declare interests at relevant meetings and Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Shareholder in North Eastern Derbyshire Healthcare Ltd	✓				2015	Ongoing	
				Director of IS and RC Limited, providing medical services to Staffa Health and South Hardwick PCN, which includes the role of clinical lead for the Enhanced Health in Care Homes project	✓				03/02/2021	Ongoing	
				Fundraising Activities through Staffa Health to support Ashgate Hospice and Blythe House			✓		Ongoing	Ongoing	
Dentith, Jill	Lay Member for Governance	Governing Body	Audit Committee Governance Committee Primary Care Commissioning Committee Remuneration Committee System Transition Committee System People and Culture Group	Self-employed through own management consultancy business trading as Jill Dentith Consulting	✓				2012	Ongoing	Declare interests at relevant meetings
				Providing part-time, short term corporate governance support to Rotherham NHS Foundation Trust	✓				6 Oct 2020	8 April 2021	
				Director of Jon Carr Structural Design Ltd	✓				6 Apr 2021	Ongoing	
				Providing part-time, short term corporate governance support to Sheffield Teaching Hospitals NHS Foundation Trust	✓				07.06.2021	End date tbc	

Dewis, Dr Robyn	Director of Public Health, Derby City Council	Governing Body	Clinical & Lay Commissioning Committee Clinical Policy Advisory Group Joint Area Prescribing Committee Conditions Specific Delivery Board CVD Delivery Group Derbyshire Place Board Derby City Place Alliance Group Respiratory Delivery Group	Nil							No action required
Dhadda, Dr Bukhtawar S	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Finance Committee Quality & Performance Committee UHDB Clinical Quality Review Group Clinical Policy Advisory Group	GP Partner at Swadlincote Surgery	✓				2015	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair
Dillistone, Helen	Executive Director of Corporate Strategy & Delivery	Governing Body	Engagement Committee Governance Committee	Nil							No action required
Gibbard, Ian	Lay Member for Audit	Governing Body	Audit Committee Clinical & Lay Commissioning Committee Finance Committee Governance Committee Remuneration Committee Individual Funding Requests Panel	Nil							No action required
Jones, Zara	Executive Director of Commissioning & Operations	Governing Body	Clinical & Lay Commissioning Committee Quality & Performance Committee CRHFT Contract Management Board	Nil							No action required
Lloyd, Dr Steven	Medical Director	Governing Body	CVD Delivery Group Clinical & Lay Commissioning Committee Conditions Specific Delivery Board CRHFT Contract Management Board 999 Quality Assurance Group Derbyshire Prescribing Group Derbyshire System Flu Planning Cell Finance Committee Primary Care Commissioning Committee Quality & Performance Committee GP Information Governance Assurance Forum Primary & Community Collaborative Delivery Board	GP Partner at St. Lawrence Road Surgery Clinical sessions at St. Lawrence Road Surgery Shareholder in premises of Emmett Carr Surgery, Renishaw; and St. Lawrence Road Surgery, North Wingfield	✓ ✓ ✓				2012 2012 Ongoing	Ongoing Ongoing Ongoing	Declare interests at relevant meetings
McCandlish, Simon	Lay Member for Patient and Public Involvement	Governing Body	Clinical & Lay Commissioning Committee Engagement Committee Primary Care Commissioning Committee Quality & Performance Committee Commissioning for Individuals Panel (Shared Chair)	Nil							No action required
Middleton, Andrew	Lay Member for Finance	Governing Body	Audit Committee Finance Committee Quality & Performance Committee Remuneration Committee Commissioning for Individuals Panel (Shared Chair) Derbyshire System Finance Oversight Group	Lay Vice Chair of East Riding of Yorkshire Clinical Commissioning Group Lay Chair of Performers List Decision Panels for NHS England Central Midlands Lay Chair of Appointment Advisory Committees at United Hospitals Leicester - chairing panels for appointing hospital consultants Independent Non-Executive Director for Finance and Governance for Barnsley Healthcare Federation	✓ ✓ ✓ ✓				Jan 2017 May 2013 Mar 2020 Aug 2021	Mar 2023 Ongoing Mar 2023 Jul 2022	Declare interests at relevant meetings Will not sit on any case which has knowledge of the GP or their practice, or a consultant at Leicester
Pizzey, Dr Emma	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Governance Committee Quality & Performance Committee Erewash Place Alliance Group	Partner at Littlewick Medical Centre Executive director Erewash Health Partnership	✓ ✓ ✓				2002 Apr 2018	Ongoing Ongoing	Declare interests at relevant meetings. The INR service interest is to be noted at Governance Committee due to the procurement highlight report, which refers to, for information only, the INR service re-procurement. No further action is necessary as no decisions will be
Shaw, Professor Ian	Lay Member for Primary Care Commissioning	Governing Body	Clinical & Lay Commissioning Committee Engagement Committee Primary Care Commissioning Committee Primary Care Enhanced Services Review Group	Professor at the University of Nottingham Subject Matter Expert and advisory panel member in relation to research and service development at the Department of Health and Social Care	✓	✓			1992 Jan 2020	Ongoing Jan 2021	Declare interests at relevant meetings
Stacey, Brigid	Chief Nurse Officer	Governing Body	Clinical & Lay Commissioning Committee Finance Committee Primary Care Commissioning Committee Quality & Performance Committee CRHFT Contract Management Board CRHFT Clinical Quality Review Group UHDB Contract Management Board UHDB Clinical Quality Review Group EMAS Quality Assurance Group Maternity Transformation Board (Chair)	Daughter is employed as a midwifery support worker at Burton Hospital				✓	Aug 2019	Ongoing	Declare interest at relevant meetings
Strachan, Dr Alexander Gregory	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Governance Committee Quality & Performance Committee CRHFT Clinical Quality Review Group	GP Partner at Killamarsh Medical Practice Member of North East Derbyshire Federation Adult and Children Safeguarding Lead at Killamarsh Medical Practice Member of North East Derbyshire Primary Care Network Director of Killamarsh Pharmacy LLP - I do not run the pharmacy business, but rent out the building to a pharmacist	✓ ✓ ✓	 ✓		 ✓	2009 2016 2009 18.03.20 2015	Ongoing	Withdraw from all discussion and voting if organisation Is potential provider unless otherwise agreed by the meeting chair INR service interest is to be noted at Governance Committee due to the procurement highlight report, which refers to, for information only, the INR service reprocurement. No further action is necessary as no decisions will be made at this meeting and the information provided does not cause a conflict.
Wallace, Dean	Director of Public Health, Derbyshire County Council	Governing Body	Derbyshire Place Board	Nil							No action required
Watkins, Dr Merryl	Governing Body GP	Governing Body	Clinical & Lay Commissioning Committee Quality & Performance Committee	GP Partner at Vernon Street Medical Centre Husband is Anaesthetic and Chronic Pain Consultant at Royal Derby Hospital	✓			 ✓	2008 1992	Ongoing Ongoing	Withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Whittle, Martin	Lay Member for Patient and Public Involvement	Governing Body	Engagement Committee Finance Committee Governance Committee Quality & Performance Committee Remuneration Committee	Nil							No action required

SUMMARY REGISTER FOR RECORDING ANY INTERESTS DURING MEETINGS

A conflict of interest is defined as “a set of circumstances by which a reasonable person would consider that an Individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold” (NHS England, 2017).

Meeting	Date of Meeting	Chair (name)	Director of Corporate Delivery/CCG Meeting Lead	Name of person declaring interest	Agenda item	Details of interest declared	Action taken

Abbreviations & Glossary of Terms

A&E	Accident and Emergency	FGM	Female Genital Mutilation	PAD	Personally Administered Drug
AfC	Agenda for Change	FIRST	Falls Immediate Response Support Team	PALS	Patient Advice and Liaison Service
AGM	Annual General Meeting	FRG	Financial Recovery Group	PAS	Patient Administration System
AHP	Allied Health Professional	FRP	Financial Recovery Plan	PCCC	Primary Care Co-Commissioning Committee
AQP	Any Qualified Provider	GAP	Growth Abnormalities Protocol	PCD	Patient Confidential Data
Arden & GEM CSU	Arden & Greater East Midlands Commissioning Support Unit	GBAF	Governing Body Assurance Framework	PCDG	Primary Care Development Group
ARP	Ambulance Response Programme	GDPR	General Data Protection Regulation	PCN	Primary Care Network
ASD	Autistic Spectrum Disorder	GNBSI	Gram Negative Bloodstream Infection	PEARS	Primary Eye care Assessment Referral Service
ASTRO PU	Age, Sex and Temporary Resident Originated Prescribing Unit	GP	General Practitioner	PEC	Patient Experience Committee
BAME	Black Asian and Minority Ethnic	GPFV	General Practice Forward View	PHB's	Personal Health Budgets
BCCTH	Better Care Closer to Home	GPSI	GP with Specialist Interest	PHSO	Parliamentary and Health Service Ombudsman
BCF	Better Care Fund	GPSOC	GP System of Choice		
BMI	Body Mass Index	HCAI	Healthcare Associated Infection	PHE	Public Health England
bn	Billion	HDU	High Dependency Unit	PHM	Population Health Management
BPPC	Better Payment Practice Code	HEE	Health Education England	PICU	Psychiatric Intensive Care Unit
BSL	British Sign Language	HI	Health Inequalities	PID	Project Initiation Document
CAMHS	Child and Adolescent Mental Health Services	HLE	Healthy Life Expectancy	PIR	Post Infection Review
CATS	Clinical Assessment and Treatment Service	HNA	Health Needs Assessment	PLCV	Procedures of Limited Clinical Value
CBT	Cognitive Behaviour Therapy	HSJ	Health Service Journal	POA	Power of Attorney
CCE	Community Concern Erewash	HWB	Health & Wellbeing Board	POD	Point of Delivery
CCG	Clinical Commissioning Group	H1	First half of the financial year	POD	Project Outline Document
CDI	Clostridium Difficile	H2	Second half of the financial year	POD	Point of Delivery
CEO (s)	Chief Executive Officer (s)	IAF	Improvement and Assessment Framework	PPG	Patient Participation Groups

CETV	Cash Equivalent Transfer Value	IAPT	Improving Access to Psychological Therapies	PPP	Prescription Prescribing Division
CfV	Commissioning for Value	ICM	Institute of Credit Management	PRIDE	Personal Responsibility in Delivering Excellence
CHC	Continuing Health Care	ICO	Information Commissioner's Office	PSED	Public Sector Equality Duty
CHP	Community Health Partnership	ICP	Integrated Care Provider	PSO	Paper Switch Off
CMHT	Community Mental Health Team	ICS	Integrated Care System	PwC	Price, Waterhouse, Cooper
CMP	Capacity Management Plan	ICU	Intensive Care Unit	Q1	Quarter One reporting period: April – June
CNO	Chief Nursing Officer	IG	Information Governance	Q2	Quarter Two reporting period: July – September
COO	Chief Operating Officer (s)	IGAF	Information Governance Assurance Forum	Q3	Quarter Three reporting period: October – December
COP	Court of Protection	IGT	Information Governance Toolkit	Q4	Quarter Four reporting period: January – March
COPD	Chronic Obstructive Pulmonary Disorder	IP&C	Infection Prevention & Control	QA	Quality Assurance
CPD	Continuing Professional Development	IT	Information Technology	QAG	Quality Assurance Group
CPN	Contract Performance Notice	IWL	Improving Working Lives	QIA	Quality Impact Assessment
CPRG	Clinical & Professional Reference Group	JAPC	Joint Area Prescribing Committee	QIPP	Quality, Innovation, Productivity and Prevention
CQC	Care Quality Commission	JSAF	Joint Safeguarding Assurance Framework	QUEST	Quality Uninterrupted Education and Study Time
CQN	Contract Query Notice	JSNA	Joint Strategic Needs Assessment	QOF	Quality Outcome Framework
CQUIN	Commissioning for Quality and Innovation	JUCD	Joined Up Care Derbyshire	QP	Quality Premium
CRG	Clinical Reference Group	k	Thousand	Q&PC	Quality and Performance Committee
CRHFT	Chesterfield Royal Hospital NHS Foundation Trust	KPI	Key Performance Indicator	RAP	Recovery Action Plan
CSE	Child Sexual Exploitation	LA	Local Authority	RCA	Root Cause Analysis
CSF	Commissioner Sustainability Funding	LAC	Looked after Children	REMCOM	Remuneration Committee
CSU	Commissioning Support Unit	LCFS	Local Counter Fraud Specialist	RTT	Referral to Treatment

CTR	Care and Treatment Reviews	LD	Learning Disabilities	RTT	The percentage of patients waiting 18 weeks or less for treatment of the Admitted patients on admitted pathways
CVD	Chronic Vascular Disorder	LGBT+	Lesbian, Gay, Bisexual and Transgender	RTT Non admitted	The percentage if patients waiting 18 weeks or less for the treatment of patients on non-admitted pathways
CYP	Children and Young People	LHRP	Local Health Resilience Partnership	RTT Incomplete	The percentage of patients waiting 18 weeks or less of the patients on incomplete pathways at the end of the period
D2AM	Discharge to Assess and Manage	LMC	Local Medical Council	ROI	Register of Interests
DAAT	Drug and Alcohol Action Teams	LMS	Local Maternity Service	SAAF	Safeguarding Adults Assurance Framework
DCC	Derbyshire County Council	LOC	Local Optical Committee	SAR	Service Auditor Reports
DCCPC	Derbyshire Affiliated Clinical Commissioning Policies	LPC	Local Pharmaceutical Council	SAT	Safeguarding Assurance Tool
DCHSFT	Derbyshire Community Health Services NHS Foundation Trust	LPF	Lead Provider Framework	SBS	Shared Business Services
DCO	Designated Clinical Officer	LTP	NHS Long Term Plan	SDMP	Sustainable Development Management Plan
DHcFT	Derbyshire Healthcare NHS Foundation Trust	LWAB	Local Workforce Action Board	SEND	Special Educational Needs and Disabilities
DHSC	Department of Health and Social Care	m	Million	SHFT	Stockport NHS Foundation Trust
DHU	Derbyshire Health United	MAPPA	Multi Agency Public Protection arrangements	SIRO	Senior Information Risk Owner
DNA	Did not attend	MASH	Multi Agency Safeguarding Hub	SNF	Strictly no Falling
DoF (s)	Director (s) of Finance	MCA	Mental Capacity Act	SOC	Strategic Outline Case
DoH	Department of Health	MDT	Multi-disciplinary Team	SPA	Single Point of Access
DOI	Declaration of Interests	MH	Mental Health	SQI	Supporting Quality Improvement
DoLS	Deprivation of Liberty Safeguards	MHIS	Mental Health Investment Standard	SRG	Systems Resilience Group
DPH	Director of Public Health	MHMIS	Mental Health Minimum Investment Standard	SRO	Senior Responsible Officer
DRRT	Dementia Rapid Response Team	MIG	Medical Interoperability Gateway	SRT	Self-Assessment Review Toolkit
DSN	Diabetic Specialist Nurse	MIUs	Minor Injury Units	SSG	System Savings Group

DTOC	Delayed Transfers of Care	MMT	Medicines Management Team	STAR PU	Specific Therapeutic Group Age-Sec Prescribing Unit
ED	Emergency Department	MOL	Medicines Order Line	STEIS	Strategic Executive Information System
EDEN	Effective Diabetes Education Now	MoM	Map of Medicine	STHFT	Sheffield Teaching Hospital NHS Foundation Trust
EDS2	Equality Delivery System 2	MoMO	Mind of My Own	STOMPLD	Stop Over Medicating of Patients with Learning Disabilities
EDS3	Equality Delivery System 3	MRSA	Methicillin-resistant Staphylococcus aureus	STP	Sustainability and Transformation Partnership
EIA	Equality Impact Assessment	MSK	Musculoskeletal	T&O	Trauma and Orthopaedics
EIHR	Equality, Inclusion and Human Rights	MTD	Month to Date	TAG	Transformation Assurance Group
EIP	Early Intervention in Psychosis	NECS	North of England Commissioning Services	TCP	Transforming Care Partnership
EMASFT	East Midlands Ambulance Service NHS Foundation Trust	NEPTS	Non-emergency Patient Transport Services	TDA	Trust Development Authority
EMAS Red 1	The number of Red 1 Incidents (conditions that may be immediately life threatening and the most time critical) which resulted in an emergency response arriving at the scene of the incident within 8 minutes of the call being presented to the control room telephone switch.	NHAIS	National Health Application and Infrastructure Services	UEC	Urgent and Emergency Care
EMAS Red 2	The number of Red 2 Incidents (conditions which may be life threatening but less time critical than Red 1) which resulted in an emergency response arriving at the scene of the incident within 8 minutes from the earliest of; the chief complaint information being obtained; a vehicle being assigned; or 60 seconds after the call is presented to the control room telephone switch.	NHSE/ I	NHS England and Improvement	UEC	Urgent and Emergency Care

EMAS A19	The number of Category A incidents (conditions which may be immediately life threatening) which resulted in a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner, arriving at the scene within 19 minutes of the request being made.	NHS e-RS	NHS e-Referral Service	UHDBFT	University Hospitals of Derby and Burton NHS Foundation Trust
EMLA	East Midlands Leadership Academy	NICE	National Institute for Health and Care Excellence	UTC	Urgent Treatment Centre
EoL	End of Life	NOAC	New oral anticoagulants	YTD	Year to Date
ENT	Ear Nose and Throat	NUHFT	Nottingham University Hospitals NHS Trust	111	The out of hours service is delivered by Derbyshire Health United: a call centre where patients, their relatives or carers can speak to trained staff, doctors and nurses who will assess their needs and either provide advice over the telephone, or make an appointment to attend one of our local clinics. For patients who are house-bound or so unwell that they are unable to travel, staff will arrange for a doctor or nurse to visit them at home.
EPRR	Emergency Preparedness Resilience and Response		Official Journal of the European Union	52WW	52 week wait
FCP	First Contact Practitioner	OOH	Out of Hours		
FFT	Friends and Family Test	ORG	Operational Resilience Group		

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th November 2021

Item No: 171

Report Title	CCG Chair's Report – October 2021
Author(s)	Dr Avi Bhatia, CCG Clinical Chair
Sponsor (Director)	Dr Avi Bhatia, CCG Clinical Chair

Paper for:	**Decision**		**Assurance**		**Discussion**		**Information**	x
Assurance Report Signed off by Chair				N/A				
Which committee has the subject matter been through?				N/A				

Recommendations

The Governing Body is requested to **NOTE** the contents of the report.

Report Summary

The UK will host the 26th UN Climate Change Conference of the Parties (COP26) in Glasgow from 31st October to 12th November 2021, the world's largest climate action conference. Last month the NHS marked the start of "ONE YEAR ON", a month of acknowledging and sharing the progress that the NHS has made one year since becoming the world's first health service to commit to reaching net zero carbon emissions, in the lead up to COP26.

The Midlands Region has reduced its carbon footprint by 1,948 ktCO2e over the last decade as part of a national drive to become the first health service in the world to be net zero. The action comes following growing evidence of the health impacts of climate change and air pollution and alongside the backing of nine in ten people in England who support the NHS taking action to reduce its carbon footprint.

Air pollution is linked to killer conditions like heart disease, stroke and lung cancer, and academics have linked high pollution days with hundreds of extra out-of-hospital cardiac arrests and hospital admissions for stroke and asthma. Staff at Joined Up Care Derbyshire have put in place several initiatives to reduce its emissions including:

- adopting a hybrid working model and meeting virtually
- salary sacrifice cycle-to-work schemes
- Derbyshire Community Health Services NHS Foundation Trust (DCHS) has teamed up with a Chesterfield-based social enterprise Inclusive Pedals to enable DCHS staff to try out an electric bike
- promoting active travel
- purchasing recycled paper only

Reducing the incidence of cancer is also national and local priority in Derbyshire, and I am pleased to inform you last month a world-first clinical trial will begin in Derby, offering volunteers the chance to take a revolutionary new blood test which can detect more than 50 types of cancer before symptoms appear.

Selected people in Derby aged 50-77 will receive a letter from the NHS over the coming weeks, inviting them to volunteer for the trial. Participants, who must not have had a cancer diagnosis or treatment in the last three years will have a small blood sample taken at a mobile clinic in Sainsbury's on Peak Drive from 3rd November to 3rd December. They will be invited back after 12 months, and again at two years, to give further blood samples.

The NHS-Galleri trial is a research trial to see how well the new Galleri™ test works in the NHS when used alongside standard cancer screening. The aim is to see whether the test can help to find cancers at an early stage when they are easier to treat. The trial is currently only recruiting participants who have received an invitation letter in the post.

The NHS is to receive an extra £5.9bn in last month's Budget, the government has announced. The money will be used to help clear the record backlog of people waiting for tests and scans, which has been worsened by the pandemic, and also to buy equipment and improve IT.

The NHS, working closely with the Department of Health and Social Care, has also published a blueprint for improving access to GP appointments for patients alongside supporting GPs and their teams.

Titled '*Improving Access to Patients and Supporting General Practice'* aims to increase and optimise capacity, address variation across practices in terms of face-to-face appointments, 111 and ED utilisation and also to address and improve specific elements of communication and zero tolerance of abusive behaviours. Integrated Care Systems may access £250 million of non-recurrent investment through the Winter Access Fund to improve the above through the winter period to March 2022. This has proven a challenge to general practice in particular, but the primary care team in collaboration with both PCNs and the LMC are actively developing plans to channel this investment into system and network facing capacity improvement in primary care and to develop a supportive offer to general practice with reference to the national indicators but based additionally on a more localised understanding of the needs of our practices.

Health and care staff are experiencing an increased volume and severity of instances of violence, aggression, and discrimination. This appears to have escalated post-pandemic and is affecting staff in all services, but in particular, general practice and ED. Instances in general practice are seemingly linked to the increasing perception that practices are not open for business and/or not offering face to face or timely appointments. The system has resolved to develop a unified zero tolerance policy to manage instances of violence, aggression, and discrimination. This will be supported by appropriate security advice, training and public messaging to ensure staff are fully equipped to manage, escalate and seek support for instances of violence, aggression and discrimination. The CCG and Local Medical Committee (LMC) have been working collaboratively to develop an appropriate campaign to challenge this behaviour within the system and I am pleased to see it officially launched it this week.

To further strengthen our system, we are also promoting the 'We are the NHS' public campaign to encourage people to work for the NHS and shining a light on careers within healthcare and showcases the range of job opportunities available, from

nursing to radiography to podiatry. We are also encouraging volunteers to help with the vaccination programme over the winter, just the way they did when the programme first started.

Finally, I wanted to bring you up to date on progress regarding the process to appoint an ICS system Chief Executive. Candidates have now been interviewed and met with a wide range of system stakeholders as part of a detailed interview process. Whilst NHS England and Improvement are leading on this process we expect to hear shortly and the Joined up Care Derbyshire Chair, John MacDonald, will write to you to make the announcement formally.

Dr Avi Bhatia
Clinical Chair

Are there any Resource Implications (including Financial, Staffing etc)?
None
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
N/A
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
N/A
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
N/A
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
N/A
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
N/A
Have any Conflicts of Interest been identified/ actions taken?
None
Governing Body Assurance Framework
N/A
Identification of Key Risks
N/A

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th November 2021

Item No: 172

Report Title	Chief Executive Officer's Report – October 2021
Author(s)	Dr Chris Clayton, Chief Executive Officer
Sponsor (Director)	Dr Chris Clayton, Chief Executive Officer

Paper for:	**Decision**		**Assurance**		**Discussion**		**Information**	x
Assurance Report Signed off by Chair	N/A							
Which committee has the subject matter been through?	N/A							

Recommendations

The Governing Body is requested to **RECEIVE** this report and to **NOTE** the items as detailed.

Report Summary

I was delighted to join Ian Skye on BBC Radio Derby's mid-morning show this month as part of a week-long feature to bring listeners an authentic account of what's happening on the frontline right now and an insight into the work going on to help prepare for the winter period.

Over the course of the week, the show had interviews with key health figures, including partner Chief Executives and clinicians, as well as reports from GP surgeries, hospitals and urgent treatment centres across the county.

The timing was apt as frontline services across Derby and Derbyshire continue to experience high demand and the UK government has warned of 'challenging' months ahead. Despite the warning, case rates, hospitalisations and deaths are still broadly in line with the modelling as set out a few months back. The vaccination programme continues to be our first line of defence, along with new treatments, testing and public health advice.

The importance of the COVID-19 vaccination programme – along with the flu vaccination programme - cannot be underestimated as we approach winter. Supporting people to stay well this winter is a fundamental element of our winter strategy as this will help to preserve capacity across our health and care services. If you're aged over 50 or in an at risk group, you are eligible for a free COVID-19 booster and flu vaccine. More information about both vaccinations is available at nhs.uk/wintervaccinations.

Ensuring we can provide care to everyone who needs it is our utmost priority and accessing the most appropriate health care service according to our need is central to helping us to achieve this. More and more people are using NHS 111 online - 111.nhs.uk – when they are not sure what to do. This simple action is helping to make the health and care service more efficient in Derbyshire. NHS 111 online uses the same pathway service as the telephony service and if required, users will get a call back from a nurse, doctor or other trained health professional.

For anyone unfamiliar with the NHS 111 online service, it can tell you:

- where to get help for your symptoms, if you're not sure what to do
- how to find general health information and advice
- where to get an emergency supply of your prescribed medicine
- how to get a repeat prescription

As we move towards becoming an Integrated Care System in 2022, NHS England, in collaboration with the Department of Health and Social Care and Local Government Association, are seeking the views of systems on the establishment of NHS Integrated Care Boards. In Derbyshire, we have been keen to run in parallel a discussion about the formation of Derbyshire's health and care Integrated Care Partnership and have been seeking views of partners ahead of a workshop taking place on Friday 5th November where we will present back the themes of the feedback received and agree a final Derbyshire submission.

Work to engage the public in the process of becoming an Integrated Care System continues and on Monday 25th October we held a Derbyshire Dialogue session to outline Joined Up Care Derbyshire's current and future plans to strengthen our work with people and communities and build on existing relationships, networks and activities across the system. A summary of the NHS England and NHS Improvement ICS implementation guidance on working with people and communities was also given. It was a constructive and helpful session.

Work also continues with our colleagues in Glossop following the Secretary of State for Health and Care's decision in July that the boundary of the Derbyshire ICS would be amended to incorporate the area of Glossop.

Finally, I would once again like to express my gratitude to all the health and social care colleagues across our system who continue to go above and beyond, day after day, to deliver excellent care to the people of Derby and Derbyshire.

Dr Chris Clayton
Accountable Officer and Chief Executive

2. Chief Executive Officer calendar – examples from the regular meetings programme

Meeting and purpose	Attended by	Frequency
NHS England and Improvement (NHSE/I)	Senior teams	Weekly
ICS and STP leads	Leads	Frequency tbc
Local Resilience Forum Strategic Coordinating Group meetings	All system partner CEOs	Weekly
System CEO strategy meetings	NHS system CEOs	Fortnightly
JUCD Board meetings	NHS system CEOs	Monthly
System Review Meeting Derbyshire	NHSE/System/CCG	Monthly
Executive Team Meetings	CCG Executives	Weekly
Accelerating our System Transformation	CCG/System/KPMG	Ad Hoc
2021/22 Planning – Derbyshire System	CCG/System/NHSE	Monthly
LRF/Derbyshire MPs	Members and MPs	Monthly
Derbyshire Chief Executives	System/CCG	Bi Monthly
EMAS Strategic Delivery Board	EMAS/CCGs	Bi-Monthly
Joint Health and Wellbeing Board	DCC/System/CCG	Bi-Monthly
NHS Midlands Leadership Team Meeting	NHSE/System/CCG	Monthly
Joint Committee of CCG	CCGs	Monthly
Derbyshire Covid-19 SCG Meetings	CEOs or nominees	Weekly
Outbreak Engagement Board	CEOs or nominees	Fortnightly
Partnership Board	CEOs or nominees	Monthly
Clinical Services and Strategies workstream	System Partners	Ad Hoc
Collaborative Commissioning Forum	CCG/NHSE	Monthly
Urgent and emergency care programme	UDB & CCG	Ad Hoc
System Operational Pressures	CCG/System	Ad Hoc
Clinical & Professional Reference Group	CCG/System	Ad Hoc
Derbyshire MP Covid-19 Vaccination briefings	CCG/MPs	Fortnightly
Regional Covid Vaccination Update	CCG/System/NHSE	Weekly
Gold Command Vaccine Update	CG/DCHS	Ad Hoc
Integrated Commissioning Operating Model	CCG/System/NHSE	Ad Hoc

System Transition Assurance Sub-Committee	CCG/System	Monthly
East Midlands ICS Commissioning Board	Regional AOs/NHSE	Monthly
Team Talk	All staff	Weekly
JUCD Finance Sub Committee	NHS/System CEOs	Monthly
JUCD Development Session	CCG/System	Ad Hoc
ICS Shared Services Workshop	Regional AOs/NHSE	Ad Hoc
Strategic Intent Executive Group	CCG/System	Monthly
Senior Leader's Forum: UHDB Leadership Conference	JUCD	Ad Hoc
Development of the ICS and Implications for HWB	CCG/DCC	Ad Hoc

3.0 National developments, research and reports

3.1 UK Health Security Agency (UKHSA) becomes fully operational
The nation's new public health body focused on health protection and security, became fully operational on Friday 1 October. The agency builds on the legacy of Public Health England, NHS Test and Trace and the Joint Biosecurity Centre.

3.2 NHS invites another two million for vital booster vaccine
On Monday 25 October, the NHS sent out a further two million invitations to people who are eligible for their booster vaccine ahead of winter, as the NHS COVID-19 vaccine programme continues to protect those most at risk of the virus. More than 5 million people have already received the additional life-saving jab vaccine since the JCVI updated its guidance in September.

3.3 Coronavirus: lessons learned to date
On Tuesday 12 October, the House of Commons and Science and Technology Committee and Health and Social Care Committee published their report, Coronavirus: lessons learned to date, examining the initial UK response to the covid pandemic.

3.4 We are the NHS campaign launches
The We are the NHS campaign shines a light on careers within healthcare and showcases the range of job opportunities available, from nursing to radiography to podiatry.

3.5 Government launches landmark review of health and social care leadership
Ministers are launching the most far-reaching review of health and social care leadership in 40 years.

3.6 NHS announces deal for life changing sickle cell treatment
The first treatment for sickle cell disease in over 20 years will be rolled out to thousands of patients in England with life-saving benefits.

3.7 NHS encourages pregnant women to get COVID-19 vaccine
The NHS is encouraging pregnant women to get the COVID-19 vaccine as new data shows that nearly 20 per cent of the most critically ill COVID patients are pregnant women who have not been vaccinated.

4.0 Local developments

4.1 Thousands of people in Derby invited to help NHS trial new cancer test
A world-first clinical trial will begin soon in Derby, offering volunteers the chance to take a revolutionary new blood test which can detect more than 50 types of cancer before symptoms appear. Selected people in Derby aged 50-77 will receive a letter from the NHS over the coming weeks, inviting them to volunteer for the trial.

4.2 Derbyshire Shared Care Record
The Derbyshire Shared Care Record is a new confidential computer record that will join up different records to create a more comprehensive and up-to-date record for local residents. Over time this will help improve the care our patients receive. More information is available in the first edition of the Derbyshire Shared Care Record newsletter.

4.3 County's wellbeing website launches new section on neurodiversity
The main Derby and Derbyshire website for advice and information on emotional health and wellbeing has added a range of new pages about neurodiversity. The new pages have been launched to ensure that families who are concerned about their child's development, or who are currently going through a neurodevelopmental assessment process for their child, can find out about the different sources of information and assistance available for conditions like autism and ADHD in one central location.

4.4 UHDB research unit 'leading the way for innovations in clinical trials' alongside AstraZeneca
The exceptional innovations made to advance clinical trials at UHDB during the pandemic have been recognised nationally.

4.5 Derby City Council SEND Local Offer
The Local Offer gives children and young people with special educational needs or disabilities (SEND) and their families, information about help and services in Derby. It brings together in one place information about health, education and social care.

4.6 101 things you never knew about DHU
Colleagues at DHU Healthcare are raising awareness of the wide range of roles they play in the local health and care system.

4.7 Littleover Pharmacy celebrates becoming finalist in national awards
Littleover Pharmacy in Derby are celebrating after being awarded as finalists at this year's Independent Pharmacy Awards. Littleover Pharmacy were finalists in the "Pharmacy Team of the Year" category and celebrated their achievement at a ceremony held at the House of Commons on Friday 8th October. The awards are held each year to celebrate the achievements of community pharmacists and their teams across the UK.

4.8 Latest vaccination statistics
NHS England and Improvement publishes data on the vaccination programme at system level here.

4.9 Media update
You can see examples of recent news releases here.

Are there any Resource Implications (including Financial, Staffing etc.)?
Not Applicable
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
Not Applicable
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
Not Applicable
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
Not Applicable
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Not Applicable
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not Applicable
Have any Conflicts of Interest been identified/ actions taken?
None Identified
Governing Body Assurance Framework
Not Applicable
Identification of Key Risks
Not Applicable

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th November 2021

Item No: 173

Report Title	DHcFT Acute Mental Health Dormitory Eradication and Psychiatric Intensive Care Unit (PICU) Programme - Outline Business Cases for Radbourne Unit Refurbishment, PICU and Acute-Plus
Author(s)	Andy Harrison – SRO Acute Care Capital Programme - DHcFT Jennifer Stothard – Head of MH Commissioning – DDCCG
Sponsor (Director)	Zara Jones – Executive Director Commissioning Operations

Paper for:	**Decision**	x	**Assurance**		**Discussion**		**Information**	
Assurance Report Signed off by Chair				N/A				

Recommendations

The Governing Body is requested to:

- **NOTE** the outline business cases (OBC) relating to the refurbishment of the Radbourne Acute MH Unit in Derby, provision of new male Psychiatric Intensive Care Unit (PICU) and new female acute plus inpatient services both to be provided on the Kingsway Hospital campus in Derby.
- **REVIEW** the recommendations from the CCG CLCC subcommittee of the Board.
- **NOTE** approval provided from JUCD Finance and Estates Group
- **CONFIRM** support for the progress of the Outline Business Cases
- **APPROVE** content of proposed letters of support.
- **NOTE** that the final OBC relating to the proposed relocation of the older people's mental health wards in North Derbyshire will be reviewed at future CCG committees and Governing Body

Report Summary

This report presents three Outline Business Cases (OBC) the refurbishment of the Radbourne Unit located at Royal Derby Hospital, the development of a 14 bedded male PICU (new build) and an eight bedded female acute+ mental health unit (repurpose & refurbishment of current estate) to be located on the Kingsway site in Derby; and by Derbyshire Healthcare NHS Foundation Trust (DHcFT).

The proposals were discussed at an extraordinary JUCD MH, LD&A CYP System Delivery Board held 13th October to discuss the OBCs in detail. The Delivery Board confirmed support for the proposals to enable delivery of key requirements of the NHS 10-year plan and noted the planned revenue impact and need to ensure these costs are included in financial planning from 2024/25 onwards.

The proposals have been reviewed by the CCG CLCC at the meeting held 14th October 2021. CLCC members agreed with the recommendation to support each of the OBC's progress to full business case.

The proposals are due to be reviewed at the JUCD finance and Estates committee on 3rd November and the JUCD Board meeting 18th November.

Background

DHCFT has a significant investment programme to develop mental health services and infrastructure, consisting of six distinct and related projects, all to be delivered by 31st March 2024:

- Dormitory Eradication New Build Adult Acute Mental Health Facility Northern Derbyshire;
- Dormitory Eradication New Build Adult Acute Mental Health Facility Southern Derbyshire;
- Dormitory Eradication Refurbishment Acute Mental Health Facility Southern Derbyshire;
- Psychiatric Intensive Care Unit development and service provision – male;
- Acute-Plus Unit development and service provision – female; and
- Relocation of Older Adult Acute Mental Health Service Northern Derbyshire.

The nationally funded OBCs for the two new-build 54-bed acute mental health facilities were supported by the CCG and JUCD in June 2021, approved by the Trust Board on 6th July 2021 and submitted to NHS England and Improvement for national approval. Both OBCs were considered by the national Joint Investment Subcommittee on 28th September 2021 and £80 million investment approved, with the normal set of conditions requiring specific work to be included in the full business cases for submission June 2022. This is a significant milestone for the DHcFT & JUCD system progressing the overall Acute Mental Health Dormitory Eradication and PICU Programme.

DHcFT Trust Board have provided approval to progress the next stage of the Programme regarding the attached three penultimate OBCs for the Radbourne Unit Refurbishment, PICU and Acute-Plus projects. The Programme Team are now seeking CCG and JUCD support and funding approval during October / November 2021, and progress to FBCs by June 2022, aligned with the nationally funded FBCs.

The final phase regarding relocation of the Older Adult Acute Mental Health Service has been agreed in principle by DHcFT in the last week, however, it will now take several months to agree the details, undertake public consultation and staff engagement, and develop the business case for this final element of the Programme. It is planned that approval of this business case will be sought in Q4 2021/22 through DHcFT Trust board with support being requested through CCG & JUCD.

The key points of the three attached OBCs are summarised as:

Radbourne Unit Refurbishment OBC

The OBC proposes refurbishment of two ground floor wards at the Radbourne Unit, to provide a 34-bed adult female acute mental health facility in one 18-bed and one 16-bed ward. This development, together with the two nationally funded acute mental health new build OBCs eradicates all dormitory-style acute mental health wards for Derbyshire.

The OBC seeks additional revenue consequences of £0.93 million per year and has a capital funding requirement of £11.7 million.

Psychiatric Intensive Care Unit OBC

The OBC proposes a new-build development of a 14-bed male-only PICU for working age adults at Kingsway Hospital, to be built concurrently with the new 54-bed acute mental health unit, and collocated, linked by a corridor. The PICU development offers an excellent opportunity to provide local facilities for male service users with a high level of mental health need and dependency who are currently all cared for out of county, and not as an integral part of the local model of care.

The OBC is revenue cost neutral and has a capital funding requirement of £13.6 million.

Acute-Plus OBC

The OBC proposes development of an 8-bed female-only Acute-Plus Mental Health facility, for working age adults, at Kingsway Hospital. This offers an excellent opportunity to improve the local facilities available for women with a high level of mental health need and dependency, many of whom are currently cared for out of county and not as an integral part of the local model of care. The proposed Acute-Plus service will enhance the currently available acute care pathway and provide services to support women who require a higher intensity of service support and higher security than is available on an acute mental health ward, but who do not meet the criteria for access to PICU services. Where possible, by intervening earlier, the service will prevent escalation and reduce the need for PICU provision. This will leave an expected demand for 2 female service users (with complex presentations beyond the scope of Acute-Plus) requiring specialist PICU services, the funds for which will be managed by Derby and Derbyshire CCG and its successor decision-making body.

The OBC seeks additional revenue consequence of £1.6 million per year and has a capital funding requirement of £2.5 million.

A group of senior clinical leaders (including GP members of CCG GB) from the CCG met with DHcFT on 9th September to discuss the proposals and clinical considerations of the PICU and Acute+ services. The group provided in principle support to the clinical case for each OBC.

A small group of CCG officers have reviewed the OBC's in detail and a summary of their findings is provided within the attached paper below.

A draft of the proposed letter of support is provided for review and approval (separate paper).

Are there any Resource Implications (including Financial, Staffing etc)?

The proposed financial implications as detailed within the OBC's

OBC	Capital	Revenue
Radbourne refurbishment	£11.7	£0.93m
PICU	£13.6	Cost neutral
Acute+	£2.5m	£1.6m

The additional staffing levels required to deliver the proposed clinical model is provided within the OBCs and will be refined further in the development of the FBCs

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?

DPIA stage one has been completed and has been reviewed.

A DPIA stage two will not be required needed as the CCG connection to this project will not process any identifiable data. The delivery of care enabled by this build will enable the provider of care only to access this information.

Has a Quality Impact Assessment (QIA) been completed? What were the findings?

A quality and equality impact assessment (QEIA) has been fully completed, including the S14Z2 form, using the approved Joined Up Care Derbyshire (JUCD) assessment tool. This has resulted in a score of "low risk" for the business decision.

As the QEIA is an ongoing part of the planning and implementation of this business decision it will be updated by the project team and then reviewed by the panel at regular intervals, including post go live of the service. This will ensure that any potential risks to quality and equality of service provision are recognised, and mitigating actions are having the desired impact

Has an Equality Impact Assessment (EIA) been completed? What were the findings?

As above

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below

The proposal was considered by the JUCD QEIA panel on the 19th October was identified as low risk and request to review in 12 months.

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below

Communication and engagement activities regarding the program are being led by DHcFT with oversight and assurance being provided by the CCG engagement lead. Joint briefings (DHcFT & CCG) have been provided to the City and County Health Overview and Scrutiny Committees (HOSC) regarding the proposed programs of work, both HOSC's were assured regarding the engagement plan and agreed that

the projects did not represent significant service change warranting a public consultation.

The communication and engagement aspects of the program of works has been reviewed by DDCCG Engagement Committee within the 18th May session and support was given to the approach.

Have any Conflicts of Interest been identified/ actions taken?

No conflicts of interest have been identified.

Governing Body Assurance Framework

The proposal will support the CCG in delivery of the following:

Strategic Objective 2 - Deliver the commitments made in response to the Operating Plan, with a focus on reducing health inequalities and improving outcomes for the people of Derbyshire and continuing to support the system during transition to maintain a strategic focus on overall health outcomes / health inequalities.

Strategic Objective 7 - Work in partnership with stakeholders and engage with our population to achieve the above objectives where appropriate.

Identification of Key Risks

Failure to eliminate dormitory inpatient provision will result in:

- Continuation of non-achievement of NHS 10-year plan aim to eliminate out of area placements
- Non achievement of CQC formal regulatory action
- Continuing non-compliance against regulation 15 (1) c premises and equipment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

CCG Assurance Briefing

The OBCs provide a clear case for change with the core objective to meet statutory requirement and remove dormitories with a move to single sex accommodation alongside the elimination of out of area placements. These proposed service changes are expected to enhance the quality of care for people admitted to hospital.

The following senior officers within the CCG have reviewed the OBC documents and recommend they are supported to proceed to full business case stage:

- Commissioning leads – Jennifer Stothard & Mick Burrows
- Finance leads – Dave Stevens & Matt James
- Quality Assurance leads – Jack Jeffrey
- Engagement lead – Claire Haynes

Summary of comments:

Commissioning

As a whole the proposals all work to help achieve the requirements of the NHS LTP in supporting the elimination of out of area placements, improving the inpatient therapeutic offer to improve outcomes and experience of care and supporting the reduction in length of stay. Together they will improve the mainstream MH offer, autism design informed, higher quality estate meeting the current design standards and CQC expectations. Modelling for Radbourne and PICU is in line with the CCGs previous modelling, utilised to source OOA PICU placement contracts during procurement. The modelling clearly considers the transformational changes and uses realistic assumptions to help inform capacity and demand.

Finance

The three business cases have been reviewed by CCG finance. Further refinement and sensitivity testing of proposed bed numbers and benchmarked demand modelling will be jointly produced to ensure system assurance of existing growth assumptions against the planned transformational impact to ensure proposals are future proof.

The proposed revenue consequences of circa £2.6m p.a. across the three business cases represent a significant opportunity cost as it will be a significant proportion of future MHIS standard monies.

Quality and Equality Assurance

Detailed information is provided about the added benefits to quality, equality, patient safety and experience from the outlined options. The document also seeks to build quality improvement principles and learning into the build with a reference to further work to develop the clinical and therapeutic models. The documents also provide some initial information about the inpatient estates pathway and how wards can be located alongside each other to improve patient experience, reduce risk and enhance safety. For example, locating the male inpatient ward alongside the future male PICU.

With progression to the full business case commissioners require more detailed information regarding the service description and proposed model of care for the female acute+ unit to confirm the expected demand and clinical pathways and detailed workforce OD, recruitment strategies, and mobilisation plans to provide assurance regarding delivery of new service proposals.

Engagement

The proposal has been reviewed by the CCG Engagement committee as well as both County and City HOSC formally and informally with discussions ongoing. After assessment of the s14Z2 duty it has been agreed that a robust engagement programme with DHcFT EQUAL group be undertaken and services will be codesigned via this group of people with lived experience. Public involvement has started on some elements and further work is planned during the summer after codesign work with EQUAL group which will support the development of the full business case.

Derby and Derbyshire
Clinical Commissioning Group

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4th November 2021

Ifti Majid
Chief Executive
Derbyshire Healthcare NHS Foundation Trust
Ashbourne Centre
Kingsway Site
Derby, DE22 3LZ

Dear Mr Majid,

Re: **Derbyshire Healthcare NHS FT Outline Business Cases for Radbourne Unit Refurbishment, Psychiatric Intensive Care Unit (PICU) and Acute-Plus Unit**

I am writing on behalf of NHS Derby and Derbyshire Clinical Commissioning Group, to confirm our support for the following outline business cases:-

- Radbourne Unit Refurbishment, Royal Derby Hospital, Derby
- Male Psychiatric Intensive Care Unity (PICU), Kingsway Hospital Campus, Derby
- Female Acute-Plus, Kingsway Hospital Campus, Derby

We understand that the Radbourne Unit refurbishment will eradicate dormitory inpatient provision and re-provide 34 female acute mental health beds within two purpose-built wards alongside section 136, shared therapy and tribunal suites.

The PICU will be a new-build project on the Kingsway hospital site (adjacent to the proposed new Male acute wards), compromising of one 14 bedded new mental health ward with associated support services and the provision of therapeutic space, tribunal facilities, administration, and family space.

The Female Acute Plus unit will be a repurpose of the existing Audrey House Building on the Kingsway hospital site, compromising of one 8 bedded mental health ward with associated support services and the provision of therapeutic space, tribunal facilities, administration, and family space.

We believe the business cases will enable a number of benefits to be realised, including:

- The provision of COVID safe environments
- Delivery of Long Term Plan targets to eradicate acute out of area placements, improve the inpatient therapeutic offer and reduce the length of inpatient stays.
- The provision of autism friendly design which will support delivery of Long Term Plan targets in relation to the Transforming Care Programme.

Approval of the OBCs

We have reviewed the OBCs and in our opinion the proposed solutions assist the health system in managing present and future issues.

We are happy to confirm that:

- The capacity planning and bed modelling assumptions in the outline business cases are based on 'reasonable levels' of demand growth and reflect the current system understanding of the impact of transformational changes across community and acute Mental Health inpatient pathways, has modelled in the expected benefits of providing care closer to home and delivery of continuity of care principles alongside the improved inpatient clinical models.
- The additional revenue costs as proposed within the outline business cases are being included in the long-term financial modelling for the Derbyshire system. At c£2.6m pa for the developments, this will account for a significant pre-commitment of future year's funding. The Joined-Up Care Derbyshire Mental Health, Learning Disability & Autism Delivery Board are aware of this and recognise their responsibility in managing the overall programme budget.
- The proposals have been discussed with Derby City Local Authority and Derbyshire County Council Local Authority scrutiny committees, in tandem with the NHS Derby & Derbyshire CCG Engagement Committee. The scrutiny committees agree that the planned public engagement for the project is robust and will secure significant involvement in the planning and delivery of the new facilities and a formal public consultation is not required.

The OBCs have been discussed within the following governance forums within the CCG:

- Clinical and Lay Commissioning Committee
- Governing Body

The feedback from these forums provided support for the capital build of the projects, and support for the engagement and clinical pathways work to date.

The CCG recognises that aspects of patient and clinical benefits of the projects; along with the capital and revenue financial implications, will continue to be developed and refined through the Derbyshire Healthcare NHS FT project implementation groups which the CCG will continue to be an active member.

Therefore, please accept this letter as formal support of the outline business cases for Radbourne Unit Refurbishment, Psychiatric Intensive Care Unit (PICU) and Acute-Plus Unit.

We look forward our continued involvement in the project as it moves towards completion.

Yours sincerely,

Dr Chris Clayton
MA MB BChir DRCOG PGCGPE MRCGP
Chief Executive Officer

CC.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th November 2021

	Item No: 174

Report Title	Winter Plan Update
Author(s)	Craig Cook, Director of Acute Commissioning, Contracting & Performance
Sponsor (Director)	Zara Jones, Executive Director of Commissioning Operations

Paper for:	**Decision**		**Assurance**		**Discussion**	x	**Information**	x
Assurance Report Signed off by Chair				N/A				
Which committee has the subject matter been through?				N/A				

Recommendations

The Governing Body is requested to **NOTE** progress of the NHS' preparations for winter across Derby and Derbyshire.

Report Summary

Background

The context within which the NHS across Derby and Derbyshire is preparing for Winter unprecedented. The impact of the COVID-19 pandemic on the people of Derby and Derbyshire and the staff of the NHS and Social Care Sector who service their needs has been, and continues to be, profound.

Over the last 18 months, the pandemic has put all of our services under extreme pressure, and we have responded in an innovative and proactive way – facilitated by truly collaborative working practice. However, this winter period will be equally as challenging as the last with an uncertain operating environment marked by the continuation of COVID-19 demand, 'usual' winter demand and capacity pressures and the continued need to and restore elective care services.

Purpose

This presentation gives Members an overview of the following:

- The operational priorities for the NHS to deliver over the next six months – as per those set out recently by NHS England;
- The key challenges that the NHS in Derby and Derbyshire face this Winter; and
- The headline messages in relation to delivery against the operational priorities set by NHS England – reflecting the current status of planning works across the Derby and Derbyshire NHS; and
- The work that continues to be done to prepare the NHS for Winter.

Are there any Resource Implications (including Financial, Staffing etc)?
No immediate resource implications arise from the contents of this paper.
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
This will be completed as appropriate over the Winter Period as plans are finalised and/or amended.
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
This will be completed as appropriate over the Winter Period as plans are finalised and/or amended.
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
This will be completed as appropriate over the Winter Period as plans are finalised and/or amended.
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
This will be completed as appropriate over the Winter Period as plans are finalised and/or amended.
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
This will be completed as appropriate over the Winter Period as plans are finalised and/or amended.
Have any Conflicts of Interest been identified / actions taken?
No conflicts identified.
Governing Body Assurance Framework
This paper supports all of the CCG's strategic objectives.
Identification of Key Risks
Given the scope of Operational Priorities that the NHS is currently delivering and/or preparing to deliver against over the next 6 months, there is direct relationship to those risks currently identified on the Risk Register – particularly those items rated as High: • Access to A&E Services (risk 001 refers) • Transforming Care Partnership (TCP) Delivery (risk 03 refers) • Access to Elective Care (risk 33 refers) • Primary Care Capacity (risks 04a and 04b refers)

2021/22 priorities and operational planning

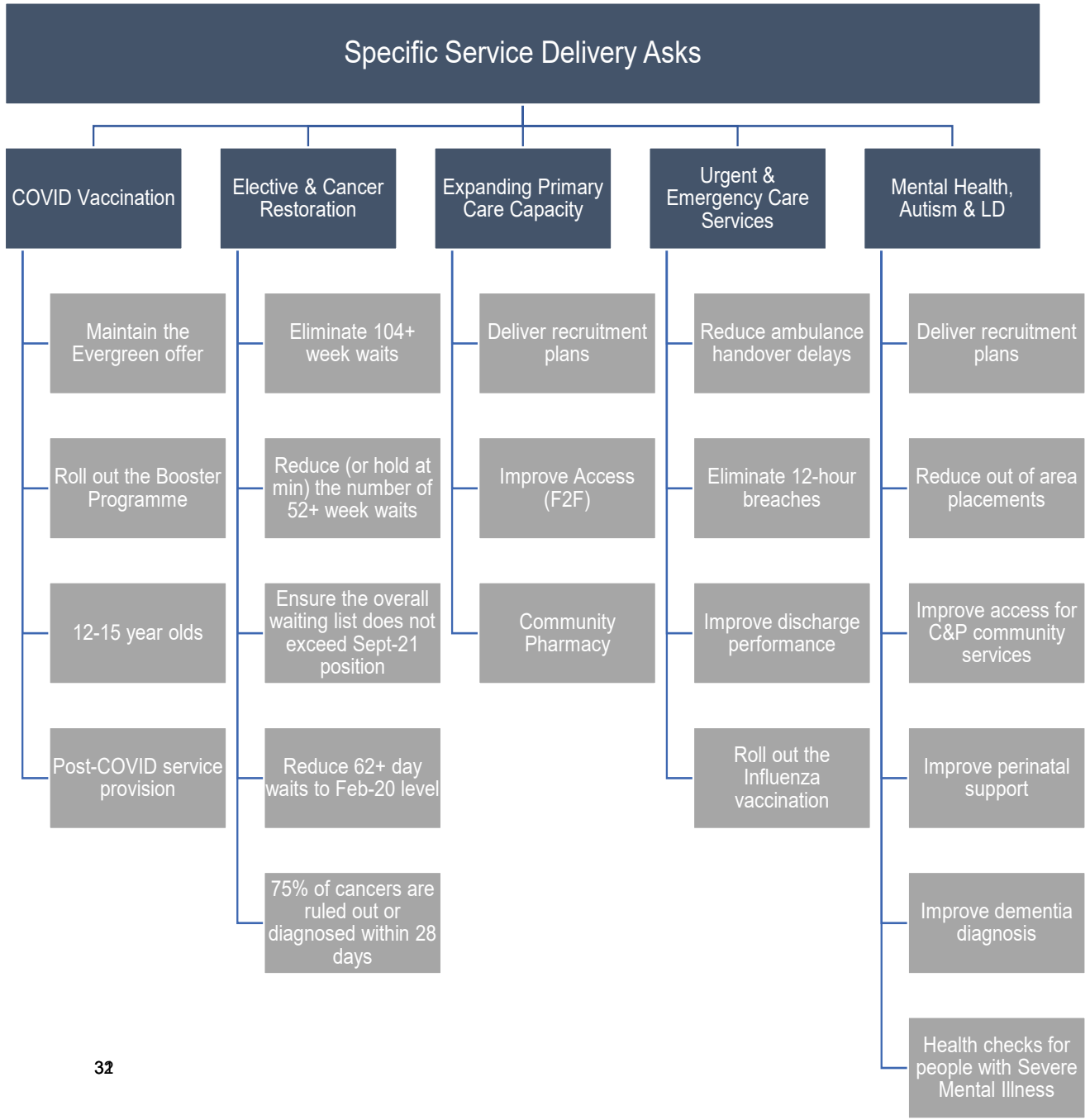
October 2021 – March 2022 (H2)

Overview

The recently published NHS England *2021/22 Priorities and Operational Planning* document describes a set of specific asks relating to NHS provision – set across 5 themes – for the period October 2021 to March 2022.

In addition, there are also expectations in relation to a number of cross-sectional themes:

- Promoting the health and wellbeing of our staff;
- Maintaining focus on reducing health inequalities; and
- Working collaboratively across systems to deliver on these priorities.



The challenges we face

Despite moving out of the second wave of COVID, the level of operational pressure over the last 7 months has not abated - with the level of sustained escalation (OPEL3/4) over the spring, summer and early autumn period unprecedented.

The lack of 'headroom' across all aspects of our NHS provision to absorb varying degrees of 'change' to demand and/or workforce supply has been clear to see and is likely to continue throughout the winter.

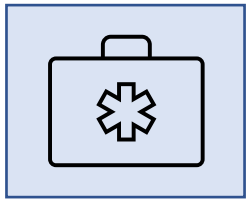
Against this backdrop, we are expecting this Winter Period to be one of the most challenging for the System – with two specific underpinning issues:

- **COVID-19 & Influenza:** With our operational plan assuming a moderate increase in COVID-19 and Influenza hospitalisations, there is a high degree of uncertainty as to exactly what the overall incidence will look like.

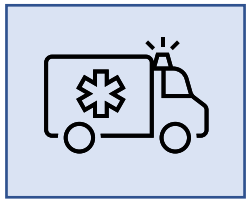
- **Workforce:** There are a number of critical service lines where workforce gaps are likely to continue affected operational resilience.
  - Being able to *sustainably* staff the additional critical care capacity required at both Acute Trusts – without affected our elective programme.
  - The lack of carer capacity in the PVI sector is likely to continue having a profound effect on the flow of patients across and out of our D2A pathways.
  - The workforce gap across General Practice.

NHS capacity – key challenges

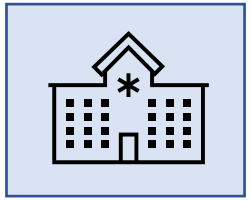
Acute Hospitals: Protecting elective operating beds whist also dealing with more medical emergencies.



General Practice: Workforce gaps making it very difficult to provide an increase in appointments and more on the day activity.



Ambulance Services: Providing sufficient ambulance crews to respond to patients in a timely way.



Mental Health Inpatient Services: High occupancy of mental health inpatient facilities.

Discharge to Assess: Providing sufficient carer capacity to provide people care in their own home after discharge.

Operational Delivery Plan – current status

The ICS is committed to providing accessible, high quality care throughout the winter for the people of Derby and Derbyshire.

However, given the challenges that we face it is likely that patients, for some services, will wait longer than we would like.

Given this, we will prioritise care for the most clinically urgent presentations – with the ambition of maintaining safety over the winter period.

COVID Vaccination	Whilst without risk, the ICS will provide sufficient capacity to **maintain delivery** of the 'evergreen offer' to people yet to be vaccinated in addition to rolling out the booster programme and delivering vaccinations to the 12-15 year old cohort.
Elective & Cancer Care	We will see the number of patients waiting over 62 days for their cancer treatment **reduce over the next 6 months**. However, it is unlikely that we will bring the number down to the February 20 level. In addition, with urgent care pressures and specific service issues, it is unlikely that we will be able to completely eliminate 104+ week wait cases.
Primary Care	General Practice Services will be delivering **more appointments for patients this Winter compared to last**, with a higher proportion of on-the-day appointment delivery. These appointments will continue to be a mixture of face to face and non face to face. In addition, there will be more out of hours capacity and 111 services will be geared up to service more calls.
Urgent and Emergency Care	With the high volume of 999 demand seen over the last 7 months likely to continue over the winter, set alongside increased volume and complexity of people presenting to hospital, it is **highly likely that we will be seeing patients waiting** in excess of the 4 hour target and likely that we will not be able to eliminate 12 hour breaches.
Mental Health, Autism and LD	**More patients with complex care needs will require inpatient services** this Winter and in this context it will be challenging to reduce length of stay to the national ambition that has been set. For children and young people requiring emotional and mental health support, we will continue the good progress in terms of access.

So what next?

All partners across the ICS continue to make preparations for this Winter so that we can achieve as many of the operational priorities as possible.

Work is organised across 4 broad themes:

Theme	Focus
Preparation	Work continues to conclude initial planning works for winter with the submission of the ICS' H2 plan in mid-November. At a sector level, specific works are advancing – in particular, responding to expectations relating to General Practice access.
Communication	Work to co-ordinate high impact messaging to the public and staff this winter continues, with 3 key principles underpinning everything we do in this space: • Keeping patients informed as they try to access care to help improve perceptions • Educating patients about the range of services available to them • Doing this in a supportive, non-judgemental tone • Placing patients and their needs at the heart of the narrative
Surveillance	Winter surveillance reporting will be stood up so that key decision makers receive the right intelligence to inform decision making. The focus of our surveillance effort will be on (i) performance monitoring – testing as to whether we are *doing things well* and (ii) patient cohort tracking - testing whether we are seeing adverse variation across specific demographics in terms of access.
Escalation	In preparation for sustained levels of escalation this Winter, the System Operational Resilience Group will co-ordinate the work necessary to generate specific "action-cards" for organisations and sectors which will underpin the Operational Pressures Escalation Levels Framework (OPEL).

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th November 2021

Item No: 175

Report Title	Finance Report – Month 6
Author(s)	Georgina Mills, Senior Finance Manager
Sponsor (Director)	Richard Chapman, Chief Finance Officer

Paper for:	**Decision**		**Assurance**	x	**Discussion**		**Information**	
Assurance Report Signed off by Chair				N/A				
Which committee has the subject matter been through?				Finance Committee – 28.10.2021				

Recommendations

The Governing Body is requested to **NOTE** the following:

- Allocations have been received for H1 at £1.036bn
- The H1 reported underspend at month 6 is £0.696m
- Retrospective allocations received for Quarter 1 COVID spend on the Hospital Discharge Programme were £2.697m further expected funding is £2.801m relating to month 4 to 6
- The Elective Recovery Fund has been reimbursed £0.702m for April to September

Report Summary

The report describes the month 6 position. The key points are listed in the recommendations section above.

Are there any Resource Implications (including Financial, Staffing etc)?

N/A

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?

N/A

Has a Quality Impact Assessment (QIA) been completed? What were the findings?

N/A

Has an Equality Impact Assessment (EIA) been completed? What were the findings?

None identified

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
No
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
No
Have any Conflicts of Interest been identified/ actions taken?
None identified
Governing Body Assurance Framework
Any risks highlighted and assigned to the Finance Committee will be linked to the Derby and Derbyshire CCG Board Assurance Framework
Identification of Key Risks
As detailed in the report

Financial Performance Summary
Month 6, September 2021

NHS
Derby and Derbyshire
Clinical Commissioning Group

Statutory Duty/ Performance	Target	Result	Achieved	Key	Comments/Trends
Achievement of expenditure to plan	£1035.624m	£1038.405m		Green <1%, Amber 1-5% Red >5%	Expected reimbursements of £2.801m for Covid and £0.676m for non-NHS pay award funding, results in a YTD favourable variance of £0.696m.
Remain within the Delegated Primary Care Co-Commissioning Allocation	£78.222m	£78.221m		Green <1%, Amber 1-5% Red >5%	£0.001m favourable variance. This is due to Co-Commissioning being on plan for YTD with minor variances offsetting each other across the service.
Remain within the Running Cost Allowance	£9.739m	£8.781m		Green <1%, Amber 1-5% Red >5%	Running costs are £0.958m underspent against plan attributed to staff vacancies.
Remain within cash limit	Greatest of 1.25% of drawdown or £0.25m	0.93%		Green <1.25%, Amber 1.25-5% Red >5%	Closing cash balance of £1.492m against drawdown of £160.0m
Achieve BPPC (Better Payment Practice Code)	>95% across 8 areas	Pass 8/8		Green 8/8 Amber 7/8 Red <6/8	In month and YTD payments of over 95% for invoices categorised as NHS and non NHS assessed on value and volume

Operating Cost Statement For the H1 Period Ending: September 2021

Derby and Derbyshire Clinical Commissioning Group

	Year to Date			
	YTD Budget	YTD Actual	YTD Variance	YTD Variance as a % of YTD Budget
	£'000's	£'000's	£'000's	%
Acute Services	542,849	540,955	1,894	0.35
Mental Health Services	114,888	115,000	(112)	(0.10)
Community Health Services	79,396	79,366	30	0.04
Continuing Health Care	52,832	58,891	(6,060)	(11.47)
Primary Care Services	105,940	107,201	(1,261)	(1.19)
Primary Care Co-Commissioning	78,222	78,221	2	0.00
Other Programme Services	45,954	44,510	1,444	3.14
Total Programme Resources	**1,020,081**	**1,024,145**	**(4,064)**	**(0.40)**
Running Costs	9,739	8,781	958	9.84
Total before Planned Deficit	**1,029,821**	**1,032,926**	**(3,106)**	(0.30)
In-Year Allocations	1,559	1,559	0	0.00
In-Year 0.5% Risk Contingency	4,244	3,920	324	7.63
Total Incl Covid Costs	**1,035,624**	**1,038,405**	**(2,782)**	(0.27)
Expected Covid Reimbursement in Future Months	2,697	5,498	(2,801)	
Expected Elective Recovery Fund Allocation	702	702	0	
Non-NHS Pay Award Funding	-	676	(676)	
Total Including Reclaimable Covid Costs and Pay award	**1,032,225**	**1,031,529**	**696**	0.07

The reported position at month 6 is an underspend of £0.696m.

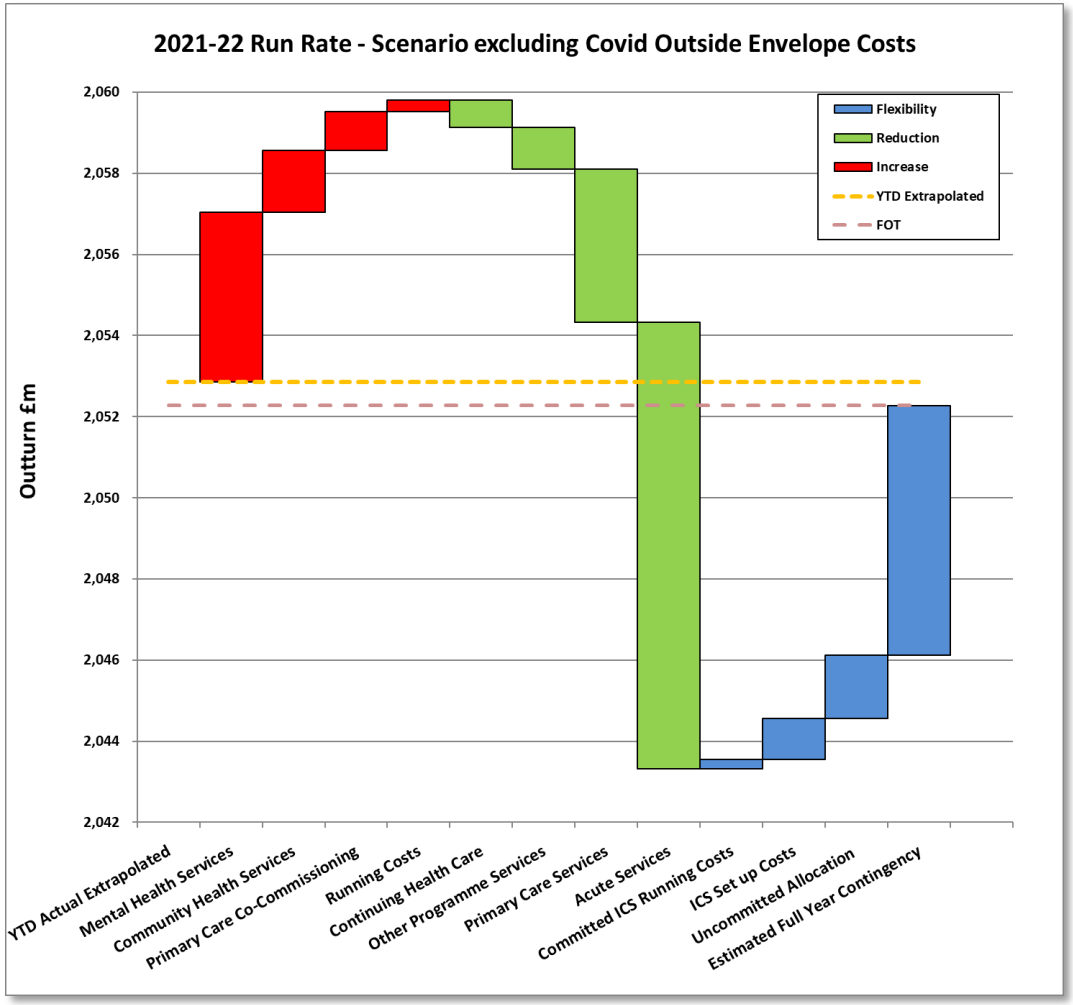
This position includes £2.801m YTD relating to Covid expenditure for the Hospital Discharge Programme which is expected to be reclaimed in full. An allocation of £2.697m for quarter 1 out of envelope covid expenditure was received in month 4, the quarter 2 funding is anticipated to be received in month 7.

The Elective Recovery Fund (ERF) allocation retained by the CCG is £0.702m and it is not expected that any additional funding relating to CCG expenditure will be received.

The estimated non NHS Pay Award costs of £0.676m, are expected to be covered in the H2 allocations and therefore have been removed so this does not have an adverse impact on the month 6 position.

The CCG has release £1.8m of flexibilities and £0.324m of the H1 £4.244m contingency into the month 6 position.

Run Rate based on H1 Expenditure

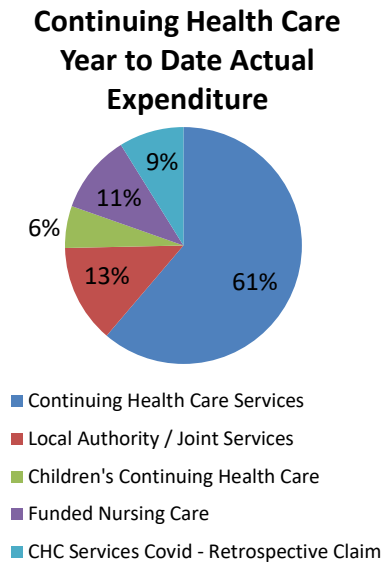


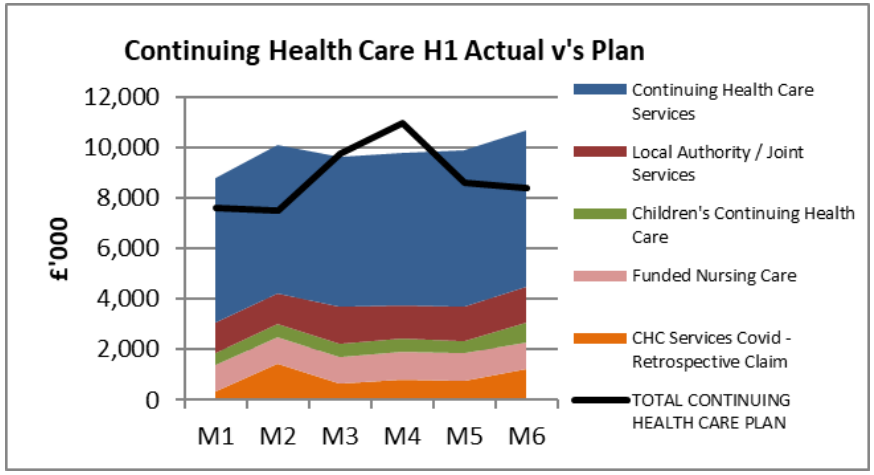
£0.576m variation between the H1 position to date continuing at its current rate and the forecast outturn for the full financial year.

- **Mental Health Services** – Increased payments to NHS providers including full year effect of investments. Section 117 caseload increases and growth expected in other mental health areas including Improving Access to Psychological Therapies programme, Learning Disabilities and High Cost Patients.
- **Community Health Services** – Increased payments to NHS providers including impact of pay award.
- **PC Co-Commissioning** – Additional Roles Reimbursement Scheme payments expected to be incurred later in the year.
- **Running Costs** – Vacancies expected to be filled reducing underspends on pay costs.
- **Continuing Health Care** – Reduced costs expected based on phasing of caseloads across the year.
- **Other Programme Services** – NHS 111 allocations received in H1 partly offset by pay underspends not expected to continue due to recruitment.
- **Primary Care Services** – Allocations received for Primary Care Transformation not currently included for H2 and Covid costs incurred in H1 not expected to continue in H2.
- **Acute Services** – £8,500k of provider ERF not expected to continue and lower costs for Covid and System top up payments in H2 partly offset by increased costs for inflation and pay award. Based on current H2 information but awaiting final details.
- **ICS Running Costs and ICS Set up Costs –** One off expected expenditure with a further funding allocation of £156k also anticipated in H2.
- **Uncommitted Allocations –** Allocations received still awaiting distribution to areas.
- **Estimated Full Year Contingency –** Balance of H1 contingency funding plus H2 estimated amount.

Continuing Health Care

	YTD H1			
	YTD Budget	YTD Actual	YTD Variance	YTD Variance as a % of YTD Budget
	£'000's	£'000's	£'000's	%
Continuing Health Care				
Continuing Health Care Services	33,606	36,060	(2,453)	(7.30)
Local Authority / Joint Services	7,055	7,912	(857)	(12.14)
Children's Continuing Health Care	3,120	3,373	(253)	(8.12)
Funded Nursing Care	6,621	6,332	290	4.37
Continuing Health Care Services Covid - Retrospective Claim	2,429	5,215	(2,786)	(114.68)
	52,832	**58,891**	(6,060)	**(11.47)**





£2.786m of the reported YTD overspend is due to Covid related costs for the Hospital Discharge Programme and these amounts are expected to be reclaimed in full. An allocation of £2.429m was received in month 4 to fund the quarter 1 expenditure. There is a further £1.084m of costs expected for packages that started before 30th September 2021 but will into H2 due to the four week funding available.

The main pressures relate to Fully Funded Adult CHC, Fast Track and Joint Funded CHC.

Continuing Health Care

Fast Track Packages and Cost

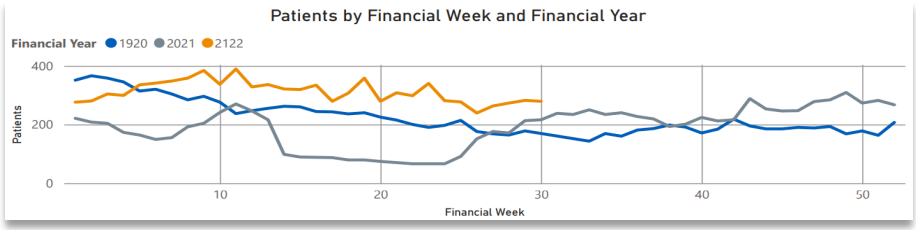
Fast track costs at M6 increased to a H1 overspend of £0.271m due to additional packages added to the CHC system in M6 for previous months totalling £0.101m.

While the overspend is not significant, it should be noted that the budget was increased at M4 by £2.274m to recognise that the activity was much higher than the 2019/20 outturn levels anticipated when the financial plan was set.

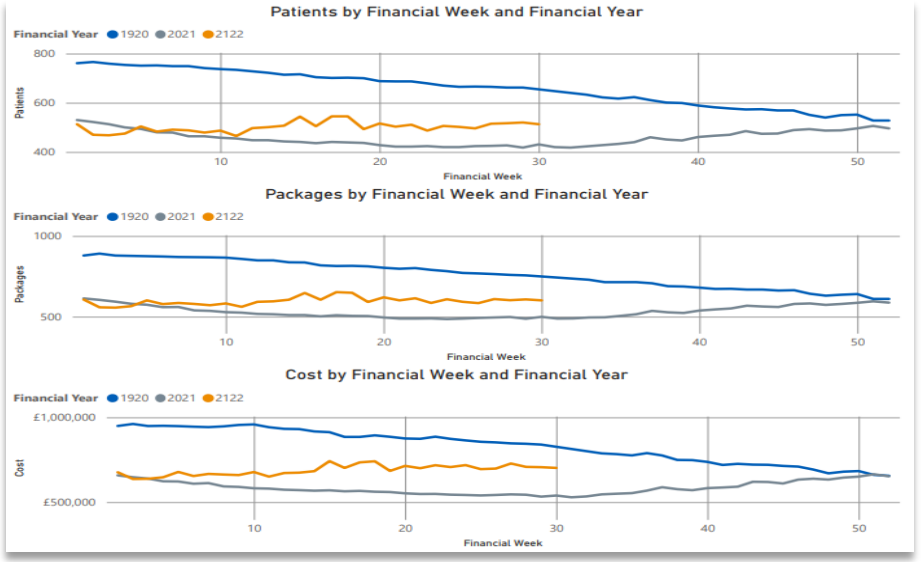
Costs have reduced over the period as a result of actions taken by colleagues in the Nursing and Quality team and the CSU to reduce the fast track packages. Further details are given in the CHC Deep Dive report to Finance Committee.

	M1	M2	M3	M4	M5	M6
Fast Track	**£'000's**	**£'000's**	**£'000's**	**£'000's**	**£'000's**	**£'000's**
H1 Budget		5,361	5,361	7,635	7,635	7,635
H1 Forecast	9,153	9,060	8,947	7,699	7,817	7,906
Overspend		***(3,699)***	***(3,586)***	***(64)***	***(182)***	***(271)***

The latest data shows fluctuations upwards and downwards over the last 4 weeks although overall it is still on a downwards trajectory.



Fully Funded Packages and Cost

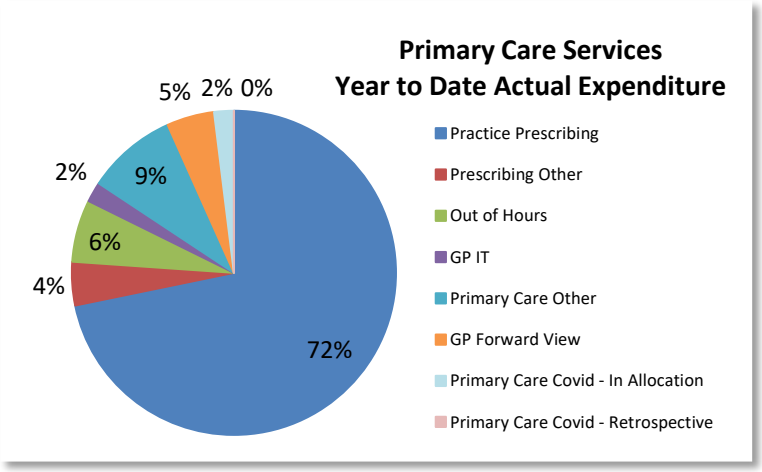


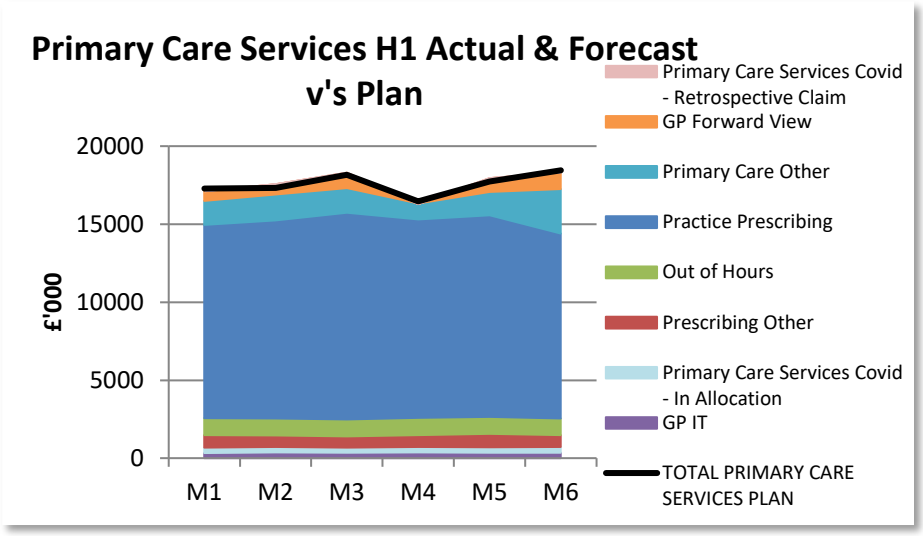
Fully Funded packages show a H1 overspend of £1.837m above plan, a deterioration of £0.384m from M5. £0.314m of this is due to additional packages added to the CHC system in M6 for previous months, as seen for Fast Track. This is likely to be due to absences over the summer holiday period and is being investigated by the CCG & CSU.

The overspend is mainly due to the caseload increasing more quickly than anticipated after the stand down of the CHC framework for Covid. The increase is partly due to the actions taken by colleagues in the Nursing and Quality team and the CSU to reduce the fast track packages, with a number of them converting to a more appropriate fully funded package of care.

Primary Care Services

	YTD Budget	YTD Actual	YTD Variance	YTD Variance as a % of YTD Budget
	£'000's	£'000's	£'000's	%
Primary Care Services				
Practice Prescribing	75,735	76,934	(1,199)	(1.58)
Prescribing Other	4,639	4,643	(5)	(0.10)
Out of Hours	6,538	6,651	(113)	(1.73)
GP IT	2,117	2,148	(31)	(1.48)
Primary Care Other	9,737	9,645	92	0.95
GP Forward View	5,078	5,078	0	0.00
Primary Care Services Covid - In Allocation	2,096	2,096	1	0.03
Primary Care Services Covid - Retrospective Claim	0	6	(6)	0.00
	105,940	**107,201**	**(1,261)**	**(1.19)**





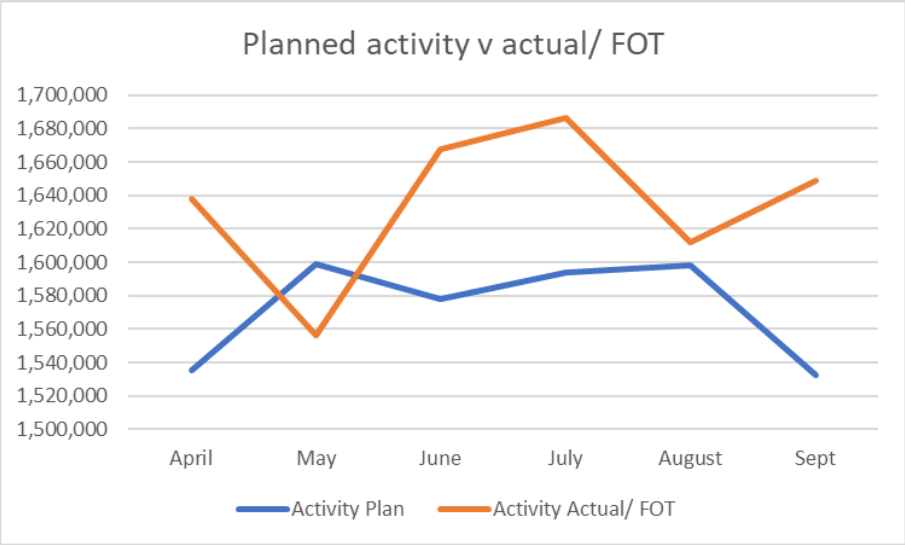
Primary Care Services is an overspend position of £1.261m. This mainly relates to prescribing costs due to higher volumes of prescribing than planned. This increased activity has been factored into the trend information that is used to calculate expected costs and has lead to the increase in expenditure levels.

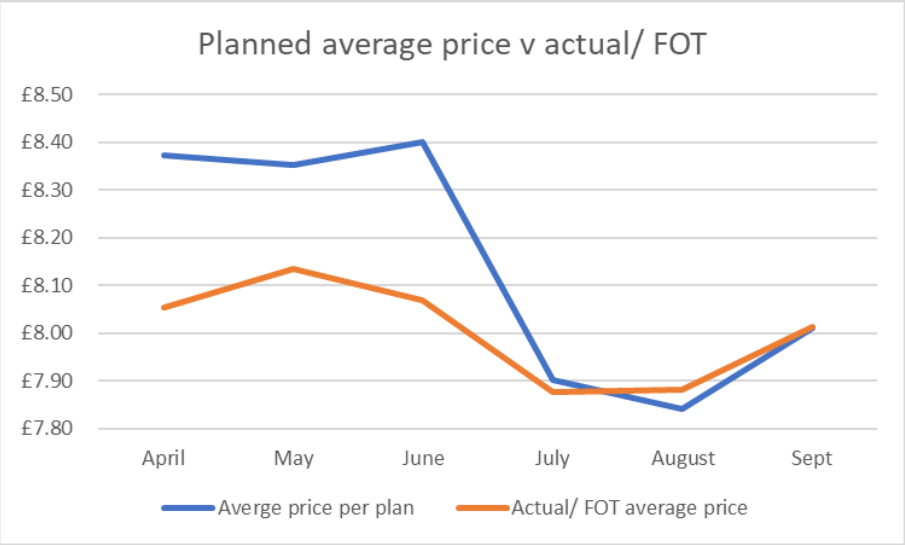
Out of Hours has an overspend to date of £0.112m which includes additional costs relating to pay award.

There has also been an increase in activity for both home oxygen therapy and translation services which has lead to small overspends. These are offset by an underspend for enhanced services due to lower activity levels than planned.

Prescribing

Practice prescribing is £1.199m overspent at M6. This is driven by a higher level of prescribing activity than was anticipated. The average price of items prescribed is lower than planned and so is partially offsetting the increased activity.





The position has deteriorated since M5 by £1.063m. Actual costs fluctuated against forecast in April, May and June and due to the volatility of spend over the previous 12 months, it was not clear if these were non-recurrent changes due to the easing of lockdown restrictions or a stepped change in activity. The publication of the July actuals in September confirmed a stepped change (pressure of £0.323m), which has prompted a deep dive of activity patterns and the underlying assumptions in the prescribing forecast.

An assumption had been made in the financial plan and forecast that the Medicines Order Line (MOL) would result in savings, which would reduce costs in H1. Further analysis is being undertaken but early indications show that while the MOL is successfully carrying out interventions that avoid costs, it is not resulting in additional current year savings. Prescribing costs would spiral if the MOL was not carrying out interventions as repeat prescribing would not be subject to any control. Consequently, the H1 position no longer assumes a saving arising from the MOL.

System Year to Date and Forecast Outturn

JUCD YTD and forecast by organisation

Month 06 Position Organisation	2021/22 H1 YTD Plan £m's	YTD Actual £m's	YTD Variance £m's	H1 Plan £m's	H1 Forecast £m's	Forecast Variance £m's
NHS Derby and Derbyshire CCG	0.7	0.7	0.0	0.7	0.7	0.0
Chesterfield Royal Hospital	0.0	1.3	1.3	0.0	1.3	1.3
Derbyshire Community Health Services	0.0	0.0	0.0	0.0	0.0	0.0
Derbyshire Healthcare	0.0	(0.1)	(0.1)	0.0	(0.1)	(0.1)
East Midlands Ambulance Service	0.0	(0.8)	(0.8)	0.0	(0.8)	(0.8)
University Hospitals Of Derby And Burton	0.0	3.9	3.9	0.0	3.9	3.9
Intra System Reconciliation	0.0	0.0	0.0	0.0	0.0	0.0
JUCD Total	**0.7**	**5.0**	**4.3**	**0.7**	**5.0**	**4.3**

Note - All Number Above Assumed to be Based on NHS E Control Total Number, excluding impairments etc.

Finance	Plan	Act.	RAG
Forecast position for the current year	0.0	5.0	
Underlying position of the system	(115.6)	(102)	
Projected capital out-turn	52.1	52.8	

Finance Narrative for SODB

JUCD finished H1 with a £5m surplus, however this was achieved by receiving £148.7m NR allocations. Which is why the underlying savings challenge for 22/23 remains at £102m.

This assumes JUCD efficiency programme delivers a 3% improvement, (£47m above current plans).

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th November 2021

Item No: 177

Report Title	Clinical and Lay Commissioning Committee Assurance Report – October 2021
Author(s)	Zara Jones, Executive Director of Commissioning Operations
Sponsor (Director)	Zara Jones, Executive Director of Commissioning Operations

Paper for:	**Decision**		**Assurance**	x	**Discussion**		**Information**	x
Assurance Report Signed off by Chair				Dr Ruth Cooper, Chair of CLCC				
Which committee has the subject matter been through?				CLCC – 14.10.2021				

Recommendations

The Governing Body is requested to **RATIFY** the decisions made by the Clinical and Lay Commissioning Committee (CLCC) on 14th October 2021.

Report Summary

THE GOVERNING BODY IS ASKED TO NOTE THAT THE FOLLOWING ITEM CLC/2122/95 WAS INADVERTENTLY INCLUDED ON THE 7th OCTOBER CLCC CONFIDENTIAL GOVERNING BODY ASSURANCE REPORT INSTEAD OF THE CLCC PUBLIC GOVERNING BODY ASSURANCE REPORT:

CLC/2122/95 CYPMH Transformation plan / FIM Refresh

CLCC were requested to **NOTE** that the CYPMH Transformation plan which was based on the previously agreed Futures in Mind and the CYP Crisis plans and to **NOTE** for information that:

1. NHSE/I require Derbyshire ICS to have a published Children and Young People Mental Health Transformation plan by 30th September
2. A draft refresh of the CYPMH Transformation plan was submitted to NHSE/I on 23rd July and feedback is due week beginning 31st August.
3. The draft plan has been circulated widely for system engagement, contributions and debate.
4. Associated financial investments have previously been agreed

CLCC NOTED and were ASSURED by the CYPMH Transformation Plan and AGREED to its onward transmission to Governing Body.

CLC/2122/110 Psychiatric Intensive Care Unit Outline Business Case

Andy Harrison, SRO, Acute Care Capital Programme (DHcFT) presented the PICU OBC to the Committee.

CLCC were requested to:

1. **Note** the executive summary of the outline business cases relating to the provision of new male Psychiatric Intensive Care Unity (PICU) and new female acute plus inpatient services both to be provided on the Kingsway Hospital campus in Derby.
2. **Note** outline support provided by JUCD MH LD&A CYP Delivery Board with an extraordinary Board meeting to be held 13th October to discuss the OBC's in detail feeding into JUCD review and approval processes.
3. **Note** the governance route within the CCG and JUCD for review and approval
4. **Review** the recommendations from senior officers within the CCG
5. **Confirm** support for the progress of the Business Cases to execs to be reviewed at CCG Governing Body

It was noted that the OBC had been to the JUCD Mental Health, Learning Disability, Autism and Children's System Delivery Board on the 7th October, SLT on the 8th October, and also noted at the Executive Team meeting on 13th October.

CLCC agreed unanimously that this was the best option for patients and SUPPORTED taking forward the Business Case to Governing Body.

The following items had been circulated to CLCC previously for their virtual approval at the 14th October CLCC meeting:

CLC/2122/117 Clinical Policies to be ratified

- Policies/Position Statements:

  1.a Treatment of Congenital Pigmented Lesions on the face
  1.b Removal of Benign Skin Lesions Policy – minor amendment
  1.c Surgical Removal of Lipoma/Lipomata Policy – minor amendment
  1.d Surgical Removal of Epidermoid and Pilar Cyst Policy – minor amendment

CLCC RATIFIED the above policies/ position statements

Stakeholder feedback post policy review and ratification

CLCC **NOTED** that stakeholder feedback is being received post policy review and ratification and AGREED to the updated wording in emails sent to stakeholders requesting clinician engagement during the review period.

Areas for Service Development

CLCC **NOTED** that CPAG have reviewed Individual Funding Request (IFR) cases submitted and Interventional Procedures Guidance (IPGs), Medtech Innovation Briefings (MIBs), Medical Technology Guidance **(**MTGs) and Diagnostic Technologies (DTs) for August 2021.

CLCC were assured that no areas for service developments were identified.

Evidence Based Interventions (EBI2) Guidance

- progress to date regarding the EBI2 interventions – all sections are now completed

CLCC NOTED the progress to date

Evidence-Based Interventions (EBI2) Guidance – review of Section 3 – pathways (part 3.3)

- CLCC NOTED that the interventions included in section 3.3 require no further action by CPAG and were assured that providers are compliant and form part of a clinical pathway. The exception to this is "Diagnostic coronary angiography for low risk, stable chest pain" Contracting have been made aware and it has also been passed to the appropriate commissioning teams to prioritise and allocate resources accordingly.

Evidence-Based Interventions (EBI) List 2 Guidance – Overarching Position Statement

CLCC RATIFIED the Overarching Position Statement for the EBI2 Guidance which been agreed by CPAG for all 31 interventions.

CLCC noted the CPAG bulletin for August 2021

Are there any Resource Implications (including Financial, Staffing etc)?
N/A
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
N/A
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
N/A
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
N/A

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
N/A
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
N/A
Have any Conflicts of Interest been identified/ actions taken?
N/A
Governing Body Assurance Framework
N/A
Identification of Key Risks
N/A

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th November 2021

Item No: 179

Report Title	Quality and Performance Committee Assurance Report – October 2021
Author(s)	Jackie Carlile, Head of Performance and Assurance Alison Cargill, Assistant Director of Quality
Sponsor (Director)	Zara Jones, Executive Director for Commissioning Operations Brigid Stacey, Chief Nurse

Paper for:	**Decision**		**Assurance**	x	**Discussion**		**Information**	
Assurance Report Signed off by Chair				Dr Buk Dhadda, Chair of Q&PC				
Which committee has the subject matter been through?				Quality and Performance Committee – 28.10.2021				

Recommendations

The Governing Body is requested to **NOTE** the paper for assurance purposes.

Report Summary

Performance:

Urgent and Emergency Care:

- The A&E standard was not met at a Derbyshire level at 76.2% (YTD 80.0%). CRH did not achieve the standard achieving 89.3% (YTD 93.4%). UHDB achieved 67.9% during August (YTD 72.1%).
- UHDB had 42 x 12-hour trolley breaches during September – 37 were due the availability of medical beds and 9 were due to the unavailability of a suitable mental health bed. CRH had 2 x 12-hour trolley breaches due to the lack of mental health bed availability (to be confirmed).
- EMAS were non-compliant for all 6 of their standards for Derbyshire during September 2021, reflecting the significant pressures experienced throughout the month.

Planned Care:

- 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at a CCG level at 67.1% (YTD 66.3%).
- CRHFT performance was 69.3% (YTD 69.1%) and UHDB 62.7% (YTD 61.5%).
- Derbyshire had 5,627 breaches of the 52-week standard across all trusts – the fourth consecutive month there has been a reduction.
- Diagnostics – The CCG performance was 35.98%, a deterioration from the previous month. Neither CRH (22.09%) or UHDB (38.98%) have achieved the standard.

Cancer:

During August 2021, Derbyshire was compliant in 2 of the 9 Cancer standards:

- **28-day Faster Diagnosis – 75.13%** (75% standard) – Compliant for Chesterfield and Nottingham.

- **31-day Subsequent Drugs – 100%** (98% standard) – Compliant for all Trusts.

During August 2021, Derbyshire was non-compliant in 7 of the 9 Cancer standards:

- **2-week Urgent GP Referral – 88.20%** (93% standard) – Compliant for Stockport.
- **2-week Exhibited Breast Symptoms – 92.96%** (93% standard) – Compliant at Derby & Burton, Nottingham and Sherwood Forest.
- **31 day from Diagnosis – 91.92**% (96% standard) – Compliant for Chesterfield and Stockport.
- **31-day Subsequent Radiotherapy – 91.74%** (94% standard) – Non-Compliant at relevant Trusts.
- **31 day Subsequent Surgery – 84.69%** (94% standard) - Compliant for Chesterfield and Stockport.
- **62 day Urgent GP Referral – 67.25%** (85% standard) – Non compliant for all trusts.
- **62 day Screening Referral – 77.78%** (90% standard) – Non compliant for all trusts.
- **104 day wait – 20 CCG patients** waited over 104 days for treatment.

Quality

Chesterfield Royal Hospital FT
12 hour Decision to Admit: 2 breaches in September due to mental health bed availability. Harm review process is supported on each occasion.

University Hospitals of Derby and Burton FT
12 hour Decision to Admit Breaches: For September there were 46 breaches in total, and all at Derby. 9 due to mental health bed availability and 37 due to MAU capacity. The harm review process is supported on each occasion.

Never Events: UHDB have reported one Never Event which will be investigated under the PSIRF process as a Patient Safety Incident Investigation. This is in relation to a pacemaker being inserted on the incorrect side.

Derbyshire Community Health Services FT
CQC 'engagement' activity and scheduled visits to DCHS: DCHS CQC leads have requested to attend private and public Board on the 7th October 2021. This will be the first time the new inspectors have attended Board. The Head of Inspection/Hospitals (Mental Health and Community Health Services), Midlands and East will be visiting services in the Trust on the 18th October and the Inspector for Primary Medical Services and Integrated Care will be meeting on the 25th October. Outcomes will be monitored through CQRG.

Derbyshire Healthcare Foundation Trust
Waiting list for Child and Adolescent Mental Health Services – number waiting: The number of referrals received has been steadily increasing, with a corresponding increase in activity. From 27th September until 29th October the trust will carry out a 'waiting list blitz'. During that time period staff within the ASIST team will be pausing all routine work to focus solely on assessments, with support from the rest of them CAMHS service. The Trust are aiming to undertake around 320 assessments during the time period which should reduce the longest wait on the waiting list to around 6 weeks.

The Trust Director of Nursing recently attended the DDCCG Quality Committee to give an overview of waiting times and improvement actions.

East Midlands Ambulance Trust
Performance: Performance against national standards has improved in August compared to July, however the trust is still not delivering national standards.

Non-Emergency Patient Transport Services: Continue to operate in line with national and social distancing guidance resulting in a reduction in patient conveying capacity. Derbyshire continues to have the highest number of discharges across the region. Through collaborative working with stakeholders the trust continues to support timely discharges from hospital and maintain patient flow, despite the ongoing challenges.

Quality and Performance Committee 28th October 2021

The integrated report was presented and approved, with minor changes to the 12-hour beaches in A&E and breast performance figures.

The Committee noted that both Trusts achieved the breast targets in August 2021, this reflects the improvements made to the breast pathways. There is a system focus on 52 waiters, it is likely this will decrease overall performance as the long waits are priorities. Committee noted the prioritisation and possibly impact on the waiting times.

The ambulance delays at both A&Es were highlighted. The CCG CNO as chair of the 999 Quality Committee gave assurance to the committee that a review of the delays had been undertaken and EMAS are triaging calls against the quality and safety criteria.

The data shows there is variation in the numbers of patients being referred but is showing an overall improved position. The tracking of patients moved from non-urgent referrals to urgent was discussed, the performance team will investigate if the data can be collected and analysed. The Committee have asked for assurance on how GP requests for patients being seen urgently is accelerated by the consultants especially in terms of health inequalities. The Quality team will raise this with the two Trusts to obtain assurance on the processes for expediated patients.

The Committee noted that the GBAFs 1, 2 and 6 have been updated to reflect the JUCD sustainability strategies.

The Committee reviewed the risk register. It was agreed to decrease risk 38 (CHC backlog) to score 6 to reflect the decrease in outstanding reviews. Committee agreed to close risk 14 (non-compliance of completion of initial health assessments) as this is now compliant.

The request from NHSE/I to the CCG to have a dedicated board discussion on the patient safety specialists was highlighted. Committee agreed the discussion should be held at the committee and Governing Body briefed on the key points.

The minutes of the 30th September 2021 were approved.

The Committee noted that there were no safety concerns. The assurance questions were agreed.

Are there any Resource Implications (including Financial, Staffing etc)?

No

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
N/A
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
N/A
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
N/A
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
N/A
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
N/A
Have any Conflicts of Interest been identified/ actions taken?
None
Governing Body Assurance Framework
The report covers all of the CCG objectives
Identification of Key Risks
The report covers GBAFs 1,2 and 6.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Month 05
Quality & Performance Report
2021/22

October 2021

Contents Page

EXECUTIVE SUMMARY

Key Messages	• The tables on slides 5-8 show the latest validated CCG data against the constitutional targets. A more detailed overview of performance against the specific targets and the associated actions to manage performance is included in the body of this report.
Urgent & Emergency Care	• The A&E standard was not met at a Derbyshire level at 76.2% (YTD 80.0%). CRH did not achieve the standard achieving 89.3% (YTD 93.4%). UHDB achieved 67.9% during September (YTD 72.1%). • UHDB had 39 x 12 hour trolley breaches during September – 31 were due the availability of medical beds and 8 were due to the unavailability of a suitable mental health bed. CRH had 2x 12 hour trolley breaches due to the lack of mental health bed availability. • EMAS were non-compliant for all 6 of their standards for Derbyshire during September 2021, reflecting the significant pressures experienced throughout the month.
Planned Care	• 18 Week Referral to Treatment (RTT) for incomplete pathways continues to be non-compliant at a CCG level at 67.1% (YTD 66.3%). • CRHFT performance was 69.3% (YTD 69.1%) and UHDB 62.7% (YTD 61.5%). • Derbyshire had 5,627 breaches of the 52 week standard across all trusts – the fourth consecutive month there has been a reduction. • Diagnostics – The CCG performance was 35.98%, a deterioration from the previous month. Neither CRH (22.09%) or UHDB (38.98%) have achieved the standard.
Cancer	During August 2021, Derbyshire was compliant in 2 of the 9 Cancer standards: • **28 day Faster Diagnosis – 75.13%** (75% standard) – Compliant for Chesterfield and Nottingham. • **31 day Subsequent Drugs – 100%** (98% standard) – Compliant for all Trusts. During August 2021, Derbyshire was non-compliant in 7 of the 9 Cancer standards: • **2 week Urgent GP Referral – 88.20%** (93% standard) – Compliant for Stockport. • **2 week Exhibited Breast Symptoms – 92.96%** (93% standard) – Compliant at Derby & Burton, Nottingham and Sherwood Forest. • **31 day from Diagnosis – 91.92**% (96% standard) – Compliant for Chesterfield and Stockport. • **31 day Subsequent Radiotherapy – 91.74%** (94% standard) – Non-Compliant at relevant Trusts. • **31 day Subsequent Surgery – 84.69%** (94% standard) - Compliant for Chesterfield and Stockport. • **62 day Urgent GP Referral – 67.25%** (85% standard) – Non compliant for all trusts. • **62 day Screening Referral – 77.78%** (90% standard) – Non compliant for all trusts. • **104 day wait – 20 CCG patients** waited over 104 days for treatment.

Executive Summary

Trust	
Chesterfield Royal Hospital FT	12 hour Decision to Admit: 2 breaches in September due to mental health bed availability. Harm review process is supported on each occasion.
University Hospitals of Derby and Burton NHS FT	12 hour Decision to Admit Breaches: For September there were 39 breaches in total, and all at Derby. 8 due to mental health bed availability and 31 due to MAU capacity. The harm review process is supported on on each occasion. Never Events: UHDB have reported one Never Event which will be investigated under the PSIRF process as a Patient Safety Incident Investigation. This is in relation to a pacemaker being inserted on the incorrect side.
Derbyshire Community Health Services FT	CQC 'engagement' activity and scheduled visits to DCHS: DCHS CQC leads have requested to attend private and public Board on the 7 October 2021. This will be the first time the new inspectors have attended Board. The Head of Inspection/Hospitals (Mental Health and Community Health Services), Midlands and East will be visiting services in the Trust on the 18 October and the Inspector for Primary Medical Services and Integrated Care will be meeting on the 25 October. Outcomes will be monitored through CQRG.
Derbyshire Healthcare Foundation Trust	Waiting list for Child and Adolescent Mental Health Services – number waiting: The number of referrals received has been steadily increasing, with a corresponding increase in activity. From 27 September until 29 October the trust will carry out a 'waiting list blitz'. During that time period staff within the ASIST team will be pausing all routine work to focus solely on assessments, with support from the rest of them CAMHS service. The trust are aiming to undertake around 320 assessments during the time period which should reduce the longest wait on the waiting list to around 6 weeks. The Trust Director of Nursing recently attended the DDCCG Quality Committee to give an overview of waiting times and improvement actions.
East Midlands Ambulance Trust	Performance: Performance against national standards has improved in August compared to July, however the trust are still not delivering national standards. Non-Emergency Patient Transport Services: Continue to operate in line with national and social distancing guidance resulting in a reduction in patient conveying capacity. Derbyshire continues to have the highest number of discharges across the region. Through collaborative working with stakeholders the trust continues to support timely discharges from hospital and maintain patient flow, despite the ongoing challenges.

PERFORMANCE OVERVIEW MONTH 6 – URGENT CARE

NHS Derby & Derbyshire CCG Assurance Dashboard

Key:	
	Performance Meeting Target
	Performance Not Meeting Target
	Indicator not applicable to organisation

Performance Improved From Previous Period	↑
Performance Maintained From Previous Period	→
Performance Deteriorated From Previous Period	↓

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

	Area	Indicator Name	Standard	Latest Period	NHS Derby & Derbyshire CCG				Chesterfield Royal Hospital FT				University Hospitals of Derby & Burton FT				NHS England			
					Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance		Current Month	YTD	consecutive months non-compliance		Current Month	YTD	consecutive months non-compliance	
Urgent Care	Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Sep-21	↑	76.2%	80.0%	72	89.3%	93.4%	3		67.9%	72.1%	72		77.5%	81.7%	72	
		A&E 12 Hour Trolley Waits	0	Sep-21					6	13	1		39	75	14		5025	12540	72	

NHS Derby & Derbyshire CCG Assurance Dashboard

Key:	
	Performance Meeting Target
	Performance Not Meeting Target
	Indicator not applicable to organisation

↑	Performance Improved From Previous Period
→	Performance Maintained From Previous Period
↓	Performance Deteriorated From Previous Period

EMAS Dashboard for Ambulance Performance Indicators

	Area	Indicator Name	Standard	Latest Period	East Midlands Ambulance Service Performance (NHSD&DCCG only - National Performance Measure)				EMAS Performance (Whole Organisation)			EMAS Completed Quarterly Performance 2021/22				NHS England			
					Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Current Month	YTD	consecutive months non-compliance	
Urgent Care	Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	Sep-21	↓	00:09:21	00:08:25	15	00:09:28	00:08:28	14	00:07:54	00:09:05			00:09:01	00:08:03	5	
		Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	Sep-21	↓	00:16:14	00:14:28	1	00:17:05	00:15:12	3	00:14:06	00:16:29			00:15:56	00:14:19	3	
		Ambulance - Category 2 - Average Response Time	00:18:00	Sep-21	↓	00:44:22	00:36:11	14	00:52:45	00:41:26	15	00:33:40	00:49:29			00:45:30	00:33:28	14	
		Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	Sep-21	↓	01:32:45	01:13:50	14	01:53:35	01:27:24	14	01:10:09	01:46:26			01:38:03	01:10:40	6	
		Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	Sep-21	↓	06:36:22	05:18:53	14	08:01:07	05:58:11	14	04:30:11	07:17:52			06:23:17	04:44:23	6	
		Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	Sep-21	→	05:37:28	05:00:45	6	09:15:05	05:48:37	6	04:43:53	06:45:03			06:58:14	05:48:48	6	

PERFORMANCE OVERVIEW MONTH 5 – PLANNED CARE

NHS Derby & Derbyshire CCG Assurance Dashboard

Key:	
	Performance Meeting Target
	Performance Not Meeting Target
	Indicator not applicable to organisation

Performance Improved From Previous Period	↑
Performance Maintained From Previous Period	→
Performance Deteriorated From Previous Period	↓

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

	Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG			Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England		
						Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance
Planned Care	Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Aug-21	↓	67.1%	66.3%	43	69.3%	69.1%	28	62.7%	61.5%	44	67.6%	67.4%	66
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Aug-21	↓	5627	32072	19	1118	5768	17	5755	35977	18	292138	1612266	172
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Aug-21	↑	35.98%	28.46%	39	22.09%	13.16%	17	38.98%	31.82%	18	27.12%	23.87%	96
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Aug-21	↑	88.2%	86.3%	12	Cancer 2 Week Wait Pilot Site - not currently reporting			82.0%	81.7%	12	84.7%	85.6%	15
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Aug-21	↑	93.0%	64.7%	0				94.1%	64.1%	0	79.1%	70.0%	15
	28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of Urgent GP, Breast Symptom or Screening Referral	75%	Aug-21	↓	75.1%	75.4%	0	76.6%	76.7%	0	72.1%	75.1%	1	72.6%	73.3%	5
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Aug-21	↓	91.9%	93.5%	8	97.6%	97.8%	0	88.7%	92.7%	13	93.7%	94.5%	8
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Aug-21	↑	84.7%	81.9%	21	96.6%	96.4%	0	84.6%	87.1%	3	84.9%	86.5%	37
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Aug-21	↑	100.0%	99.1%	0	100.0%	100.0%	0	100.0%	99.0%	0	98.9%	99.1%	0
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Aug-21	↓	91.7%	95.1%	1				92.2%	92.0%	2	95.6%	96.8%	0
	62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Aug-21	↓	67.3%	69.0%	30	76.3%	73.2%	25	65.7%	68.1%	40	70.7%	72.9%	68
		First Treatment Administered - 104+ Day Waits	0	Aug-21	↑	20	110	65	2	21	40	20	91	65	927	4463	68
		First Treatment Administered Within 62 Days Of Screening Referral	90%	Aug-21	↑	77.8%	74.6%	28	81.8%	67.9%	28	74.7%	80.7%	9	74.8%	74.5%	41
		First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Aug-21	↑	79.5%	83.3%		100.0%	88.9%		77.1%	92.2%		80.6%	82.3%	

PERFORMANCE OVERVIEW MONTH 5 – PATIENT SAFETY

NHS Derby & Derbyshire CCG Assurance Dashboard

Key:	
	Performance Meeting Target
	Performance Not Meeting Target
	Indicator not applicable to organisation

Performance Improved From Previous Period	↑
Performance Maintained From Previous Period	→
Performance Deteriorated From Previous Period	↓

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

	Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG			Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England		
						Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance
Patient Safety	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Aug-21	↔	0	0	0	0	0	0	0	1	0	54	260	29
		Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Aug-21	↑		100			15			50				
			Actual				98	0		7	0		24	0		6153	
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Aug-21	↓	72	374		21	110		52	269		72	374	
		Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Aug-21	↑	18	111		7	33		13	79		953	5006	

PERFORMANCE OVERVIEW MONTH 5 – MENTAL HEALTH

NHS Derby & Derbyshire CCG Assurance Dashboard

Key:	
	Performance Meeting Target
	Performance Not Meeting Target
	Indicator not applicable to organisation

Performance Improved From Previous Period	↑
Performance Maintained From Previous Period	→
Performance Deteriorated From Previous Period	↓

Part A - National and Local Requirements

CCG Dashboard for NHS Constitution Indicators

	Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire CCG Current Month	NHS Derby & Derbyshire CCG YTD	NHS Derby & Derbyshire CCG consecutive months of failure	Derbyshire Healthcare FT Current Month	Derbyshire Healthcare FT YTD	Derbyshire Healthcare FT consecutive months of failure				NHS England Current Month	NHS England YTD	NHS England consecutive months of failure			
Mental Health	Early Intervention In Psychosis	Early Intervention In Psychosis - Admitted Patients Seen Within 2 Weeks Of Referral	60.0%	Jul-21	↓	20.0%	61.9%	1	25.0%	60.5%	1				65.4%	68.5%	0			
		Early Intervention In Psychosis - Patients on an Incomplete Pathway waiting less than 2 Weeks from Referral	60.0%	Jul-21	↓	40.0%	60.0%	1	50.0%	70.0%	1				26.1%	28.5%	27			
	Mental Health	Dementia Diagnosis Rate	67.0%	Aug-21	↓	64.9%	65.0%	14							62.0%	62.8%	17			
		CYPMH - Eating Disorder Waiting Time % urgent cases seen within 1 week		2021/22 Q1	↓	90.8%	74.6%													
		CYPMH - Eating Disorder Waiting Time % routine cases seen within 4 weeks		2021/22 Q1	↓	94.6%	83.9%													
		Perinatal - Increase access to community specialist perinatal MH services in secondary care	4.5%	2020/21 Q4	↓	2.6%	3.9%	5												
		Mental Health - Out Of Area Placements		Jul-21	↓	550	2510													
		Physical Health Checks for Patients with Severe Mental Illness	25%	2021/22 Q1	↑	22.2%	29.6%	5												
	Area	**Indicator Name**	**Standard**	**Latest Period**		**NHS Derby & Derbyshire CCG**			**Talking Mental Health Derbyshire (D&DCCG only)**			**Trent PTS (D&DCCG only)**			**Insight Healthcare (D&DCCG only)**			**Vita Health (D&DCCG only)**		
	Improving Access to Psychological Therapies	IAPT - Number Entering Treatment As Proportion Of Estimated Need In The Population	Plan	Aug-21	↓	2.10%	10.50%													
			Actual			2.41%	13.24%	0												
		IAPT - Proportion Completing Treatment That Are Moving To Recovery	50%	Aug-21	↑	53.8%	53.8%	0	56.2%	54.9%	0	53.5%	54.2%	0	48.0%	46.9%	4	55.6%	58.0%	0
		IAPT Waiting Times - The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment	75%	Aug-21	↓	92.2%	95.7%	0	84.0%	91.4%	0	94.8%	97.2%	0	96.7%	97.7%	0	97.6%	97.8%	0
		IAPT Waiting Times - The proportion of people that wait 18 Weeks or less from referral to entering a course of IAPT treatment	95%	Aug-21	↔	100.0%	100.0%	0	100.0%	100.0%	0	100.0%	100.0%	0	100.0%	100.0%	0	100.0%	100.0%	0
	Area	**Indicator Name**	**Standard**	**Latest Period**		**Derbyshire Healthcare FT**														
	Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Aug-21	↓	78.2%	88.1%	3												
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Aug-21	↔	0	0	0												

Quality Overview

QUALITY OVERVIEW M5

Trust	Key Issues
Chesterfield Royal Hospital FT	**CQC** The Trust have a new inspector who has met with the Trust and plans on attending various internal meetings to promote engagement. **12 hour DTA breaches** 2 breaches for CRH in September due to mental health bed availability (to be confirmed).
University Hospitals of Derby and Burton NHS FT	**Never Event** UHDB have reported one Never Event which will be investigated under the PSIRF process as a Patient Safety Incident Investigation. This is in relation to a pacemaker being inserted on the incorrect side. **Staff wellbeing** Continued Trust focus on this. Support being provided to maternity through utilising nurses to support areas, which is not a replacement for midwives. This is being well received by the teams and staff involved. **12 hour DTA breaches** For September there were 39 breaches in total, and all at Derby. 8 due to mental health bed availability and 31 due to MAU capacity. We have continued to support the harm review process on each occasion.

QUALITY OVERVIEW M5 continued

Trust	Key Issues
Derbyshire Community Health Services FT	**Covid Vaccination:** Vaccination Centre relocated to Midlands House – Phase 3 vaccination programme underway. **CQC 'engagement' activity and scheduled visits to DCHS**: DCHS CQC leads have requested to attend private and public Board on the 7 October 2021. This will be the first time the new inspectors have attended Board. The Head of Inspection/Hospitals (Mental Health and Community Health Services), Midlands and East will be visiting services in the Trust on the 18 October and the Inspector for Primary Medical Services and Integrated Care will be meeting on the 25 October. Outcomes will be monitored through CQRG.

Derbyshire Healthcare Foundation Trust	**Covid Vaccination:** 93% of people working for the Trust have now been vaccinated.
	Autistic spectrum disorder assessments per month: the waiting list is increasing through a steady number of referrals compounding month on month. The trust is continuing with their COVID-19 recovery plans. Plans to respond to waiting list challenge include:
	• Working with a Public Health Speciality Registrar doing their placement in Derbyshire to conduct a review of the evidence around diagnostic practices in the UK against their own delivery and considering if something more efficient can be offered. This will have a number of stages:
	  • Academic review of the current literature and evidence for diagnostic assessments & to map what the trust deliver locally onto the evidence list
	  • Considering different options for delivery of ASD diagnosis with an options appraisal and choice
	• Plans to put in a 12 month assistant post to support scoring of questionnaires which in turn will support throughput of assessments & to increase admin time to support the assessment report writing process
	Waiting list for Child and Adolescent Mental Health Services – number waiting: The number of referrals received has been steadily increasing, with a corresponding increase in activity. From 27 September until 29 October the trust will carry out a 'waiting list blitz'. During that time period staff within the ASIST team will be pausing all routine work to focus solely on assessments, with support from the rest of them CAMHS service. The trust are aiming to undertake around 320 assessments during the time period which should reduce the longest wait on the waiting list to around 6 weeks.
	The Trust DoN recently attended the DDCCG Quality Committee to give an overview of waiting times and improvement actions.

East Midlands Ambulance Trust	**Performance:** Performance against national standards has improved in August compared to July, however the trust are still not delivering national standards. **COVID Outbreak:** In August 2021 the Trust had two active COVID-19 Outbreaks. It was 21 and 11 days respectively since the last positive case was identified in these areas, indicating that the mitigating actions put in place are being effective in managing the outbreaks. **Non-Emergency Patient Transport Services:** Continue to operate in line with national and social distancing guidance resulting in a reduction in patient conveying capacity. Derbyshire continues to have the highest number of discharges across the region. Through collaborative working with stakeholders the trust continues to support timely discharges from hospital and maintain patient flow, despite the ongoing challenges.

QUALITY OVERVIEW M5

Derbyshire Wide Integrated Report

Part B: Provider Local Quality Indicators

Dashboard Key:	CCG assured by the evidence	Performance Improved From Previous Period	↑
	CCG not assured by the evidence	Performance Maintained From Previous Period	↔
		Performance Deteriorated From Previous Period	↓

Part B: Acute & Non-Acute Provider Dashboard for Local Quality Indicators

Section	Area	Indicator Name	Standard	Chesterfield Royal Hospital FT				University Hospitals of Derby & Burton FT				Derbyshire Community Health Services				Derbyshire Healthcare FT			
				Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD
Ratings	CQC Ratings	Inspection Date	N/A	Aug-19				Mar-19				May-19				May-18			
		Outcome	N/A	Good				Good				Outstanding				Requires Improvement			
Adult	FFT	Staff 'Response' rates	15%	2019/20 Q2	↑	7.6%	8.6%	2019/20 Q2	↑	10.1%	10.1%	2019/20 Q2	↑	2.7%	21.7%	2019/20 Q2	↑	3.2%	18.1%
		Staff results - % of staff who would recommend the organisation to friends and family as a place to work		2019/20 Q2	↑	56.0%	64.1%	2019/20 Q2	↑	70.2%	70.2%	2019/20 Q2	↑	50.4%	70.5%	2019/20 Q2	↑	57.3%	66.7%
		Inpatient results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Jul-21	↑	94.7%	97.7%	Jul-21	↑	92.2%	96.4%	Jul-20	↔	100.0%	98.6%				
		A&E results - % of patients who would recommend the organisation to friends and family as a place to receive care	90%	Jul-21	↑	83.4%	77.8%	Jul-21	↓	87.0%	80.3%	Jul-20	↓	N/A	99.3%				
	Complaints	Number of formal complaints received	N/A	Aug-21	↑	14	77	Aug-21	↑	58	275	Aug-21	↓	7	30	Aug-21	↓	19	79
		% of formal complaints responded to within agreed timescale	N/A	Aug-21	↓	50.0%	66.4%	Aug-21	↓		66.6%	Aug-21	↔	100.0%	96.6%	Aug-21	↓	95.0%	97.75%
		Number of complaints partially or fully upheld by ombudsman	N/A	Aug-21	↔	0	0	19-20 Q2	↔	1	2	Aug-21	↔	0	0	Aug-21	↔	0	0
	Pressure Ulcers	Category 2 - Number of pressure ulcers developed or deteriorated	N/A	Aug-21	↔	6	22	Aug-21	↓	49	189	Aug-21	↓	103	434	Aug-21	↔	0	1
		Category 3 - Number of pressure ulcers developed or deteriorated	N/A	Aug-21	↔	2	11	Aug-21	↓	15	54	Aug-21	↑	25	155	Aug-21	↑	0	1
		Category 4 - Number of pressure ulcers developed or deteriorated	N/A	Aug-21	↔	0	0	Aug-21	↔	0	0	Aug-21	↓	3	19	Aug-21	↔	0	0
		Deep Tissue Injuries(DTI) - numbers developed or deteriorated		Aug-21	↓	5	16	Sep-19	↑	16	94	Aug-21	↑	65	344	Aug-21	↔	0	0
		Medical Device pressure ulcers - numbers developed or deteriorated						Sep-19	↓	4	20	Aug-21	↓	12	61	Aug-21	↔	0	0
		Number of pressure ulcers which meet SI criteria	N/A	Sep-20	↑	0	3	Sep-19	↔	0	4	Apr-21	↓	1	1	Aug-21	↔	0	0
	Falls	Number of falls	N/A	Aug-21	↑	88	441	Data Not Provided in Required Format				Aug-21	↓	22	100	Aug-21	↓	28	125
		Number of falls resulting in SI criteria	N/A	Sep-20	↑	0	8	Sep-19	↑	0	19	Aug-21	↓	1	2	Aug-21	↔	0	0
	Medication	Total number of medication incidents	?	Aug-21	↑	64	387	Data Not Provided in Required Format				Aug-21	↓	1	1	Aug-21	↑	68	400
	Serious Incidents	Never Events	0	Aug-21	↔	0	0	Aug-21	↓	1	1	May-19	↔	0	0	Aug-21	↔	0	0
		Number of SI's reported	0	Sep-20	↑	4	26	Sep-19	↑	7	115	Dec-20	↔	1	34	Aug-21	↔	0	5
		Number of SI reports overdue	0	Apr-21	↔	0	0	May-19	↓	19	28	May-19	↔	0	0				
		Number of duty of candour breaches which meet threshold for regulation 20	0	Sep-20	↑	0	3	May-19	↔	0	0	Dec-20	↔	0	0				

QUALITY OVERVIEW M5

Part B: Acute & Non-Acute Provider Dashboard for Local Quality Indicators cont.

Section	Area	Indicator Name	Standard	Chesterfield Royal Hospital NHS Foundation Trust				University Hospitals of Derby & Burton FT				Derbyshire Community Health Services				Derbyshire Healthcare FT			
				Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD	Latest Period	Direction of travel	Current Period	YTD
Adult	VTE	Number of avoidable cases of hospital acquired VTE		Mar-20	↓	0	15	Feb-21	↔	0	TBC					Aug-21	↔	0	0
		% Risk Assessments of all inpatients	90%	2019/20 Q3	↓	96.9%	97.4%	2019/20 Q3	↓	95.9%	96.1%	2019/20 Q3	↓	99.5%	99.7%				
	Mortality	Hospital Standardised Mortality Ratio (HSMR)	Not Higher Than Expected	May-21	↓	109		Nov-20	↔	107.4									
		Summary Hospital-level Mortality Indicator (SHMI): Ratio of Observed vs. Expected		Apr-21	↑	0.944		Apr-21	↑	0.904									
		Crude Mortality		Aug-21	↑	1.49%	1.42%	Aug-21	↓	1.40%	1.10%								
Maternity	FFT	Antenatal serivce: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Jul-21	↑	98.3%	98.5%	Jun-21	↔	N/A	95.1%								
		Labour ward/birthing unit/homebirth: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Jun-21	↓	N/A	98.9%	Jun-21	↓	100.0%	98.1%								
		Postnatal Ward: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Jul-21	↑	97.9%	98.4%	Jul-21	↓	100.0%	98.0%								
		Postnatal community service: How likely are you to recommend our service to friends and family if they needed similar care or treatment?		Jun-21	↔	N/A	98.8%	Jun-21	↔	N/A	97.8%								
Mental Health	Dementia	Dementia Care - % of patients ≥ 75 years old admitted where case finding is applied	90%	Feb-20	↑	100.0%	98.9%	Feb-20	↑	92.1%	90.9%								
		Dementia Care - % of patients identified who are appropriately assessed	90%	Feb-20	↔	100.0%	100.0%	Feb-20	↑	89.4%	85.4%								
		Dementia Care - Appropriate onward Referrals	95%	Feb-20	↔	100.0%	100.0%	Feb-20	↔	100.0%	99.3%								
	Inpatient Admissions	Under 18 Admissions to Adult Inpatient Facilities	0													Aug-21	↔	0	0
Workforce	Staff	Staff turnover (%)		Aug-21	↑	9.2%	8.8%	Aug-21	↑	9.6%	10.1%	Aug-21	↔	9.0%	8.9%	Aug-21	↓	11.05%	10.73%
		Staff sickness - % WTE lost through staff sickness		Aug-21	↑	4.4%	4.3%	Aug-21	↑	5.1%	5.4%	Aug-21	↓	5.7%	4.8%	Aug-21	↑	6.57%	6.29%
		Vacancy rate by Trust (%)		Sep-17	↓	1.9%	1.3%	Data Not Provided in Required Format				Aug-21	↓	3.1%	2.7%	Aug-21	↑	13.8%	13.9%
		Agency usage	Target													Aug-21	↓		
			Actual															2.24%	2.46%
		Agency nursing spend vs plan (000's)		Aug-21	↑	£186	£1,001	Oct-18	↑	£723	£4,355	Aug-21	↓	£88	£407				
		Agency spend locum medical vs plan (000's)		Aug-21	↓	£763	£3,806												
	Training	% of Completed Appraisals	90%	Aug-21	↑	90.2%	63.6%	Aug-21	↓		82.5%	Aug-21	↓	86.6%	88.2%	Aug-21	↓	76.7%	76.7%
		Mandatory Training - % attendance at mandatory training	90%	Aug-21	↑	83.5%	84.4%	Aug-21	↓		87.0%	Aug-21	↑	96.1%	96.2%	Aug-21	↓	85.0%	84.1%
Quality Schedule		**Is the CCG assured by the evidence provided in the last quarter?**	CCG assured by the evidence																
CQUIN		**CCG assurance of overall organisational delivery of CQUIN**	CCG not assured by the evidence																

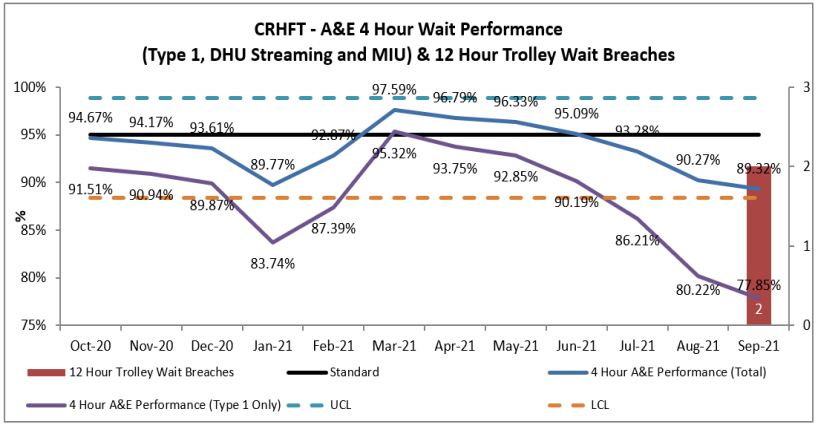
Urgent & Emergency Care

CRHFT A&E PERFORMANCE – PERCENTAGE OF PATIENTS SEEN WITHIN 4 HOURS (95%)

Performance Analysis

During September 2021 the trust did not meet the 95% standard, achieving 89.3% and the Type 1 element achieving 77.9%, a decline on last month's performance.

There were 2x 12 hour trolley breaches during September due to the lack of mental health bed availability (to be confirmed as nationally reported as 6).



What are the next steps?

- Implementing a recurrent increase to the level of P1 capacity from December 2021 with the County increasing its new start capability by 20%.
- The acute frailty service will continue to operate over the winter – with a geriatrician led team located in ED.
- Creating a discharge lounge to improve flow through acute and elective care beds and ED/assessment units
- Broadening the Same Day Emergency Care (SDEC) pathway offer following a Perfect Week exercise, especially for surgical and Gynaecological conditions.
- Working with EMAS to improve virtual communications with crews to ensure that patients are directed to the appropriate treatment area and bypassing ED if possible.

What are the issues?

- There continued to be severely delayed discharges for patients requiring Packages Of Care, due to capacity for these in the county. This has led to the medical bed base being full (at times there have been enough Medically Fit For Discharge patients to fill 2 wards), therefore reducing the beds available for those in A&E who need them.
- The volume of Type 1 attendances are approaching pre-pandemic levels, with an average of 188 attendances per day. However, September 2021 volumes were still around 92% of the September 2019 levels.
- Staff absence due to sickness is high, with around a quarter of sickness being due to Covid related sickness or isolation.
- Decreased bed capacity due to the high number of children attending the hospital with suspected RSV, Covid symptoms and eating disorders requiring medical intervention.
- The trust are still taking precautions against COVID-19 and still have these preventative measures in place to include streaming of patients at the physical front door and additional time between seeing patients to turnaround the physical space ensuring increased strict infection control.

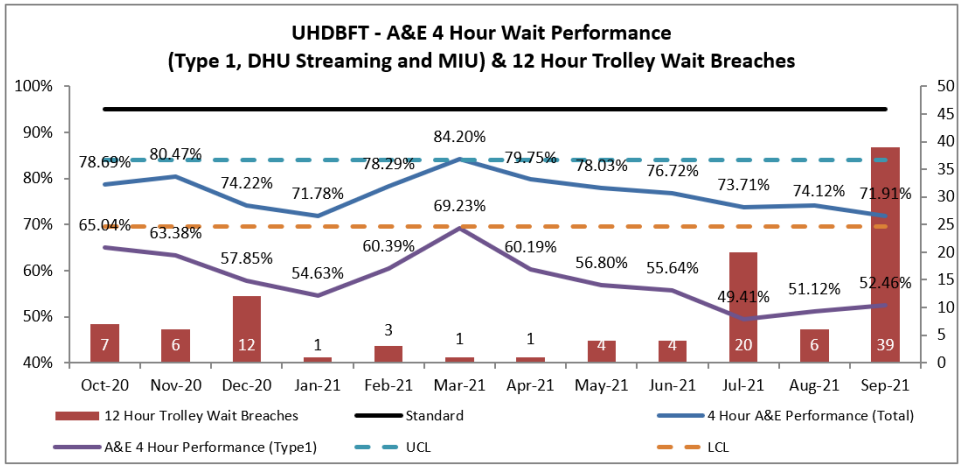
What actions have been taken?

- Escalation of the Packages Of Care shortage to the System Organisational Resilience Group (SORG) which includes councils and community trusts, in addition to focussed meetings & communications to secure more capacity.
- The opening of additional space in an adjoining ward to provide more physical capacity.
- The cancellation of the least urgent elective procedures to free up critical care capacity and inpatient beds.
- Implemented actions recommended by the Missed Opportunities Audit, including other pathway alterations, increased access to diagnostics and alternative streaming options.
- Increased public communications regarding 111First and Urgent Treatment Centres as alternatives to automatic A&E attendances.
- Streamlining of front door and booking-in processes to support more timely clinical review.
- AN NHSI critical friend visit was undertaken during June 2021, with a focus on urgent & emergency care. The Trust are awaiting written feedback.
- RSV Surge accommodation plans have been enacted to include increased oxygen provision across the site, equipment/consumables provision and detailed communications with relevant staff.

UHDBFT – ROYAL DERBY HOSPITAL A&E - PERCENTAGE OF PATIENTS SEEN WITHIN 4 HOURS (95%)

Performance Analysis

During September 2021, performance overall did not meet the 95% standard, achieving 71.9% (Network figure) and 52.5% for Type 1 attendances. At a Network level this was a slight improvement on the previous month.
There were 39 x 12 hour breaches during September 2021 due to the availability of suitable Mental Health beds (8) and medical capacity issues (31).



The 12hour trolley breaches in the graph relate to the Derby ED only.

What are the next steps?

- The acute frailty service will continue to operate over the winter – with a geriatrician led team located in ED.
- Creating 3 new bays in CED for paediatric acute assessment - creating capacity to meet increasing demand, address CED overcrowding and improve quality and dignity of paediatric assessments.
- The continuation of the red-hub and red-home visiting service through to the end of March 2022 given that these services are currently being utilised and relieving pressure of 'normal' general practice capacity.
- Increased Point of Care Testing (flu & covid) capacity – sourcing more 'ID Now' analysers & consumables.
- A Data Quality Review to ensure that the recorded times (and other information) are accurate.
- The development of a Diagnostic Hub at Florence Nightingale Community Hospital, releasing capacity at the acute site.

What are the issues?

- The volume of Type 1 attendances is high, with an average of 519 attendances per day. As a Network the numbers of attendances are 11% higher than pre-pandemic levels (September 2021 compared to September 2019).
- Critical Care pressures continued to affect the whole region, with Derby taking transfers from Nottingham, which affects capacity as these patients tend not to be transferred back due to maintain safety & quality of care.
- Staff absence due to sickness is high, with over a quarter of sickness in the trust being due to Covid related sickness or isolation.
- The acuity of the attendances was high, seeing an average of 15 Resuscitation patients & 191 Major patients per day.
- Attendances at Children's ED have rapidly increased, with concerns about RSV and Bronchiolitis being major factors. Children's Type 1 attendances at Derby have averaged at 143 per day during September 2021 (compared to 100 per day in September 2019).
- A Covid outbreak led to Ripley UTC closing for a short time, with patients redirected to alternatives including Derby.
- ED and Assessment areas are still separated into red/green areas according to Covid19 symptoms to ensure infection control. This limits physical space and therefore flexibility of patient flow. The recent increase in the proportion of red capacity (to reflect greater need) was a large undertaking.

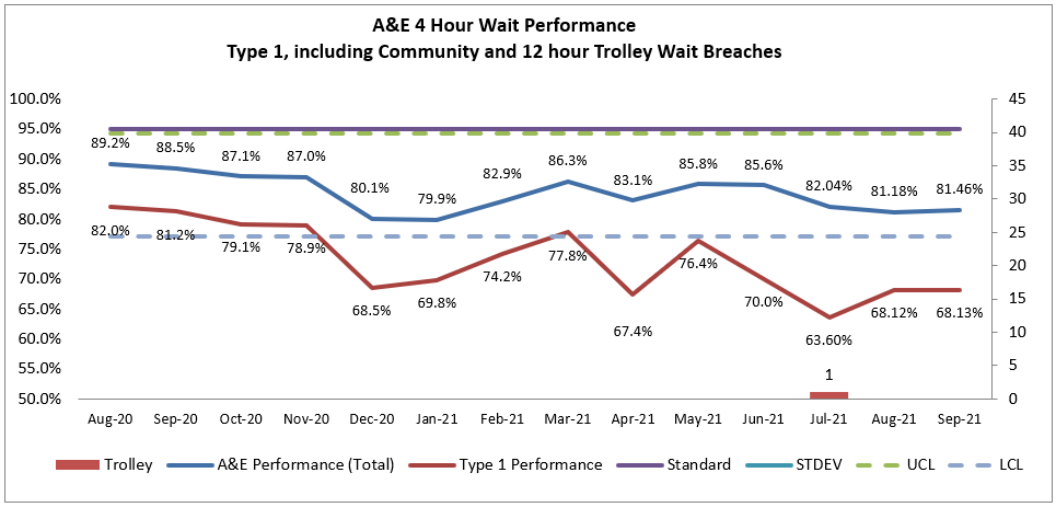
What actions have been taken?

- 24/7 opening of the Urgent Treatment Centre, to treat more minor cases and to reduce unnecessary ED attendances.
- The cancellation of the least urgent elective procedures to free up critical care capacity and inpatient beds.
- Improved consistency in Team Huddles (3x daily), with dashboards introduced and more defined roles within the department.
- Rotas have been improved to ensure that the skill mix matches the attendance profile, including the filling of medical gaps.
- Engaging clinicians throughout the Trust on the importance of ED flow, through internal Professional Standards Forums.
- Development of Same Day Emergency Care (SDEC) pathways. This includes extended access to imaging for Assessment Units, leading to more on-the-day scanning as part of the programme.

UHDB – BURTON HOSPITAL A&E - PERCENTAGE OF PATIENTS SEEN WITHIN 4 HOURS (95%)

Performance Analysis

During September 2021, performance overall did not meet the 95% standard, achieving 68.1% for the Burton A&E and 81.5% including community hospitals. Performance has been fluctuating since winter.
There were no 12 hour breaches during September 2021.



What are the next steps?

- The acute frailty service will continue to operate over the winter – with a geriatrician led team located in ED.
- The continuation of the red-hub and red-home visiting service for Derbyshire patients through to the end of March 2022 given that these services are currently being utilised and relieving pressure of 'normal' general practice capacity.
- Increased Point of Care Testing (flu & covid) capacity – sourcing more 'ID Now' analysers & consumables.
- Devising an Action Plan following a departmental Critical Friend Review by Chris Morrow-Frost (NHSEI).
- A major capital programme to increase the number of Assessment Unit beds and increasing Majors bed capacity is continuing.

What were the issues?

- Critical Care pressures continue to affect the whole region, with Burton taking transfers from Birmingham & Stoke, which affects capacity as these patients tend not to be transferred back due to maintain safety & quality of care. Ambulance diverts from Birmingham continued throughout the month.
- The trust had been experiencing a decrease in attendances but now the attendances exceed the previous year by 23%, with an average of 185 Type 1 attendances per day.
- The acuity of the attendances is high, with an average of 123 Resuscitation/Major patients per day (67% of total attendances).
- Staff absence due to sickness is high, with over a quarter of sickness in the trust being due to Covid related sickness or isolation.

What actions have been taken?

- The addition of a modular building to house GP Streaming services.
- The opening of a 2nd Ultrasound Room has increased availability of scanning capacity and increasing patient flow.
- Implemented a new working model which enables closer consultant working with ED doctors.
- The implementation of the Staffordshire 111First project, whereby patients only access ED via 999 calls or booked appointments – to reduce unnecessary attendances and improve capacity management for those who do attend.
- The development of a Diagnostic Hub at Samuel Johnson Community Hospital, releasing capacity at the acute site.
- A Data Quality Review to ensure that the recorded times (and other information) are accurate.
- Continued development of the Every Day Counts programme, focussing on engagement and working behaviours.
- The development of a Community Hospitals Plan to enable improved patient flow processes.

DHU111 Performance Month 5 (August 2021)

Performance Summary

- DHU achieved five out of the six contractual Key Performance Indicators (KPIs) in August 2021.
- Average speed of answer saw a deterioration and was not achieved in August, deteriorating from 26 seconds in July to 60 seconds in August.

Regional Performance Year Five - Key Performance Indicators (KPI's)														
			Quarter One (October – December)			Quarter Two (January – March)			Quarter Three (April - June)			Quarter Four (July- September)		
KPI's		Standard	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Contract	Abandonment rate (%)	≤5%	0.5%	0.1%	0.2%	0.2%	0.2%	1.0%	1.0%	0.7%	0.9%	1.1%	3.1%	
Contract	Average speed of answer (seconds)	≤27s	00:00:09	00:00:06	00:00:06	00:00:10	00:00:09	00:00:18	00:00:15	00:00:13	00:00:19	00:00:26	00:01:00	
Contract	Call Transfer to a Clinician	≥50%	66.0%	66.7%	69.6%	71.6%	70.4%	68.7%	66.5%	68.0%	66.5%	64.5%	66.0%	
Contract	Self Care	≥17%	26.2%	23.6%	20.9%	20.6%	20.1%	20.4%	17.3%	17.1%	18.1%	19.0%	17.2%	
Contract	Patient Experience	≥85%	88.0%	This data is updated on a six monthly basis					88.0%	This data is updated on a six monthly basis				
Contract	C3 Validation	≥50%	98.0%	98.9%	92.0%	98.9%	98.8%	98.4%	95.9%	98.7%	98.6%	98.2%	98.0%	

Activity Summary

- Activity has been below plan throughout the contractual year (Year 5, October 2020 to date). This is due to a combination of factors including the NHS111 First activity not materialising as anticipated and a reduction in usual winter illness seen between December 2020 – February 2021 in particular.
- Calls offered are 18.1% below plan year to date (October 2020 – August 2021). Due to the contractual ±5% threshold agreement in place it is likely that a credit at the end of quarter four will be due to commissioners, currently at £1,746,776 but this is subject to change upon receipt of M12 data.
- Clinical Calls are also below plan for the year to date by 11.1%. Due to the contractual ±5% threshold agreement in place, it is likely that a credit at the end of quarter four will be due to commissioners, currently at £415,952 but this is subject to change upon receipt of M12 data.
- There were 12,995 Category 3 Ambulance Validations in August, with an associated cost of £234,300. This is a decrease on July, when there were 13,467 validations with a cost of £242,810.
- The regional cost of COVID-19 activity for July was £96,890. COVID-19 calls have decreased from 11,089 in July to 10,222 calls in August.

DHU111 Performance Month 5 (August 2021)

What are the issues?

- DHU111 have identified a change in the distribution of activity, with a significant increase in weekday calls between the hours of 8am and 10am being seen. An increase has also been seen in the total number of in-hours weekday calls triaged.
- Dental related problems continue and currently constitute c.30% of 111 Activity on Monday and Tuesday mornings, and also at a weekend.
- Due to the changes in activity presenting, it is believed that patients are changing they way they use the 111 service. It is no longer seen as an urgent and emergency service to use when other services are closed, and routine activity is seeing an increase.
- National contingency, where other 111 providers invoke national contingency and the remaining 111 providers pick up a portion of this activity, continues to be a pressure for DHU111. Due to the unpredictability and short term nature of the service, it is not possible for DHU111 to staff up for the surge in national contingency activity which causes initial performance pressures and an associated backlog once the contingency is lifted.
- Despite the challenges being faced, DHU111 continue to perform significantly better than other 111 providers across the country. Where DHU111 average speed of answer was 1 minutes exactly during August, the national average figure was 7 minutes and 2 seconds.

What actions have been taken?

- DHU111 and commissioners have worked together to develop a realistic level of growth for the upcoming contractual year. The final Year 6 IAP and associated contract value was agreed and signed off in the September 2021 Contract Management Board Meeting.

Activity		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Year to date (Contract Year runs Oct -Sep)
Calls Offered	Actual	148,098	146,417	146,590	135,746	119,595	145,732	162,043	171,605	149,659	160,685	150,433	1,636,596
	Plan	152,299	153,848	203,460	199,210	177,571	188,612	188,704	186,048	177,330	192,078	178,427	1,997,587
	Variance	-2.8%	-4.8%	-28.0%	-31.9%	-32.6%	-22.7%	-14.1%	-7.8%	-15.6%	-16.3%	-15.7%	-18.1%
Clinical Calls	Actual	30,215	30,687	32,894	31,929	27,493	32,072	29,965	34,287	30,426	29,568	26594	336,130
	Plan	29,898	30,333	39,528	36,350	31,639	35,140	36,518	35,809	34,529	35,256	33100	378,102
	Variance	1.1%	1.2%	-16.8%	-12.2%	-13.1%	-8.7%	-18.0%	-4.3%	-11.9%	-16.1%	-19.7%	-11.1%

Covid-19 Activity – Actual	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Non-Clinical	9,371	9,142	7,413	9,122	5,652	2,943	2,322	5,637	6,495	8,666	7,875
Clinical (total)	2,208	2,435	2,392	3,259	1,809	995	740	1,851	1,984	2,423	2,347

What are the next steps?

- The Coordinating Commissioner is currently working with colleagues across Derbyshire to look at the wider systems in order to obtain a better understanding of the challenges within activity, demand and capacity with the primary care settings.
- From the 1st September 2021 DHU111 will implement the new pilot scheme which extends the Category 3 validation calls being passed over to EMAS from 30 minutes to 60 minutes.
- DHU111 have a number of short term initiatives ready to implement upon receipt of the 111 Funding, which will allow them to increase their staffing levels at short notice to meet any sudden winter surges in activity.

NB: *the contract year runs October–September for the DHU111 contract as per contract award in September 2016. We are currently in year five of a six year contract.*

AMBULANCE – EMAS PERFORMANCE M5 (August 2021)

What are the issues?

- The contractual standard is for the division to achieve national performance on a quarterly basis. For Quarter two to date (July and August combined), Derbyshire are currently not achieving any of the six national standards. C1 mean is not being achieved by 1 minute and 45 seconds, C1 90th Centile by 17 seconds, C2 mean by 24 minutes and 13 seconds, C2 90th Centile by 47 minutes and 7 seconds, C3 90th Centile by 4 hours, 36 minutes and 5 seconds, and C4 90th Centile by 2 hours and 35 seconds.
- There is a regional level performance trajectory associated with the additional funding received from NHSE/I. During August, EMAS achieved two of the trajectories standards, C2 mean and C3 mean.
- Average Pre hospital handover times during August 2021 remained above the 15 minute national standard across Derbyshire (23 minutes and 34 seconds) which was an improvement compared to July 2021 (25 minutes and 3 seconds).
- Average Post handover times during August 2021 remained above the 15 minute national standard across Derbyshire with the exception of Macclesfield District (12 minutes and 27 seconds),Sheffield Northern General (14 minutes and 38 seconds) and Stepping Hill (14 minutes and 56 seconds) . Overall the post handover time in August 2021 (19 minutes) was a slight deterioration when compared to July 2021 (18 minutes and 46 seconds).
- Incidents in Derbyshire in August 2021 saw a decrease when compared to July 2021 (13,248 compared to 14,155) although remained above plan. However the adverse variance against plan was lower in Derbyshire than Leicestershire, Northamptonshire and Nottinghamshire.
- S&C to ED as a percentage of incidents is also one of the highest in the region at 54%. Whilst high acuity levels is around the middle of the pack with 79% classified as C1 and C2 within Derbyshire, this is much higher than was anticipated when ARP was implemented and accounted for within the ORH modelling work.
- There was a reduction in the percentage of calls being classed as a duplicate call during August, although these remain above the 17.9% threshold contained within the contract.
- On scene demand has seen an increase and Derbyshire continues to have one of the highest levels of on scene demand which is passed over from NHS111 across the region. Sickness remained high across the region in August with COVID sickness accounting for c.50-60 staff members being off at any one time either through showing symptoms or needing to self-isolation due to household sickness.

Performance	Category 1		Category 2		Category 3	Category 4
	Average	90th centile	Average	90th centile	90th centile	90th centile
National standard	**00:07:00**	**00:15:00**	**00:18:00**	**00:40:00**	**02:00:00**	**03:00:00**
EMAS Actual – August	00:08:37	00:15:35	00:43:36	01:33:08	06:26:30	05:00:57
Derbyshire Actual - August	00:08:29	00:14:38	00:38:55	01:19:50	06:12:26	06:26:46
Derbyshire Actual - Quarter Two to date	00:08:45	00:15:17	00:42:13	01:27:07	06:36:05	05:00:35

August 2021	Pre Handovers		Post Handovers		Total Turnaround	
	Average Pre Handover Time	Lost Hours	Average Post Handover Time	Lost hours	Average Total Turnaround	Lost hours
Burton Queens	00:25:58	76:14:12	00:18:13	38:31:44	00:44:12	101:28:52
Chesterfield Royal	00:23:44	358:16:12	00:17:49	212:13:41	00:41:32	484:12:26
Macclesfield District General Hospital	00:27:35	10:27:27	00:12:27	1:35:37	00:40:01	9:25:01
Royal Derby	00:23:24	626:14:52	00:20:18	512:25:12	00:43:42	1005:34:12
Sheffield Northern General Hospital	00:37:37	46:09:00	00:14:38	8:08:16	00:52:15	46:53:59
Stepping Hill	00:16:47	25:02:52	00:14:56	21:17:01	00:31:43	34:43:58
Derbyshire TOTAL	00:23:34	1142:24:35	00:19:00	794:11:31	00:42:33	1682:18:28

AMBULANCE – EMAS PERFORMANCE M5 (August 2021)

What actions have been taken?

- Ambulance performance across the county remains poor and is being monitored nationally. EMAS have put plans in place to utilise the additional £3.7m from NHSE/I which includes an increase in capacity across the Emergency Operations Centre (EOC), increase operational capacity on the front line and the provision of Hospital Ambulance Liaison Officers (HALO's) in Lincoln and Leicester.
- Whilst pre hospital handovers have seen an improvement in August compared to September in Derbyshire, the overall picture across the East Midlands patch is a deteriorating one. As a result a new risk has been added to the EMAS Board Assurance Framework (BAF) and is awaiting approval.
- A survey was undertaken by NHSE/I during August to understand the handover position across every trust in the Midlands focussing on General and Acute beds, including how many patients are waiting longer than 24 hours for a P1 and P2 bed, and how the NEWS2 score could help identify those patients that don't need to be in hospital. Outputs of this survey will be shared once received.
- Work has continued nationally to ensure the most commonly referred into pathways by Ambulance services are profiled on the UEC DoS so that ambulance crews can access available alternatives consistently across the Country.

What are the next steps

- EMAS are on track to recruit 46 Emergency Medical Dispatch (EMD) Call Takers which will provide a net improvement of 30 EMD's within the EOC by December 2021.
- EMAS are also on track to recruit frontline staff through September, October and November cohorts, and now have 8 Specialist Paramedics in post.
- It has been confirmed that from 1st September 2021, DHU111 will extend their C3 validation timeframe from 30 minutes to 60 minutes, allowing more time for a DHU111 clinician to clinically validate C3 dispositions via 111. This pilot will run for up to three months and should hopefully reduce the number of C3 calls being passed through to EMAS. Whilst this could in turn increase the percentage of activity being categorised as C1 and C2 by EMAS, it should reduce overall incident numbers.
- Strategic Delivery Board members are considering the participation in a collaborative Frailty Project pilot scheme which has been trialled by South Warwickshire Foundation Trust and focuses on safely avoiding conveyance to ED for the over 80's.
- The fit to sit initiative is looking to be relaunched as it is not consistently implemented across the region. It is expected that only patients who have a clinical need will be taken into ED on a trolley. This should free space and improve processes within ED and therefore improve handover times.
- EMAS will be implementing the NHS Service Finder tool from 30th September which will enable crews to access alternative pathways. The division will also be sharing "Failed Pathway" reports so that actions can be taken to improve access to alternative services.
- EMAS are providing the September Clinical Quality Review Group meeting with an update relation to the impact of Operational Performance on Quality. This will cover handover delays and delayed responses, and a summary will be included next month.
- EMAS are working with the Derbyshire system to finalise a Winter Plan which considers what further actions could be taken to improve performance over the coming months.

Derbyshire	Quarter One 2021-2022	July	August	Quarter Two to date
Calls (Total)	**59,214**	23,342	21,271	**44,613**
Total Incidents	**42,043**	14,155	13,248	**27,403**
Total Responses	**37,900**	12,608	11,873	**24,481**
Duplicate Calls	**11,841**	5,500	4,471	**9,971**
Hear & Treat (Total)	**9,473**	5,234	4,927	**10,161**
See & Treat	**12,959**	4,617	4,223	**8,840**
See & Convey	**24,941**	7,991	7,650	**15,641**
Duplicates as % Calls	20.0%	23.6%	21.0%	22.3%
H&T ASI as % Incidents	**9.9%**	10.9%	10.4%	**10.7%**
S&T as % Incidents	**30.8%**	32.6%	31.9%	**32.3%**
S&C as % Incidents	**59.3%**	56.5%	57.7%	**57.1%**
S&C to ED as % of incidents	**54.8%**	51.8%	53.6%	**52.7%**

Planned Care

DERBYSHIRE COMMISSIONER – INCOMPLETE PATHWAYS (92%)

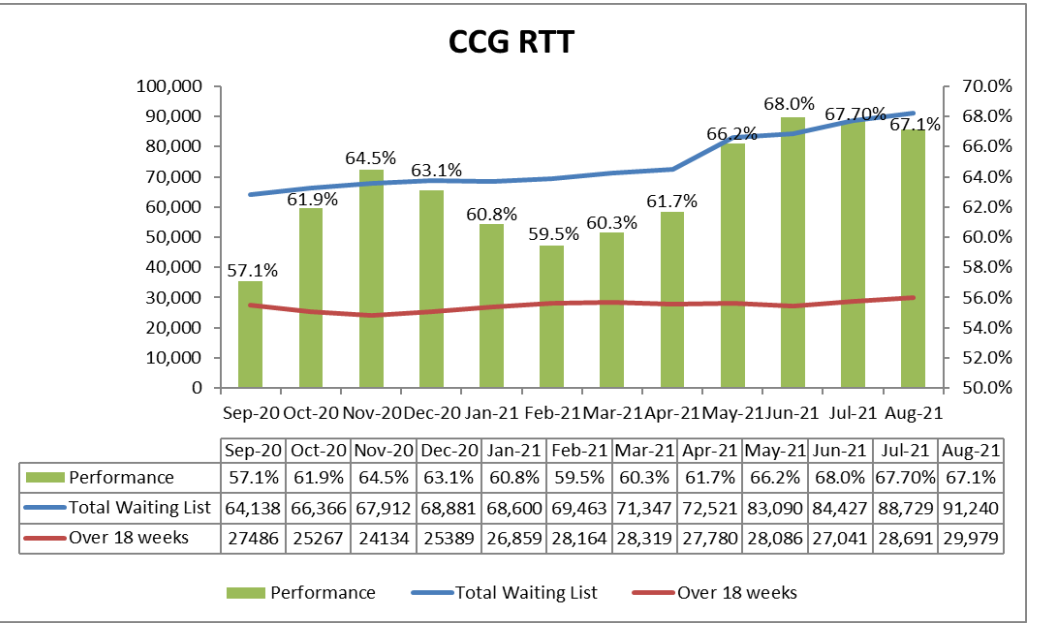
Performance Analysis

Performance for August 2021 was 67.1% a slight reduction on the 67.7% for July.

The total incomplete waiting list for DDCCG was 91,240 an increase an increase of 2,511 on the previous month. As mentioned previously those patients who are now on the ASI list at UHDB, awaiting an appointment, are now included in the overall figure.

The number of referrals across Derbyshire during August showed a slight decrease of 3% for urgent referrals and a reduction of 31% for routine referrals when compared with the average weekly referral of the previous 51 weeks. (Urgent referrals are 1% lower and the routine referrals 27% lower than the same month during 2019.)

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	4,918	2,573	52.3%	812
Urology Service	4,112	3,048	74.1%	256
Trauma and Orthopaedic Service	13,360	7,099	53.1%	1,723
Ear Nose and Throat Service	6,186	3,944	63.8%	447
Ophthalmology Service	12,900	7,818	60.6%	810
Oral Surgery Service	7	6	85.7%	0
Neurosurgical Service	523	358	68.5%	22
Plastic Surgery Service	620	392	63.2%	47
Cardiothoracic Surgery Service	191	117	61.3%	15
General Internal Medicine Service	362	276	76.2%	0
Gastroenterology Service	4,451	3,580	80.4%	93
Cardiology Service	2,332	1,820	78.0%	32
Dermatology Service	6,538	4,729	72.3%	80
Respiratory Medicine Service	1,563	1,250	80.0%	4
Neurology Service	2,384	1,865	78.2%	8
Rheumatology Service	1,864	1,369	73.4%	7
Elderly Medicine Service	262	234	89.3%	4
Gynaecology Service	6,646	4,468	67.2%	293
Other - Medical Services	6,518	5,393	82.7%	62
Other - Mental Health Services	341	300	88.0%	0
Other - Paediatric Services	6,644	4,555	68.6%	324
Other - Surgical Services	7,466	5,184	69.4%	562
Other - Other Services	1,052	883	83.9%	26
Total	**91,240**	**61,261**	**67.1%**	**5,627**



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Performance	57.1%	61.9%	64.5%	63.1%	60.8%	59.5%	60.3%	61.7%	66.2%	68.0%	67.70%	67.1%
Total Waiting List	64,138	66,366	67,912	68,881	68,600	69,463	71,347	72,521	83,090	84,427	88,729	91,240
Over 18 weeks	27486	25267	24134	25389	26,859	28,164	28,319	27,780	28,086	27,041	28,691	29,979

- *The Derbyshire CCG position is representative of all of the patients registered within the CCG area attending any provider nationally.*
- *70% of Derbyshire patients attend either CRHFT (25%) or UHDB (45%). The RTT position is measured at both CCG and provider level.*
- *The RTT standard of 92% was not achieved by any of our associate providers during April.*

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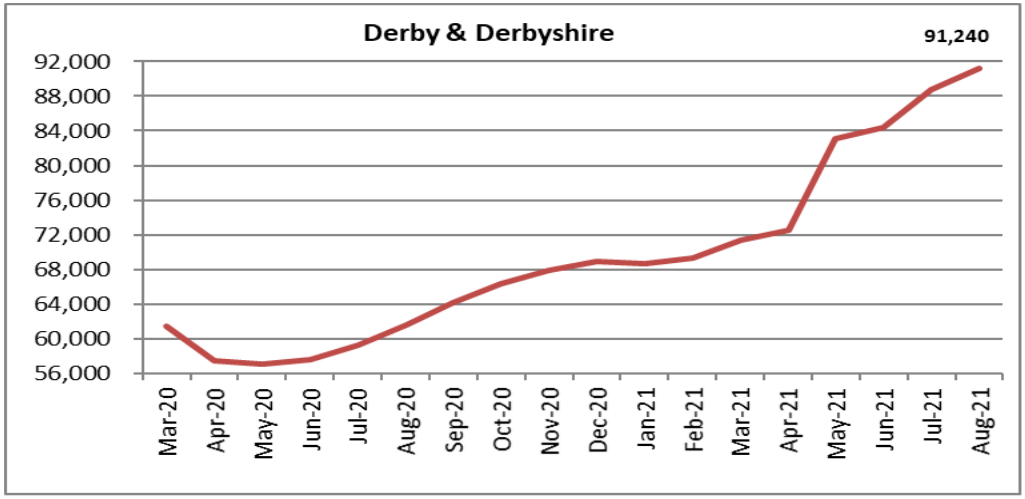
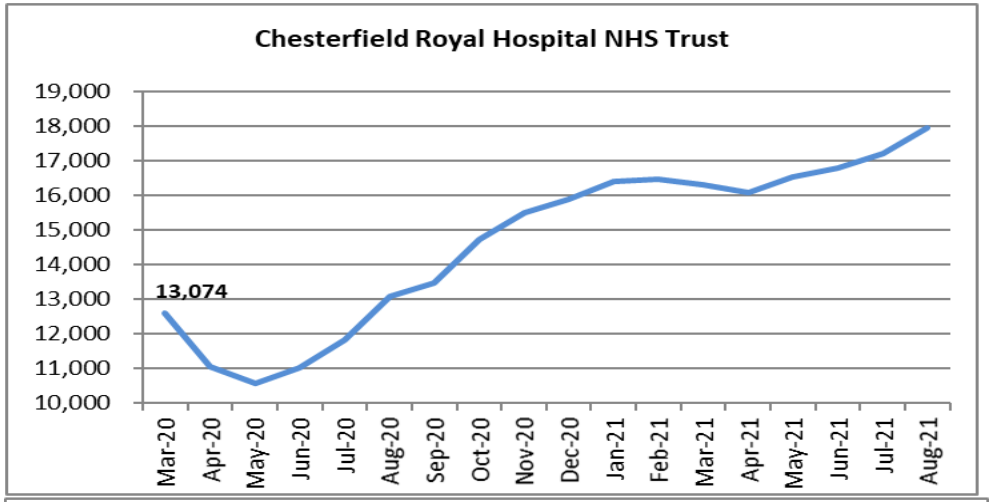
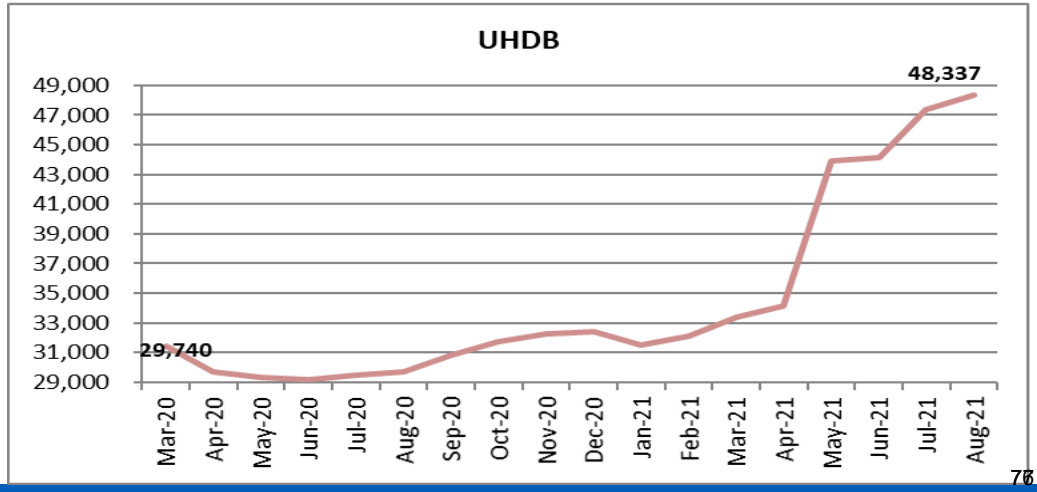
ELECTIVE CARE – DDCCG Incomplete Pathways

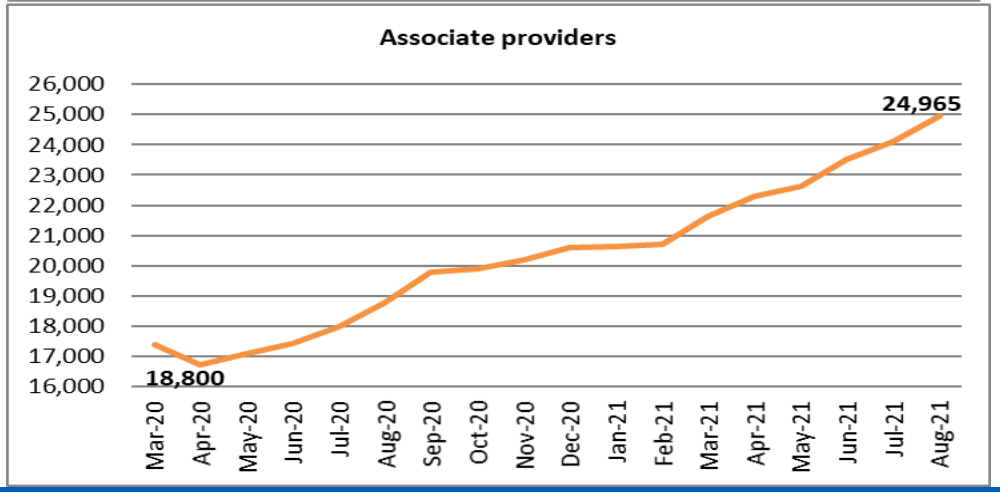
Derbyshire CCG incomplete waiting list at the end of August 2021 is 91,240 a further increase on the previous month.

Of this number 66,275 Derbyshire patients are currently awaiting are at our two main acute providers CRH (17,938) and UHDB (48,337). The remaining 24,965 Derbyshire residents are on an incomplete pathways at other trusts out of Derbyshire. The graphs below show the current position and how this has changed over the last few months.





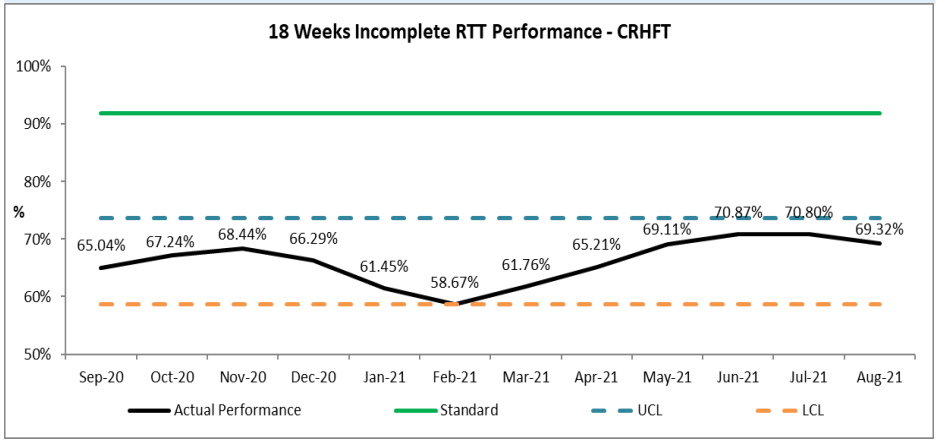


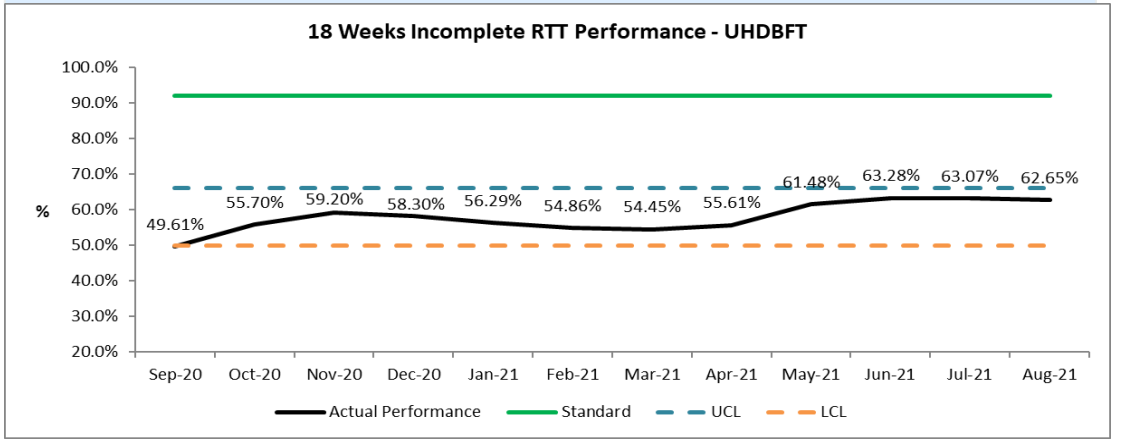


Referral to Treatment – Incomplete Pathways (92%).

CRH – During August 2021 the trust achieved 69.3% a slight reduction on the July figure of 70%. The incomplete waiting list at the end of August was 19,775 (July - 19,017).

UHDB - During July the trust achieved a standard of 62.7%, a slight reduction on the July figure of 63.1%. The incomplete waiting list at the end of August was 85,931 (July - 84,407).





Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	1,239	590	47.6%	223
Urology Service	1,138	948	83.3%	13
Trauma and Orthopaedic Service	1,798	1,050	58.4%	152
Ear Nose and Throat Service	1,530	971	63.5%	99
Ophthalmology Service	2,356	1,420	60.3%	160
Oral Surgery Service	1,236	699	56.6%	115
General Internal Medicine Service	296	229	77.4%	0
Gastroenterology Service	1,270	996	78.4%	8
Cardiology Service	552	400	72.5%	0
Dermatology Service	1,783	1,521	85.3%	10
Respiratory Medicine Service	560	402	71.8%	0
Rheumatology Service	426	303	71.1%	3
Gynaecology Service	1,623	1,052	64.8%	171
Other - Medical Services	1,037	813	78.4%	18
Other - Paediatric Services	1,051	882	83.9%	26
Other - Surgical Services	1,880	1,433	76.2%	120
Total	**19,775**	**13,709**	**69.3%**	**1,118**

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Total 52 plus weeks
General Surgery Service	4,768	2,683	56.3%	592
Urology Service	3,659	2,383	65.1%	354
Trauma and Orthopaedic Service	14,092	7,090	50.3%	1,953
Ear Nose and Throat Service	7,023	4,256	60.6%	310
Ophthalmology Service	11,228	5,875	52.3%	884
Oral Surgery Service	3,312	1,701	51.4%	349
Neurosurgical Service	137	86	62.8%	4
Plastic Surgery Service	391	260	66.5%	25
Cardiothoracic Surgery Service	8	6	75.0%	0
General Internal Medicine Service	274	193	70.4%	1
Gastroenterology Service	3,344	2,841	85.0%	10
Cardiology Service	1,718	1,520	88.5%	12
Dermatology Service	6,095	3,779	62.0%	84
Respiratory Medicine Service	679	634	93.4%	0
Neurology Service	2,234	1,700	76.1%	4
Rheumatology Service	1,720	1,282	74.5%	2
Elderly Medicine Service	366	289	79.0%	5
Gynaecology Service	6,663	4,267	64.0%	212
Other - Medical Services	6,688	5,503	82.3%	32
Other - Mental Health Services	2	2	100.0%	0
Other - Paediatric Services	4,284	2,559	59.7%	298
Other - Surgical Services	6,049	3,969	65.6%	587
Other - Other Services	1,197	959	80.1%	37
Total	**85,931**	**53,837**	**62.7%**	**5,755**

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITERS

52 Week Waits

August figures show that there were 5,627 Derbyshire patients waiting over 52 weeks for treatment in Derbyshire. Of these 4,430 were waiting for treatment at our two main providers UHDB and CRH, the remaining 1,197 were waiting at various trusts around the country as outlined in the table on the following slide.

Although the number of patients waiting has decreased this month it is expected that numbers will increase as the decrease is reflective of the reduction in referrals during Spring/Summer of last year.

CCG Patients – Trend – 52 weeks													
	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	**Aug**
DDCCG	1,519	2,107	2,658	3,388	4,245	5,903	7,554	8,261	7,490	6,859	6,199	5,897	**5,627**

Main Providers:

In terms of Derbyshire's the two main acute providers the 52ww monthly position up until July at UHDB and CRH is as follows:

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	**Aug-21**
UHDB	1,667	2,367	2,968	3,751	4,706	6,629	8,767	9,728	8,605	7,573	6,806	6,206	**5,755**
CRH	212	308	438	594	797	1,202	1,475	1,471	1,278	1,179	1,095	1098	**1,118**

NB: *UHDB/CRH figures are all patients at that trust irrespective of Commissioner.*

The Surgery Division are following national Royal College of Surgeon guidance on prioritisation of surgical patients which was issued in October 2020. This identifies patients who are clinically appropriate to delay for periods and those who will need to be prioritised. This will aid the teams to use the limited elective capacity on the patients who are most at risk of harm, allowing trusts to tackle the growing backlog of long waiters. The priority levels are 1-4, P5 (treatment deferred due to Covid concerns) and P6 (deferred for other reason).

Actions:

- System Planned Care Group are leading on the plans for restoration and recovery across the system.
- Patients are being treated in priority order and a number of patients currently waiting over 52 weeks are low priority.
- There is an increased focus by the National team at NHS England around the long waiters across Derbyshire. The CCG are working with the trusts reviewing those patients who have been waiting the longest time as there are a number over 104 weeks. Trusts will be expected to eliminate 104+ weeks patients by end of March 2022 (except for those identified as P5 or P6, which is due to patient choice).

DERBYSHIRE COMMISSIONER – OVER 52 WEEK WAITERS

Associate Providers – Derbyshire Patients waiting over 52 weeks in August 2021 at associate providers are as follows:

Provider	Total	Provider	Total
ASPEN - CLAREMONT HOSPITAL	24	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	126
BARTS HEALTH NHS TRUST	3	SPIRE NOTTINGHAM HOSPITAL	3
BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	5	SPIRE REGENCY HOSPITAL	6
BMI - THE ALEXANDRA HOSPITAL	8	STOCKPORT NHS FOUNDATION TRUST	372
BMI - THE PARK HOSPITAL	4	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	2
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	4	THE ONE HEALTH GROUP LTD	1
DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	7	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	1
EAST CHESHIRE NHS TRUST	20	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	1
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	1	THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL NHS FT	5
EAST LANCASHIRE HOSPITALS NHS TRUST	1	THE ROYAL WOLVERHAMPTON NHS TRUST	1
GEORGE ELIOT HOSPITAL NHS TRUST	1	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	3
LEEDS TEACHING HOSPITALS NHS TRUST	6	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	28
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	3
LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	3	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	61
MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	16	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	8
NEWMEDICA COMMUNITY OPHTHALMOLOGY - BARLBOROUGH TREATMENT CENTRE	2	WEST SUFFOLK NHS FOUNDATION TRUST	1
NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	1	WOODTHORPE HOSPITAL	5
NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	268	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	2
NUFFIELD HEALTH, DERBY HOSPITAL	49	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	6
PENNINE ACUTE HOSPITALS NHS TRUST	1	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	7
QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST	1	BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	1
ROYAL BERKSHIRE NHS FOUNDATION TRUST	1	PORTSMOUTH HOSPITALS UNIVERSITY NATIONAL HEALTH SERVICE TRUST	2
ROYAL FREE LONDON NHS FOUNDATION TRUST	4	PRACTICE PLUS GROUP HOSPITAL - BARLBOROUGH	16
SALFORD ROYAL NHS FOUNDATION TRUST	13	THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	1
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	1	UNIVERSITY HOSPITALS SUSSEX NHS FOUNDATION TRUST	1
SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST	45	YORK AND SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST	1
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	43	**Total**	**1197**

Actions:

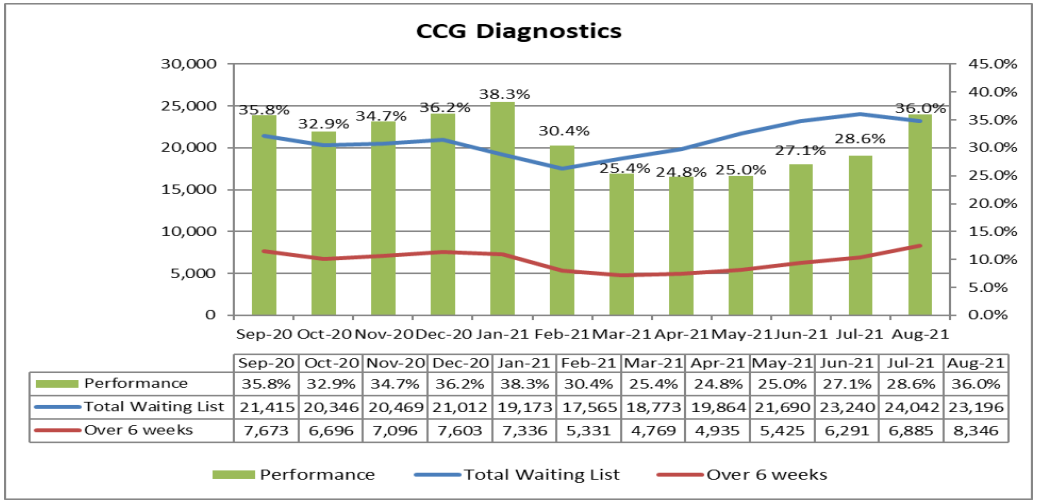
- The performance team make enquiries of the relevant CCGs and responses received back are that these patients are not clinically urgent but are being reviewed. We have not been informed of any TCI dates.

DERBYSHIRE COMMISSIONER – 6 WEEK DIAGNOSTIC WAITING TIMES (Less than 1%)

Performance Analysis

Derbyshire CCG Diagnostic performance at the end of August was 36.0% waiting over six weeks, another deterioration on the 28.6% waiting at the end of July.

The total number of Derbyshire patients waiting for diagnostic procedures decreased during August. The number of patients waiting over 6 weeks and over 13 weeks have both increased. All of our associates are showing non compliance for the diagnostic standard.



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Performance	35.8%	32.9%	34.7%	36.2%	38.3%	30.4%	25.4%	24.8%	25.0%	27.1%	28.6%	36.0%
Total Waiting List	21,415	20,346	20,469	21,012	19,173	17,565	18,773	19,864	21,690	23,240	24,042	23,196
Over 6 weeks	7,673	6,696	7,096	7,603	7,336	5,331	4,769	4,935	5,425	6,291	6,885	8,346

Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	4,949	1,524	438	30.8%
Computed Tomography	2,201	649	242	29.5%
Non-obstetric Ultrasound	8,283	2,949	518	35.6%
Barium Enema	2	0	0	0.0%
DEXA Scan	827	172	51	20.8%
Audiology - Audiology Assessments	969	434	47	44.8%
Cardiology - Echocardiography	3,139	1,676	79	53.4%
Cardiology - Electrophysiology	0	0	0	0.0%
Peripheral Neurophysiology	389	23	0	5.9%
Respiratory physiology - Sleep Studies	142	39	13	27.5%
Urodynamics - Pressures & Flows	119	73	36	61.3%
Colonoscopy	660	274	186	41.5%
Flexi Sigmoidoscopy	350	123	57	35.1%
Cystoscopy	302	66	35	21.9%
Gastroscopy	864	344	210	39.8%
Total	23,196	8,346	1,912	36.0%

Diagnostic Test Name	University Hospitals of Derby & Burton	Chesterfield Royal Hospital	Stockport	Sheffield Teaching Hospitals	Sherwood Forest Hospitals	Nottingham University Hospitals	East Cheshire
Magnetic Resonance Imaging	37.3%	0.4%	10.0%	4.9%	2.6%	72.5%	0.0%
Computed Tomography	32.2%	3.5%	19.3%	15.7%	40.0%	14.4%	0.0%
Non-obstetric Ultrasound	49.3%	0.6%	1.8%	11.3%	15.5%	12.6%	0.0%
Barium Enema	7.1%						
DEXA Scan	28.3%	0.0%	56.7%	36.2%	8.0%	57.2%	
Audiology - Audiology Assessments	27.8%	59.6%	55.5%	15.2%	4.8%	19.2%	38.3%
Cardiology - Echocardiography	43.6%	63.0%	28.4%	36.3%	45.8%	0.0%	69.9%
Peripheral Neurophysiology	3.3%		0.0%	37.1%		0.0%	
Respiratory physiology - Sleep Studies	10.0%		18.9%	15.5%	21.1%	21.4%	15.8%
Urodynamics - Pressures & Flows	70.0%	51.7%	14.3%	70.2%	19.0%	42.3%	
Colonoscopy	11.7%	43.8%	87.5%	32.2%	40.0%	37.1%	33.9%
Flexi Sigmoidoscopy	13.5%	35.4%	85.5%	42.4%	54.6%	45.5%	13.0%
Cystoscopy	23.5%	0.0%	0.0%	22.0%	40.5%	5.8%	0.0%
Gastroscopy	12.6%	41.5%	86.3%	38.7%	48.2%	49.3%	8.0%
Total	39.0%	22.1%	46.4%	19.8%	25.1%	44.4%	29.1%

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CRHFT DIAGNOSTICS - 6 WEEK DIAGNOSTIC WAITING TIMES (Less than 1% of pts should wait more than six weeks)

Performance Analysis

Performance during August was 22.1%, a further deterioration on the July figure of 16.2%.

The numbers on the waiting list have decreased overall. However, the number waiting over 6 weeks and 13 weeks have increased.

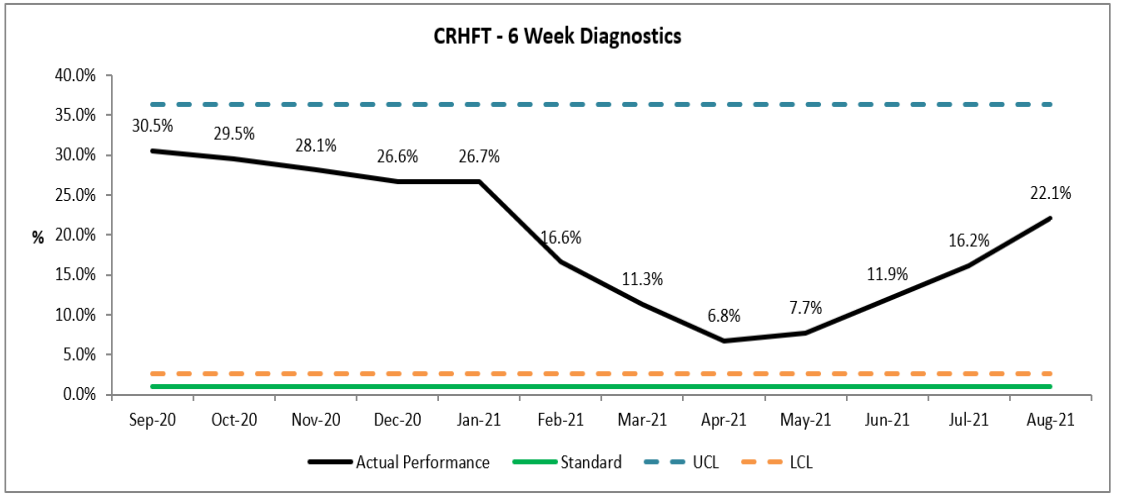
What are the issues?

Issues

- Staff absence due to sickness is high, with around a third of sickness in the trust being due to Covid related sickness or isolation. This has impacted on Radiology in particular.
- The high demand due to higher outpatient referrals and increased non-elective activity continues.
- TRUSS and TP capacity planning is dependant on the number of patients that opt for a TP over TRUSS biopsy, which varies from week to week.
- Delayed Imaging reporting has continued.

Actions

- Increased imaging capacity through the use of Mobile CT and Mobile MRI scanners.
- Immediate booking of Endoscopy dates to enable forward planning.
- The prioritisation of Imaging and Endoscopy activity for those patients on a cancer pathway.
- Further development of the clinical triage set and CAB.



Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	684	3	0	0.4%
Computed Tomography	550	19	0	3.5%
Non-obstetric Ultrasound	1,802	10	1	0.6%
DEXA Scan	251	0	0	0.0%
Audiology - Audiology Assessments	475	283	13	59.6%
Cardiology - Echocardiography	1,031	650	29	63.0%
Urodynamics - Pressures & Flows	29	15	3	51.7%
Colonoscopy	251	110	54	43.8%
Flexi Sigmoidoscopy	82	29	13	35.4%
Cystoscopy	75	0	0	0.0%
Gastroscopy	188	78	40	41.5%
Total	5,418	1,197	153	22.1%

UHDB DIAGNOSTICS - 6 WEEK DIAGNOSTIC WAITING TIMES (Less than 1% of pts should wait more than six weeks)

Performance Analysis

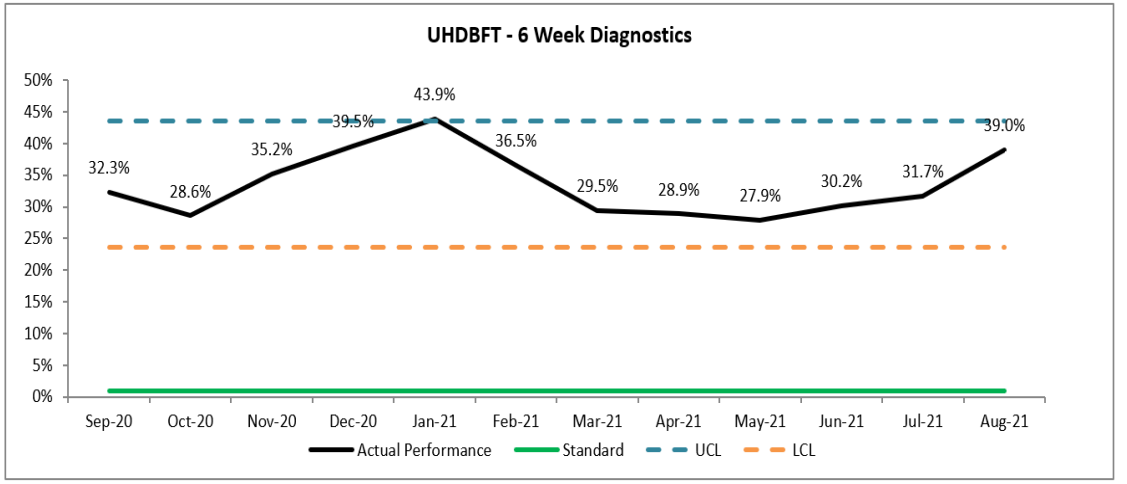
Performance during August was 39.0% a deterioration of the July position.
The overall numbers on the waiting list have increased during August, as have the number waiting over 6 weeks and the number waiting over 13 weeks.
Non Obstetric ultrasounds and Echocardiography are experiencing the highest waits proportionally.

Issues

- Limited MRI capacity due to the scanner at Florence Nightingale Community Hospital being closed – due to staff shortages and machine inefficiencies.
- Difficulty in covering the on call service for spinal MRI leading to a downturn in electives to protect the emergency capacity.
- The high demand due to higher outpatient referrals and increased non-elective activity continues.
- The high emergency demand is particularly impacting the Non Obstetric ultrasounds and Echocardiography services.

Actions

- Some of the MRI shortfall has been rectified by bank shifts and moving staff between sites.
- The bid for a Rapid Diagnostics Site at the Trust was successful, which will enhance patient flow.
- The use of bank staff to support Ultrasounds and exploring external sources of support.
- Expanding endoscopy services at the Sir Robert Peel Hospital.
- Additional use of agency staff to support Echocardiography.
- Services have been ask to implement recording of priority of tests ordered (D1-D6) similar to surgical procedures.



Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ Weeks
Magnetic Resonance Imaging	4,883	1,820	190	37.3%
Computed Tomography	2,628	845	352	32.2%
Non-obstetric Ultrasound	8,918	4,397	905	49.3%
Barium Enema	28	2	0	7.1%
DEXA Scan	635	180	44	28.3%
Audiology - Audiology Assessments	809	225	31	27.8%
Cardiology - Echocardiography	2,121	924	9	43.6%
Peripheral Neurophysiology	485	16	0	3.3%
Respiratory physiology - Sleep Studies	160	16	0	10.0%
Urodynamics - Pressures & Flows	90	63	31	70.0%
Colonoscopy	506	59	9	11.7%
Flexi Sigmoidoscopy	223	30	0	13.5%
Cystoscopy	226	53	35	23.5%
Gastroscopy	628	79	13	12.6%
Total	22,340	8,709	1,619	39.0%

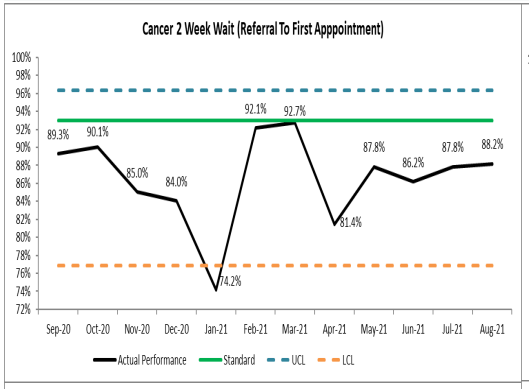
DERBYSHIRE COMMISSIONER – CANCER WAITING TIMES

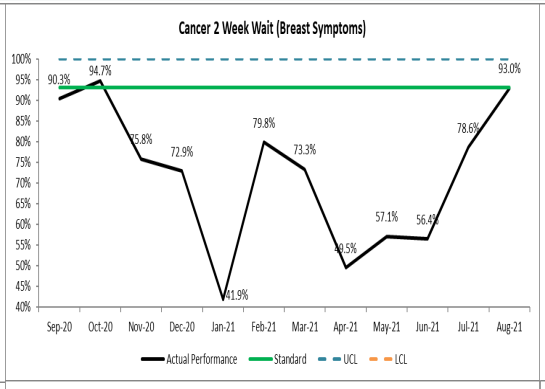
During August 2021, Derbyshire was compliant in 2 of the 9 Cancer standards:

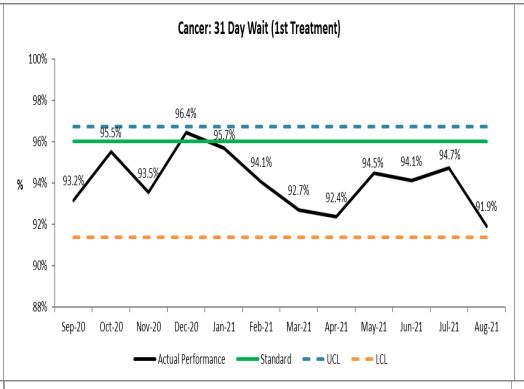
- **28 day Faster Diagnosis – 75.13%** (75% standard) – Compliant for Chesterfield and Nottingham.
- **31 day Subsequent Drugs – 100%** (98% standard) – Compliant for all Trusts.

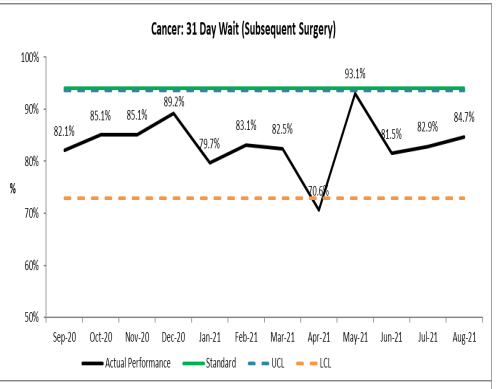
During August 2021, Derbyshire was non-compliant in 7 of the 9 Cancer standards:

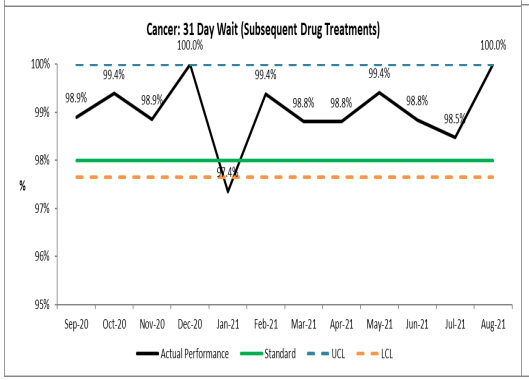
- **2 week Urgent GP Referral – 88.20%** (93% standard) – Compliant for Stockport.
- **2 week Exhibited Breast Symptoms – 92.96%** (93% standard) – Compliant at Derby & Burton, Nottingham and Sherwood Forest.
- **31 day from Diagnosis – 91.92**% (96% standard) – Compliant for Chesterfield and Stockport.
- **31 day Subsequent Radiotherapy – 91.74%** (94% standard) – Non-Compliant at relevant Trusts.
- **31 day Subsequent Surgery – 84.69%** (94% standard) - Compliant for Chesterfield and Stockport.
- **62 day Urgent GP Referral – 67.25%** (85% standard) – Non compliant for all trusts.
- **62 day Screening Referral – 77.78%** (90% standard) – Non compliant for all trusts.
- **104 day wait – 20 CCG patients** waited over 104 days for treatment. .

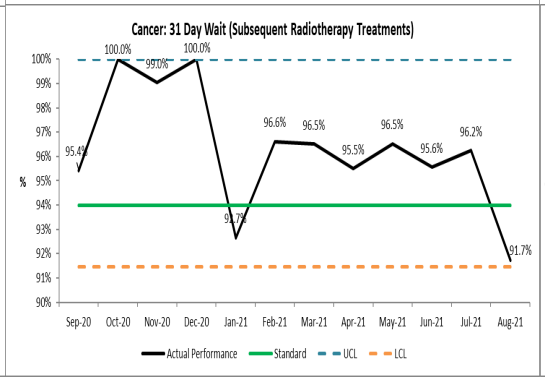


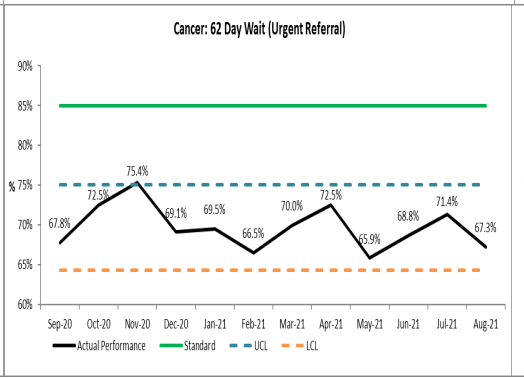


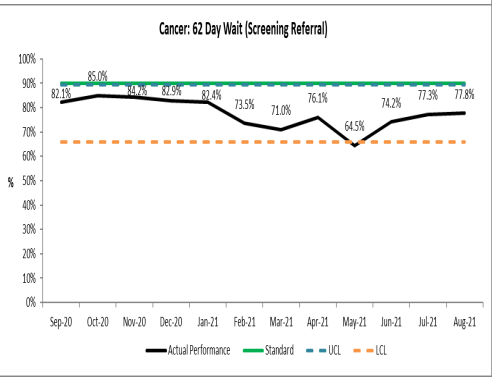












CCG performance data reflects the complete cancer pathway which for many Derbyshire patients will be completed in Sheffield and Nottingham.

CRHFT - CANCER WAITING TIMES (First Treatment Administered within 62 Days of Urgent Referral)

Performance Analysis

CRH performance during August for first treatment within 62 days of urgent referral has improved slightly to 76.3%, however it remains non-compliant against the standard of 85%.

There were 86.5 patients treated along this pathway in August with 66 of those patients treated within the 62 day standard, resulting in 20.5 breaches (relating to 23 patients).

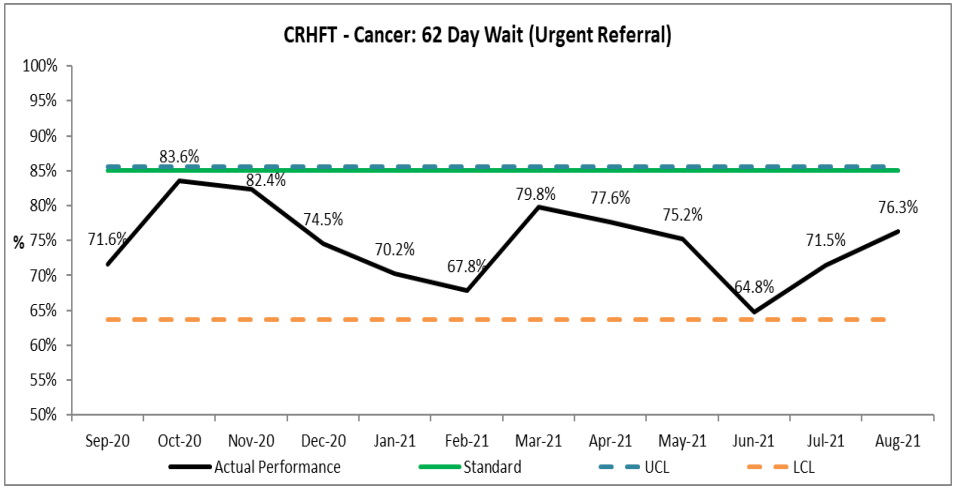
Of the 20.5 breaches 4 patients were treated at 104days plus, 3 of these were within Urology and 1 Sarcoma. The reasons for the delay were Healthcare Initiated Treatment Plan.

Actions Being Taken

- Additional Breast Clinics, creating extra capacity.
- Monthly Tumour site Improvement meetings.
- Focus on reducing longest waits.

What are the next steps

- Continued focus on those patients over 62 day and 104 day on the PTL.
- H2 Operational Plan for 21/22 requires the trust to reduce their PTL of patients waiting over 63 days for treatment to the February 2020 figure or lower.

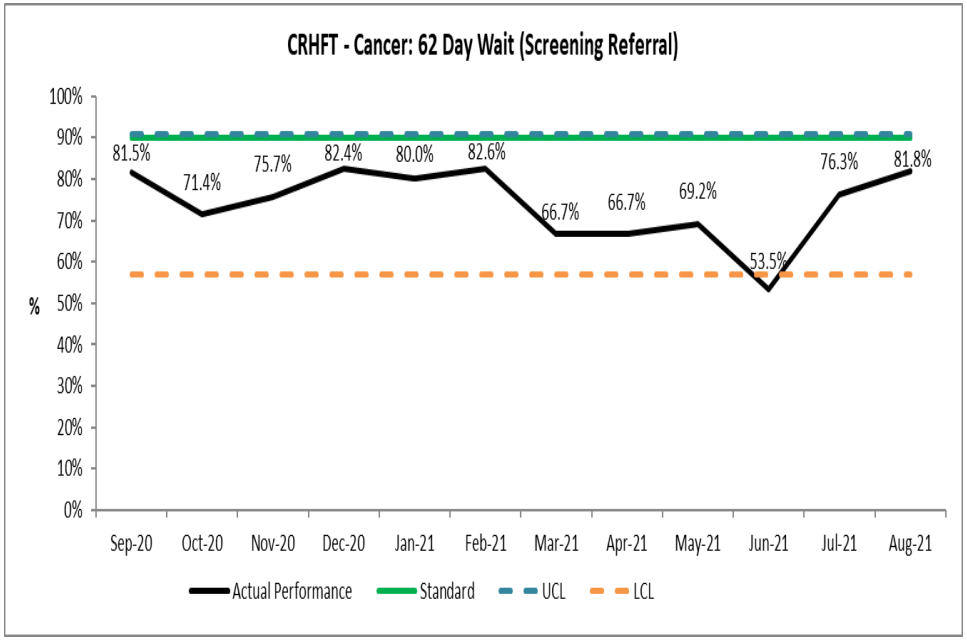


Current Issues

- Increase in Breast Referrals
- Workforce issues – impacted upon by Covid and Isolation
- PTL increasing
- ASI in Lower GI

Tumour Type	Total referrals seen during the period	Seen Within 62 Days	Breaches of 62 Day Standard	% Performance
Breast	17	10.5	6.5	61.76%
Gynaecological	1.5	1.5	0	100.00%
Haematological (Excl. Acute Leukaemia)	3	1	2	33.33%
Head and Neck	2	2	0	100.00%
Lower Gastrointestinal	1	1	0	100.00%
Lung	9	6	3	66.67%
Other	1.5	1.5	0	100.00%
Sarcoma	0.5	0	0.5	0.00%
Skin	23	23	0	100.00%
Upper Gastrointestinal	4.5	4.5	0	100.00%
Urological (Excluding Testicular)	23.5	15	8.5	63.83%
Totals	86.5	66	20.5	76.30%

CRHFT - CANCER WAITING TIMES – 62day Screening Referral



Performance Analysis

Performance in August for the 62day screening standard has continued to improve reporting at 81.8% when compared to the 76.3% reported in July, however, it continues to remain non-complaint against the standard of 90%.

The number of patients treated via referral through screening has reduced in August to 11, when compared to 19 treated in July.

Of the 11 patients treated there were 9 treated within the 62 day screening standard resulting in 2 breaches. The tumour sites were Breast with a waiting day of 70days and Lower GI with a waiting day of 125days.

The reasons for the delays both related to Medical Reasons.

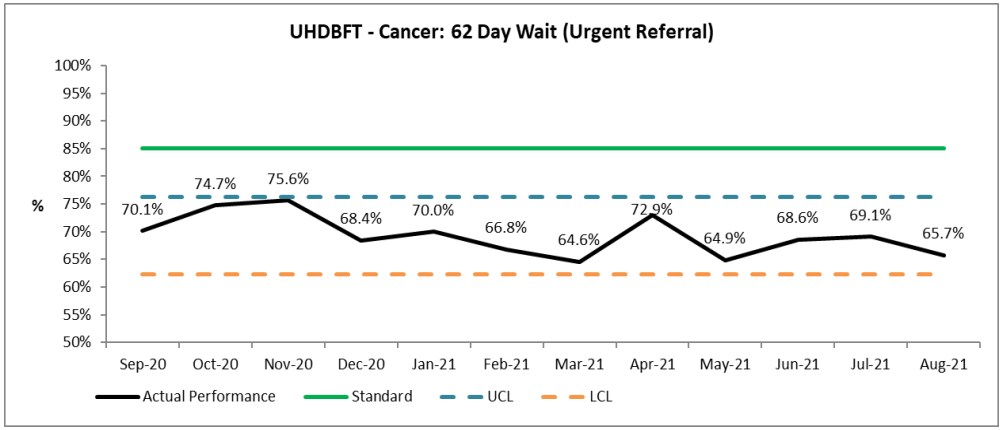
UHDB - CANCER WAITING TIMES (First Treatment Administered within 62 Days of Urgent Referral)

Performance Analysis

August Performance for first treatment within 62 days has reduced slightly to 65.7%, remaining non-compliant against the standard of 85%.

There were a total of 214 patients treated along this pathway in August which is an increase on the 173 treated in July. Of the 214 patients there were 140.5 who were treated within the 62 standard resulting in 73.5 breaches, an increase from the 53.5 reported in July.

Out of the 73.5 breaches 25 patients were treated at 104plus days. Majority of the delays were due to Outpatient Capacity with the remainder being due to Elective Capacity, Medical Reason, Complex Diagnostics and Patient Choice. The tumour sites reporting over 104 day include Breast, Gynaecology, Haematology, Lower GI, Sarcoma, Upper GI and Urology.



Current Issues

- Increase in Breast Referrals
- Workforce issues – impacted upon by Covid and Isolation
- Limited workforce to schedule additional capacity.
- Increase in Skin Referrals
- Capacity issues are particular high in lower GI

Actions Being Taken

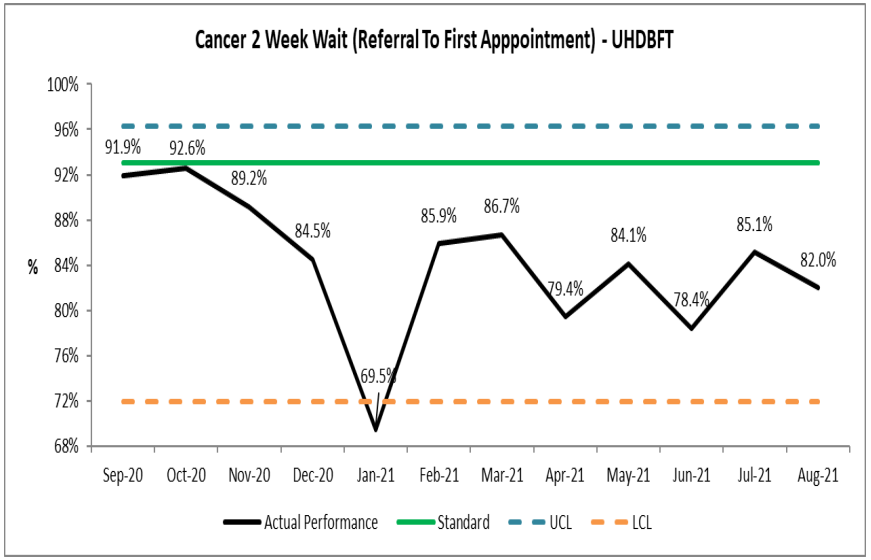
- Additional clinics where possible in particular to support Breast referrals
- Skin referrals under review
- Work with specific tumour sites and CCG where inappropriate referrals are received, pressure points and what actions we can take.

What are the next steps

- Continued focus on those patients over 62 day and 104 day on the PTL.
- H1 Operational Plan for 21/22 requires the trust to reduce their PTL of patients waiting over 63 days for treatment to the February 2020 figure or lower.

Tumour Type	Total referrals seen during the period	Seen Within 62 Days	Breaches of 62 Day Standard	% Performance
Breast	44	36	8	81.82%
Gynaecological	9	2	7	22.22%
Haematological (Excl. Acute Leukaemia)	12	7	5	58.33%
Head and Neck	14	14	0	100.00%
Lower Gastrointestinal	22	6	16	27.27%
Lung	10.5	7.5	3	71.43%
Other	3	1	2	33.33%
Sarcoma	2.5	2	0.5	80.00%
Skin	47	37	10	78.72%
Testicular	2	2	0	100.00%
Upper Gastrointestinal	14	10	4	71.43%
Urological (Excluding Testicular)	34	16	18	47.06%
Totals	214.0	140.5	73.5	65.65%

UHDB - CANCER WAITING TIMES – 2 Week Wait – Urgent Referral to First Appointment



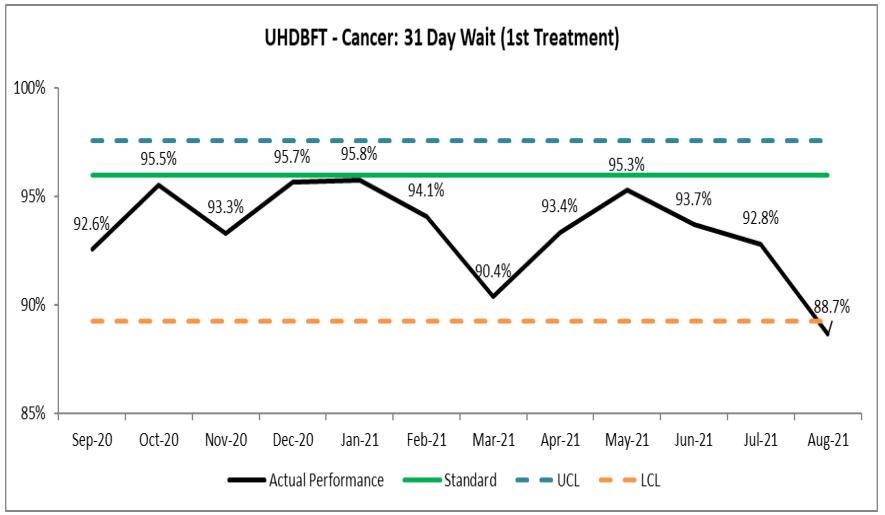
Performance Analysis

August performance at UHDB for 2 week wait reduced slightly to 81.96% and continues to remain non-compliant against the standard of 93%. The main challenges for 2ww performance this month has been associated with Gynaecology and Lower GI.

There were a total number of 3,049 patients seen in August by way of GP Urgent referral to first appointment which is a reduction on the 3,236 reported in July. Nearly 60% of the referrals related to Breast, Lower GI and Skin. Of the 3,049 patients seen in August, 2,499 of these patients were seen within the 2 week wait standard, resulting in 550 breaches which is an increase on the 481 reported in July.

The 550 breaches occurred in Breast (28), Children (2), Gynaecology (130), Haematology (5), Head and Neck (8), Lower GI (209), Lung (6), Sarcoma(1), Skin(42), Testicular(1), Upper GI (93) and Urology (25). Nearly 95% of the breach reasons were due to Outpatient Capacity and Patient Choice, with a small few relating to Clinic Cancellation and Administrative delay.

UHDB - CANCER WAITING TIMES – First Treatment administered within 31 days of Diagnosis



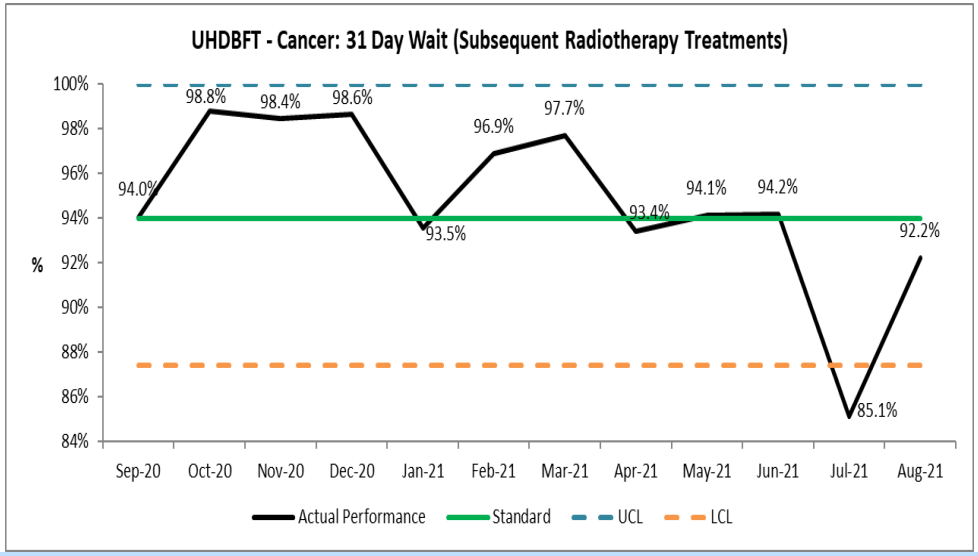
Performance Analysis

August performance at UHDB for 31 day from diagnosis to first treatment has reduced slightly to 88.7%, remaining non-compliant against the standard of 96%.

There were a total number of 379 patients treated in August along this pathway. Of the 379 patients there were 336 patients treated within 31 days, resulting in 42 breaches (relating to 43 patients).

The 42 breaches occurred in Breast, Gynaecology, Head and Neck, Lower GI, Skin and Urology. The majority of the breach reasons were due to Elective Capacity.

UHDB - CANCER WAITING TIMES – 31days to subsequent radiotherapy treatment



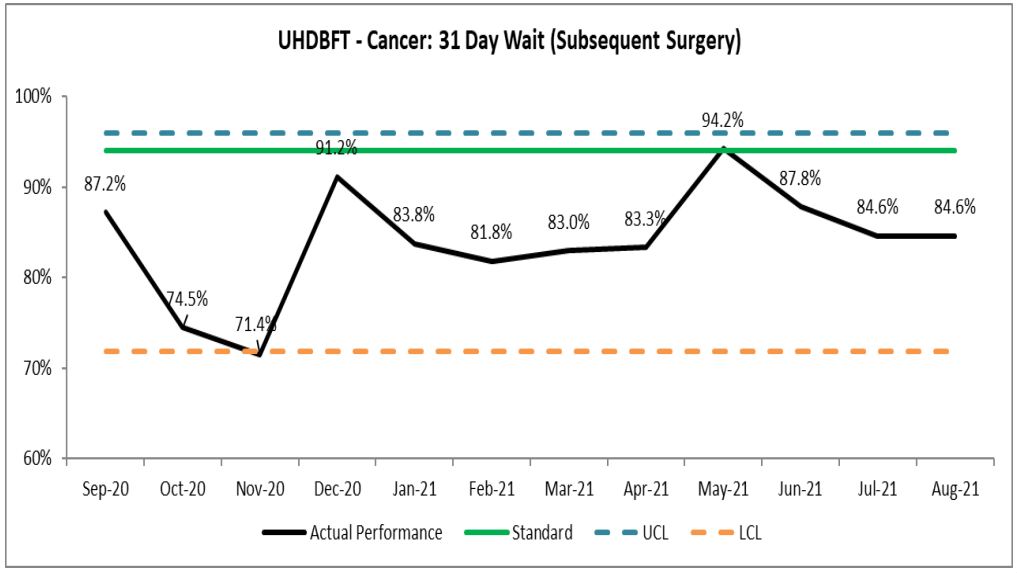
Performance Analysis

August performance at UHDB for 31 day to subsequent radiotherapy treatment has improved to 82.2%, however it remains non-compliant against the standard of 94%.

There were a total number of 90 patients who received radiotherapy treatment in August. Of the 90 patients there were 83 patients treated for radiotherapy within 31 days, resulting in 7 breaches.

The 7 patients waiting for treatment were treated within a range of 33 - 49 days. The breaches that occurred were as a result of Patient Choice(2) and Healthcare Initiated Treatment Plan(5).

UHDB - CANCER WAITING TIMES – 31day to Subsequent Surgery



Performance Analysis

August performance at UHDB for 31 day to subsequent surgery has remained the same at 84.6%, continuing to be non-compliant against the standard of 94%.

There were a total number of 52 patients treated along the subsequent surgery pathway in August. Of the 52 patients there were 44 patients who received surgery within 31 days, resulting in 8 breaches.

The 8 patients waiting for treatment were treated within a range of 32 - 91 days. The breaches that occurred were as a result of Elective Capacity(6), Medical Reasons(1) and Patient Choice(1).

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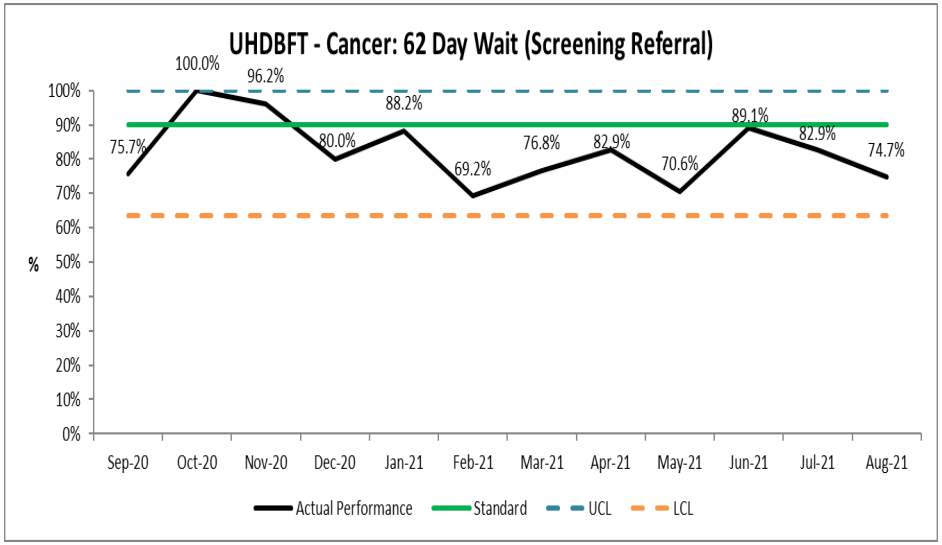
UHDB - CANCER WAITING TIMES – 62 Day Wait – Screening Referral



Performance Analysis

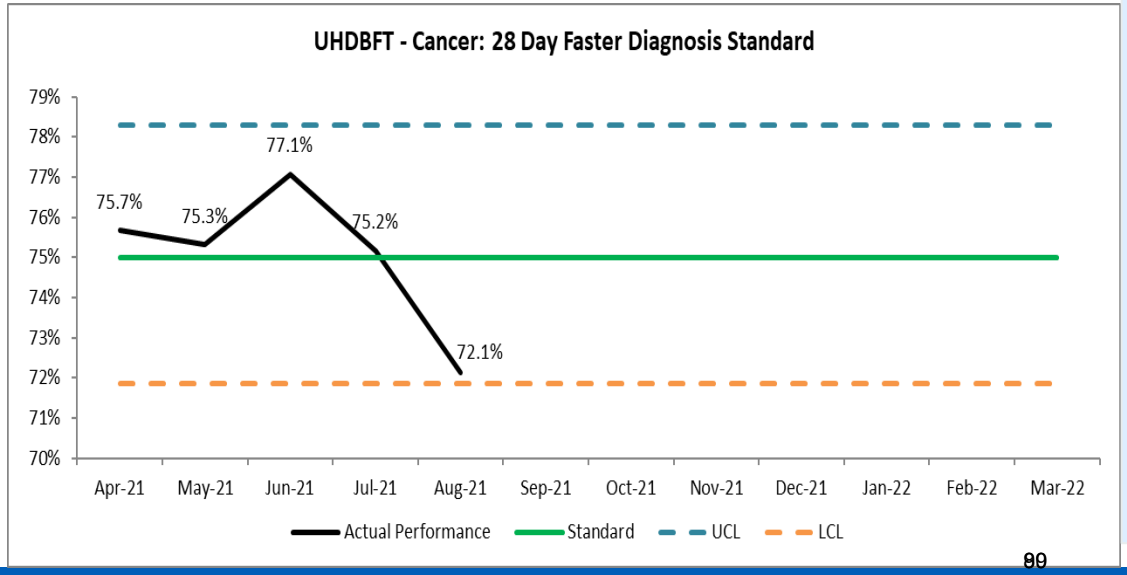
Performance in August at UHDB has reduced slightly to 74.7%, remaining non-compliant against the standard of 90%.

There were a total of 47.5 patients treated in August who were referred from a screening service with 35.5 of those patients being treated within 62 days, resulting in 12 breaches.

Of the 12 breaches, 4 occurred in Breast and 8 occurred in Lower GI. The breaches occurred as a result of Outpatient Capacity, Elective Capacity and Healthcare Treatment Plan.

The number of days the patients breached ranged between 70 and 144 days.

UHDB - CANCER WAITING TIMES – 28 Day Wait Faster Diagnosis Standard



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Performance Analysis

Performance in August at UHDB for the 28day Faster Diagnostic Standard is just under compliance for the first time since national reporting. The reported performance is 72.1% against the 75% standard.

There were a total of 3019 patients seen via the 28 day faster diagnosis pathway in August with 2178 of those patients were informed within 28 days that they had/not had a diagnosis of cancer, resulting in 841 breaches.

Over half of the breaches related to Gynaecology and Lower GI. The main reason was due to outpatient capacity as a result of the increase in referrals.

Appendix

PERFORMANCE OVERVIEW M5 – ASSOCIATE PROVIDER CONTRACTS

Provider Dashboard for NHS Constitution Indicators

	Area	Indicator Name	Standard	Latest Period	East Cheshire Hospitals				Nottingham University Hospitals				Sheffield Teaching Hospitals FT				Sherwood Forest Hospitals FT				Stockport FT			
					Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance	Direction of Travel	Current Month	YTD	consecutive months non-compliance
Urgent Care	Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Sep-21	↑	55.9%	62.3%	39	A&E pilot site - not currently reporting 4 hour breaches				↓	77.3%	74.6%	65	↑	82.6%	88.0%	11	↑	68.9%	72.8%	16
		A&E 12 Hour Trolley Waits	0	Sep-21	↑	11	44	6	↓	140	353	3	↓	5	16	7	↓	10	16	2	↓	2	5	2
Planned Care	Referral to Treatment for non-urgent consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Aug-21	↑	65.1%	56.4%	48	↓	68.5%	68.6%	23	↓	79.7%	81.4%	19	↑	70.3%	67.8%	48	↓	57.5%	58.0%	43
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Aug-21	↓	363	3770	20	↑	3284	16740	17	↔	785	4241	17	↑	1136	6211	17	↓	3742	19666	40
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Aug-21	↑	29.14%	53.82%	18	↑	44.38%	41.33%	18	↑	19.82%	15.32%	18	↑	25.13%	23.01%	20	↑	46.38%	45.27%	26
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Aug-21	↑	94.7%	90.1%	0	↓	90.6%	88.2%	5	↑	81.2%	80.7%	5	↓	90.4%	92.2%	3	↓	96.8%	97.3%	0
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Aug-21	↑	82.3%	76.4%	6	↑	96.7%	72.7%	0	↑	77.8%	23.2%	5	↑	100.0%	94.7%	0	↔	N/A	N/A	0
	28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of Urgent GP, Breast Symptom or Screening Referral	75%	Aug-21	↑	73.4%	69.7%	5	↑	81.8%	80.1%	0	↑	68.8%	64.9%	5	↓	74.6%	77.9%	1	↑	58.3%	58.8%	5
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Aug-21	↓	94.4%	92.1%	8	↓	89.7%	89.3%	29	↓	88.9%	91.4%	5	↑	95.8%	94.7%	3	↑	100.0%	97.8%	0
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Aug-21	↔	100.0%	92.3%	0	↓	69.6%	69.6%	40	↓	67.6%	80.5%	9	↓	87.5%	92.0%	1	↔	100.0%	95.2%	0
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Aug-21	↔	N/A	100.0%	0	↔	100.0%	99.0%	0	↑	100.0%	99.2%	0	↔	100.0%	90.5%	0	↔	N/A	100.0%	0
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Aug-21					↓	86.1%	93.2%	1	↓	93.5%	96.6%	1								
	62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Aug-21	↑	74.0%	63.0%	23	↑	65.4%	69.4%	17	↑	65.1%	61.3%	72	↑	68.9%	70.5%	20	↓	68.4%	76.5%	28
		First Treatment Administered - 104+ Day Waits	0	Aug-21	↓	1.5	32.0	12	↓	17.0	95.0	65	↓	17.0	108.0	65	↓	5.0	31.5	40	↓	1.0	9.5	28
		First Treatment Administered Within 62 Days Of Screening Referral	90%	Aug-21	↓	70.0%	75.8%	9	↑	82.3%	72.0%	9	↑	66.0%	69.0%	9	↓	54.5%	77.0%	3	↔	50%	50.0%	3
		First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Aug-21	↑	95.8%	86.9%		↓	74.3%	76.0%		↓	63.5%	78.6%		↑	85.3%	77.7%		↑	84.8%	84.5%	
Patient Safety	Incidence of healthcare associated Infection	Healthcare Acquired Infection (HCAI) Measure: MRSA Infections	0	Aug-21	↔	0	2	0	↔	0	0	0	↔	0	0	0	↔	0	0	0	↓	1	1	1
		Healthcare Acquired Infection (HCAI) Measure: C-Diff Infections	Plan	Aug-21	↑		13		↑		50		↓		70		↓		35		↓		23	
			Actual				4	0			30	0			45	0			20	1			12	0
		Healthcare Acquired Infection (HCAI) Measure: E-Coli	-	Aug-21	↓	16	123		↑	48	277		↓	49	213		↓	37	152		↑	14	101	
		Healthcare Acquired Infection (HCAI) Measure: MSSA	-	Aug-21	↔	3	46		↑	14	98		↑	15	80		↓	11	45		↓	5	26	

Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th November 2021

ITEM NO: 180

Report Title	CCG Risk Register Report at 31st October 2021
Author(s)	Rosalie Whitehead, Risk Management & Legal Assurance Manager
Sponsor (Director)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery

Paper for:	**Decision**	X	**Assurance**	X	**Discussion**		**Information**	
Assurance Report Signed off by Chair				N/A				
Which committee has the subject matter been through?				Primary Care Commissioning Committee – 27.10.21 Quality and Performance Committee – 28.10.21 Finance Committee – 28.10.21				

Recommendations

The Governing Body is requested to **RECEIVE** and **NOTE**:

- the Risk Register Report;
- Appendix 1 as a reflection of the risks facing the organisation as at 31st October 2021;
- Appendix 2 which summarises the movement of all risks in October 2021;
- the decrease in risk score for risk 38 relating to the risk of quality of care being impacted by patients not receiving a care needs review in a timely way as a result of the COVID pandemic; and
- the decrease in risk score for risk 40 relating to contract extensions.

APPROVE:

- the closure of risk 14 relating to on-going non-compliance of completion of initial health assessments (IHAs).

Report Summary

This report presented to the Governing Body is to highlight the areas of organisational risk that are recorded in the Derby and Derbyshire CCG Corporate Risk Register (RR) as at 31st October 2021.

The RR is a live management document which enables the organisation to understand its comprehensive risk profile, and brings an awareness of the wider risk environment. All risks in the RR are allocated to a Committee who review new and existing risks each month and agree removal of fully mitigated risks.

Are there any Resource Implications (including Financial, Staffing etc.)?
The CCG attaches great importance to the effective management of risks that may be faced by patients, members of the public, member practices and their partners and staff, CCG managers and staff, partners and other stakeholders, and by the CCG itself. All members of staff are accountable for their own working practice and have a responsibility to co-operate with managers in order to achieve the objectives of the CCG.
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
Not applicable to this update.
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
Not applicable to this update.
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
Not applicable to this update; however, addressing risks will impact positively across the organisation as a whole.
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Not applicable to this update.
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not applicable to this update.
Have any Conflicts of Interest been identified/ actions taken?
Not applicable to this update.
Governing Body Assurance Framework
The risks highlighted in this report are linked to the Derby and Derbyshire CCG Board Assurance Framework.
Identification of Key Risks
The paper provides a summary of the very high scoring risks as at 31st October 2021 detailed in Appendix 1.

NHS DERBY AND DERBYSHIRE CCG GOVERNING BODY MEETING

RISK REPORT AS AT 31ST OCTOBER 2021

1. INTRODUCTION

This report describes all the risks that are facing the organisation.

In order to prepare the monthly reports for the various committees who own the risks, updates are requested from the Senior Responsible Officers (SRO) for that period, who will confirm whether the risk:

- remains relevant, and if not may be closed;
- has had its mitigating controls that are in place reviewed and updated;
- has been reviewed in terms of risk score.

All updates received during this period are highlighted in red within the Risk Register in Appendix 1.

2. RISK PROFILE – OCTOBER 2021

The table below provides a summary of the current risk profile.

Risk Register as at 31st October 2021

Risk Profile	Very High (15-25)	High (8-12)	Moderate (4-6)	Low (1-3)	Total
Total number on Risk Register reported to GB for October 2021	6	14	6	0	26
New Risks	0	0	0	0	0
Increased Risks	0	0	0	0	0
Decreased Risks	0	2	0	0	2
Closed Risks	0	1	0	0	1

Appendix 1 to the report details the full risk register for the CCG. Appendix 2 to the report details all the risks for the CCG, the movement in score and the rationale for the movement.

3. COMMITTEES – SEPTEMBER VERY HIGH RISKS OVERVIEW

3.1 Quality & Performance Committee

Three Quality & Performance risks are rated as very high (15 to 25).

1. Risk 01: *The Acute providers may breach thresholds in respect of the A&E operational standards.*

   The current risk score is 20.

   September performance:

   - CRH reported 89.3% (YTD 93.4%) and UHDB reported 67.9% (YTD 72.1%).
   - CRH - The volume of Type 1 attendances are approaching pre-pandemic levels, with an average of 188 attendances per day. However, September 2021 volumes were still around 92% of the September 2019 levels.
   - UHDB - The volume of Type 1 attendances is high, with an average of 519 attendances per day. As a network the numbers of attendances are 11% higher than pre-pandemic levels (September 2021 compared to September 2019).
   - The acuity of the attendances was high, with Derby seeing an average of 15 Resuscitation patients & 191 Major patients per day and Burton seeing 123 Major/Resus patients per day.
   - Attendances at Children's ED have rapidly increased, with concerns about RSV and Bronchiolitis being major factors. Children's Type 1 attendances at Derby have averaged at 143 per day during September 2021 (compared to 100 per day in September 2019.
   - SORG manages operational escalations and issues if required. Meeting frequency has been stepped up from weekly to twice per week.
   - GP Connect roll out complete enabling direct booking of GP appointments via 111.

2. Risk 03: *TCP Unable to maintain and sustain performance, pace and change required to meet national TCP requirements. The Adult TCP is on recovery trajectory and rated amber with confidence whilst CYP TCP is rated Green, main risks to delivery are within market resource and development with workforce provision as the most significant risk for delivery.*

   The current risk score is 20.

October update

Current bed position:

- CCG beds = 32 (Q3 2021/22 target 21).
- Adult Specialised Commissioning = 18 (Q3 2021/22 target 15).
- Children and Young People (CYP) specialised commissioning = 3 (Q3 2021/22 target 3).
- The outcomes of the Derbyshire Learning Disability & Autism Programme Diagnostic Review were presented to the August Mental Health, Learning Disability & Autism Board. The key findings and themes included:
- Substantive Transforming Care Partnership (TCP) Programme Manager commenced on 1st October 2021.
- The TCP team (Including LeDeR) transferred to DHcFT as part of the movement towards the ICS. This will integrate into the Learning Disability & Autism team to allow greater capacity and partnership working.
- There has been an Intensive Support Teams (IST) expansion, there is now an additional service in place which is providing care for people who are autistic and their families, alongside support for carers and wider professionals.
- TCP remains on national escalation with regular calls with NHSE/I.
- Whilst much work is being carried out, there will not be a significant impact until the IST are recruited into for the revised autism offer. This is due to commence August this year and the IST expansion has commenced. However, the service is still being recruited into and the impact/benefit will not be seen straight away. Therefore, the risk score will remain the same.

3. Risk 33: *There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.*

The current risk score is 16.

October update:

- Monthly groups are in place with all four providers represented.
- Completion of assurance framework quarterly is undertaken by all providers and reports to the Planned Care Delivery Board (PCDB) quarterly, and to System Quality Group (SQG).

- Identified harm is reported on STEIS and all providers are monitoring this.

- A risk stratification tool is being piloted by providers.

3.2 Primary Care Commissioning Committee – Very High Risks

Two Primary Care Commissioning Committee risks are rated as very high.

1. Risk 04A: *Contracting: Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes.*

   Nationally General Practice is experiencing increased pressures which are multi- faceted and include the following areas:

   **Workforce - recruitment and retention of all staff groups*
   **COVID-19 potential practice closure due to outbreaks*
   **Recruitment of GP Partners*
   **Capacity and Demand*
   **Access*
   **Premises*
   **New contractual arrangements*
   **New Models of Care*
   **Delivery of COVID vaccination programme*

   The current risk score is 16.

   There is no further update for October.

   September update:

   - There continues to be increasing demand and pressure General Practice are facing. Appointment levels are already at least 10% higher than pre pandemic levels (additional 50,000 per month appointments across Derbyshire) as well as Primary Care continuing to deliver 75% of the COVID vaccination programme to date largely through the existing workforce.

   - The regular sitrep report is providing an accurate picture of the situation in General Practice that can be reported into the wider

system meetings so partners have a clear understanding of what is happening in general practice and how it can be supported.

- Planning for support for General Practice for the winter period is in progress to support requests for additional funding and resources in Primary Care to increase capacity in Primary Care to support the system. In addition, Primary care will also be starting the flu programme in September and therefore there are no changes recommended to the existing levels of risk this month.

2. Risk 04B: *Quality:* *Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes.*

   Nationally General Practice is experiencing increased pressures which are multi-faceted and include the following areas:

   **Workforce - recruitment and retention of all staff groups*
   **COVID-19 potential practice closure due to outbreaks*
   **Recruitment of GP Partners*
   **Capacity and Demand*
   **Access*
   **Premises*
   **New contractual arrangements*
   **New Models of Care*
   **Delivery of COVID vaccination programme*
   **Restoration and Recovery*
   **2021/22 Flu Programme*
   **Becton Dickinson Blood Tube shortage*

   The current risk score is 20.

   October update:

   - The risk score remains the same this month, but this may increase over the coming months due to the fragility in the system. This is due to the COVID pandemic and as we move into the winter months additional pressures will be experienced.

3.3 Finance Committee – Very High Risks

One Finance Committee risk is rated as very high.

1. Risk 11: *Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.*

   The current risk score is 16.

   October update

   September position:

   - The Derbyshire NHS system has a significant gap between expenditure assessed as required to meet delivery plans and notified available resource.
   - The CCG is working with system partners to establish a sustainable a long-term financial position and deliver a balanced in-year position.
   - As at month 6 the CCG are not seeing any major financial pressures against planned expenditure with the exception of Continuing Health Care (CHC) and we continue to work with Midlands & Lancashire Commissioning Support Unit and providers to rectify this.
   - The CCG is reporting at month 6 a year to date surplus of £0.696m and has not used any of the 0.5% contingency, although this position assumes a level of reimbursement of Retrospective COVID.
   - The CCG has not finalised its plan for half two of the financial year (H2) and is continuing to work with system partners to understand the recurrent underlying position which is the true test of a sustainable financial position and this demonstrates there is a significant recurrent deficit.

4. OCTOBER OVERVIEW

4.1 Decreased risk since last month

Two risks have decreased in score.

1. Risk 38: *The quality of care could be impacted by patients not receiving a care needs review in a timely way as a result of the COVID pandemic and the requirement for some of the Midland and Lancashire Commissioning Support Unit (MLCSU) Individual Patient Activity/Continuing Health Care (CHC) services to redirect service delivery to support system wide pressures. This has had an impact on core CHC and Funded Nursing Care (FNC) service delivery in relation to care needs reviews.*

This risk was recommended to be decreased in score from a high score of 8 (probability 4 x impact 2) to a moderate score of 6 (probability 3 x impact 2).

The reason for the reduction is that this remains on trajectory to complete the overdue review activity by the end of November 2021. The risk probability score has reduced accordingly.

The decrease in risk score was approved at the Quality & Performance Committee meeting held on 28th October 2021.

2. Risk 40: *In the period of transition from CCG to ICS, it is likely that a larger proportion of contracts will be extended on expiry rather than reprocured. The CCG is advised by Arden & GEM CSU on best practice for our procurement activity, but in some circumstances, the CCG may decide to proceed against best practice in order to give sufficient time for review of services within the framework of movement to an ICS. Proceeding against advice, carries a small risk of challenge from any providers who may have felt excluded from the process.*

   This risk was recommended to be decreased in score from a high score of 12 (probability 3 x impact 4) to a moderate score of 6 (probability 2 x impact 3).

   The reason for the reduction is that the CCG is assured on the extension of certain contracts and may act against best practice advice for pragmatic reasons regarding a number of contracts. This will continue until the new procurement regulations come into force.

   The risk score is reduced due to the likelihood of challenge being small and the impact also being small.

   This was approved virtually by Governance Committee members on 26th October 2021.

4.1 Closed risk

One risk is proposed to be closed:

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 current risk score is a high 12 (probability 4 x impact 3).

- Following an in-depth IHA compliance discussion at the Derby and Derbyshire CCG (DDCCG) Safeguarding Committee held on 28th September 2021 (due to ongoing, sustained IHA timeliness improvements/compliance within Derbyshire), a decision was taken by the Deputy Chief Nurse, Assistant Director and Commissioner for Children's Mental Health Services, Assistant Director and Lead

Designated Nurse for Safeguarding Children & the Designated Nurses for Children In Care(CIC), both City and County and the Designated Doctor for CIC Derbyshire to remove this risk from the DDCCG risk register in October 2021.

- A mitigation plan is in place, for the risk to remain on the register of Chesterfield Royal Hospital Foundation Trust (CRHFT) CIC Health Provider, until it can lower and eventually be removed from the provider risk register once the IHA compliance is consistently at 85% or above (as per the New CIC Service Specification for Derbyshire - IHA KPI). The Designated Dr CIC will be responsible for reviewing the IHA compliance within the CRHFT Risk Register (because they are also employed by CRHFT as the lead CIC Medical Advisor).

- Monthly IHA performance reporting from the CIC Health Provider (CRHFT) will continue to be undertaken/delivered (as part of the new CIC Service Specification for Derbyshire).

- IHA compliance will continue to be reviewed as a priority action via the Derbyshire CIC Collaborative Operational Group (where it sits within the associated workplan), Improving Health Outcomes Group, Children in Care Strategic Partnership (CICSP) & Derbyshire Corporate Parenting Board (CPB).

- Monthly meetings also continue to take place between the Designated CIC Professionals (Dr & Nurse) & the Derbyshire County Council Local Authority Head of Service (DCC LA HOS) and CIC Lead, where IHA/RHA compliance is monitored, reviewed & discussed.

- Escalations continue (from both DCC LA and the Health Provider), when required to each other, in order to maintain timeliness of IHA/RHA's at all times. The Designated Professionals (Dr & Nurse) have oversight of all health and local authority escalations to ensure that they are acted on in a timely and appropriate manner to ensure the timely provision of IHA/ Review Health Assessments (RHA's).

Closure of this risk was approved at the Quality & Performance Committee on 28th October 2021.

5. RECOMMENDATION

The Governing Body is requested to **RECEIVE** and **NOTE**:

- the Risk Register Report;
- Appendix 1 as a reflection of the risks facing the organisation as at 31st October 2021;
- Appendix 2 which summarises the movement of all risks in October 2021;

- the decrease in risk score for risk 38 relating to the risk of quality of care being impacted by patients not receiving a care needs review in a timely way as a result of the COVID pandemic; and

- the decrease in risk score for risk 40 relating to contract extensions.

APPROVE:

- the closure of risk 14 relating to on-going non-compliance of completion of initial health assessments (IHA's).

Appendix 1 - Derby and Derbyshire CCG Risk Register - as at October 2021

Derby & Derbyshire Clinical Commissioning Group

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating: Probability	Initial Risk Rating: Impact	Initial Risk Rating: Rating	Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating: Probability	Previous Rating: Impact	Previous Rating: Rating	Residual/ Current Risk: Probability	Residual/ Current Risk: Impact	Residual/ Current Risk: Rating	Target Risk: Probability	Target Risk: Impact	Target Risk: Rating	Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
01	21/22	The Acute providers may breach thresholds in respect of the A&E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the Derby and Derbyshire CCGs constitutional standards and quality statutory duties.	Quality and Performance	Constitutional Standards Quality	3	4	12	Governance: - The CCG are active members of the Derbyshire A&E Delivery Board which has oversight and ownership of the operational standards. A performance dashboard has been produced to allow greater scrutiny of performance and any areas of concern to be highlighted and acted upon accordingly. - Providers update the OPEL reporting website daily by 11am and can escalate concerns and requests for support via the CCG urgent care team in hours, or the on-call director out of hours. - All providers participate in the COVID System Escalation Calls. - A robust Derbyshire System Winter Plan has been developed, and there will be an agreed process in order for this to be monitored and actioned throughout the Winter period - This will feed into the Derbyshire A&E Delivery Board. - Providers across the Derbyshire Health and Social Care System have now started to meet twice weekly as part of the System Operational Resilience Group. The purpose of this silver command level group is to co-ordinate and deliver the actions necessary to respond to significant issues which are affecting, or likely to affect, the functioning of an effective operation at a intra and inter sector level across the Health and Social Care System. This group reports into the System Escalation Group (SEC) which represents Gold Command.	Actions taken: - Review of the Directory of Services to ensure all appropriate patients go to UTCs rather than EDs - Imminent launch of the 111 First programme to move unheralded ED patients to more appropriate settings and embed a culture of patients calling 111 first - Work ongoing to develop digital consultations as part of the urgent care pathway - Enabling the direct booking of GP appointments via 111, when clinically appropriate and roll out of GP Connect to support this. - Increased Clinician to Clinician contact availability to assist EMAS clinical decision making and avoid unnecessary conveyances. - Identifying other failed pathway referrals that lead to unnecessary ambulance conveyances, forming a plan to remedy these. - Proactively manage High Intensity Users of urgent care to avoid their need to use emergency services. - Providing PCN-based enhanced care in Care Homes to improve quality and reduce unwarranted referrals. - Improving ambulance handover times through increased senior ownership within EDs and applying Releasing Time To Care principles in EMAS. - Expanding the mental health Crisis Service and enhancing the home treatment offer to improve gatekeeping. - Increasing A&E Mental Health Liaison team capacity to speed up response times. - Taking a system-wide approach to Same Day Emergency Care working to increase same-day discharges to improve patient flow. - Establishing an Orthopaedic Assessment Unit at RDH to treat patients in a more appropriate setting and improve flow. - Establishing a Surgical Assessment Unit at CRH to treat patients in a more appropriate setting and improve flow. - Increased GP Streaming at UHDB through commissioning changes and staff upskilling. - Embedding a weekly review process for patients with a length of stay of 21+ days in acute trusts. - Understanding Community demand and capacity to support the Improving Flow D2A pathways in South and City. - Increase OPAT capacity to enable more patients to be discharged from acute hospitals on IV antibiotics. - Altered handovers to enable more timely transfers from MAU/AAC to base wards at UHDB. - Same day emergency care (SDEC) and urgent treatment centre (UTC) pathways have been developed and in the process of increasing for EMAS to access, in order to reduce the number of patients directed to ED. - EMAS to undertake monthly audits with CRH and UHDB on patients that did not need to be conveyed to ED - in the process of starting to collate this data and then a system action plan will be developed, in order to make any necessary changes to reduce the number of unnecessary conveyances. - The SORG are currently reviewing the OPEL dashboard to support their operational discussion and to give a full picture on their operational resilience, which supports the system to understand where the pressures are, the impact this has and actions required to support. SEC stood down. SORG manages operational escalations and issues if required.	September 2021 performance CRH reported 89.3% (YTD 93.4%) and UHDB reported 67.9% (YTD 72.1%). CRH - The volume of Type 1 attendances are approaching pre-pandemic levels, with an average of 188 attendances per day. However, September 2021 volumes were still around 92% of the September 2019 levels. UHDB - The volume of Type 1 attendances is high, with an average of 519 attendances per day. As a Network the numbers of attendances are 11% higher than pre-pandemic levels (September 2021 compared to September 2019). The acuity of the attendances was high, with Derby seeing an average of 15 Resuscitation patients & 181 Major patients per day and Burton seeing 123 Major/Resus patients per day. Attendances at Children's ED have rapidly increased, with concerns about RSV and Bronchiolitis being major factors. Children's Type 1 attendances at Derby have averaged at 143 per day during September 2021 (compared to 100 per day in September 2019) . SORG manages operational escalations and issues if required. Meeting frequency has been stepped up from weekly to twice per week. GP Connect roll out complete enabling direct booking of GP appointments via 111.	5	4	20	5	4	20	3	3	9	On going	Linked to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Zara Jones Executive Director of Commissioning Operations	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations Jackie Carlile Catherine Bainbridge, Head of Urgent Care Dan Merrison Senior Performance & Assurance Manager
02	21/22	Changes to the interpretation of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) safeguards, results in greater likelihood of challenge from third parties, which will have an effect on clinical, financial and reputational risks of the CCG	Quality and Performance	Statutory Financial	3	3	9	•The implementation date for LPS to replace DoL has been deferred until April 2022. The new code of practice is not expected until mid 2021. Midlands and Lancs CSU continue to re-review and identify care packages that potentially meet the 'Acid Test' and the MCA/DoLS staff member is preparing the papers for the CCG to take to the Court of Protection as workload allows. • CCG DoL policy will be updated when the LPS Code of Practice is available. • The CCG is required to submit 100% health funded packages of care that meet the DoL threshold to the Court of Protection (CoP) authorisation, there is an agreement with the LA for the joint funded cases which the LA submit on both our behalves and charge the CCG 50% of the submission fee. There is a reputational risk to CCG if found guilty of an unauthorised DoL for someone in receipt of CHC funding with associated compensation costs. • Due to the delay in the implementation of LPS until April 2022 the CCG will continue to make applications under the existing Re X process. There is still a large backlog of cases that the Court of Protection have not yet processed. • The Designated Nurse for Safeguarding Adults continues to meet once a fortnight with Midlands and Lancs to discuss ongoing management of cases. •The Designated Nurse for Safeguarding Adults sits on the CSU Operational Group where any issues in relation to this work are raised.	The Re X DoLS Options Paper was agreed by the December Governing Body meeting and is now being implemented. A further paper was taken Q & P to seek permission for the Safeguarding Adults Team and the CSU MCA/DoLS worker to submit Re X DoLS applications that are 100% funded directly to the CoP. This has been agreed and a framework for this to happen is being developed. The Safeguarding Adults Team continue to develop a framework for this to happen. This has been agreed and a framework for this to happen is being developed and an account with the COP has been set up.	September: The CSU will take over the ReX applications to the COP on behalf of the CCG once the SOP has been approved. This should ensure that the CCG has no outstanding ReX applications by the time LPS replaces the current DoL legislation. October 21 - Re X applications are slowly being processed. The risk remains the same as the numbers of Re X applications the CSU are making are not significant enough at the moment to reduce the risk.	3	4	12	3	4	12	3	3	9	October 2021	Linked to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Brigid Stacey - Chief Nursing Officer	Bill Nicol, Head of Adult Safeguarding Michelle Grant, Designated Nurse Safeguarding Adults/MCA Lead
03	21/22	TCP unable to maintain and sustain performance, pace and change required to meet national TCP requirements. The Adult TCP is on a recovery trajectory and rated amber with confidence, whilst CYP TCP is rated green. The main risks to delivery are within market resource and development with workforce provision as the most significant risk for delivery.	Quality and Performance	Quality/ Reputational	3	4	12	• System leadership group meets bi-monthly to review performance and address system issues, chaired by DHoFT SRO. • System wide plan developed identifying priorities for joint action and delivery • Additional funding and capacity in place for crisis response and forensic • Quality standards in place within contracts for NHS providers monitored quarterly at CQRG • Investment in Speech and Language Therapist for mental health wards to improve formulation in mental health care. • System Recovery & Restoration Plan implemented and ongoing • Weekly Discharge Review meeting to seek assurance against agreed trajectories • LD,MH,Autism delivery group have established a Provider development task and finish group to oversee the work to improve the capacity and resilience of local providers. • LD+A (Learning Disability and Autism) Delivery Group Meeting meet bi-weekly to monitor implementation of the seven 'lanes' on the improvement plan, with leads identified for the each workstream. • Weekly reconciliation meetings with DHoFT to ensure that admissions are appropriate with regards to confirmed diagnosis. • Mental health in-each secondment: Funding agreed to establish a temporary in-reach post to acute mental health wards from Dec 2020 – May 2021. • Proposal to enhance the Derbyshire Autism offer: The System Delivery Board (via TCP SRO and Director of Quality) has requested a costed options proposal. This will go to the December meeting - Interim services to support Autistic people scoped and provided. The temporary secondment post and Case Managers will enhance oversight for people admitted with an ASD diagnosis. - Monthly NHSE/I regional Escalation assurance meetings - Weekly DDCCG TCP meeting • Derby and Derbyshire all-age Dynamic Support Register (DSR) for people with a formally diagnosed Learning Disability and/or Autistic Spectrum Disorder implemented • Weekly 1:1 – TCP Programme manager and NHSE TCP Lead Nurse • Covid-19 – impacting on transitions from Locked Rehab hospitals into community placements causing delays in discharges. Alternative transition planning being explored, • Case Managers redeployed to support DHoFT services – each Case Manager redeployed for 2 days per week to ensure they are able to continue to support case load.	TCP Recovery Action plan developed and monitored weekly; - Revised assurance systems and processes led by new TCP Programme Manager (Discharge Review Meeting (DRM), weekly NHS Provider meetings, appointment of two CCG Case Managers) - Mental health in-reach role: establish a temporary in-reach post to acute mental health wards from November 2020 – May 2021. - Weekly procurement updates: Multi agency weekly meetings with providers developing new services in Derbyshire led by Local Authority - NHSE training sessions and case reviews for Ministry of Justice (MoJ) cases with Christine Hutchinson. - 1:1 support for TCP Programme Manager Admission avoidance: - Proposal to enhance the Derbyshire Autism offer: The System Delivery Board (via TCP SRO and Director of Quality) has requested a costed options proposal is submitted to the group in December 2020. - Local Area Escalation Protocol (LAEP) notifications: It is an expectation that LAEPS are requested as part of meeting national and contractual expectations to notify about potential admissions. - Strengthen management of people in distress: These will focus on detailed review of care plans and provision for people with previous high levels of admissions & development of the Dynamic Support Register - Review of short breaks provision. - New Strategic Commissioner posts	Current bed position: CCG beds = 32 (Q3 2021/22 target 21) Adult Specialised Commissioning = 18 (Q3 2021/22 target 15) Children and Young People (CYP) specialised commissioning = 3 (Q3 2021/22 target 3) Outcomes of Derbyshire Learning Disability & Autism Programme Diagnostic Review presented to August Mental Health , Learning Disability & Autism Board. Key findings & themes included further strengthening of strategic vision and priorities; Project & Programme Management Operating resource capacity, recruitment and retention and engagement with Community Mental Health. Action plan agreed in response and will report to System Delivery Board. Substantive TCP Programme Manager started 01/10/2021 TCP Team (including LaDaR) transferred to DHcFT as part of the movement towards the ICS. This will integrate into the Learning Disability & Autism team to allow greater capacity and partnership working. IST expansion, now an additional service in place which is providing care for people who are autistic and their families alongside support for carers and wider professionals TCP remains on national escalation with regular calls with NHSE. Whilst much work is being carried out, there won't be a significant impact until the Intensive Support Teams (IST) are recruited into for the revised autism offer. This is due to commence August this year and the IST expansion has commenced. However, the service is still being recruited into and the impact/benefit will not be seen straight away. Therefore the risk score will remain the same.	5	4	20	5	4	20	2	3	6	tbc	Linked to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Brigid Stacey - Chief Nursing Officer	Helen Hipkiss, Deputy Director of Quality / Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
04A	21/22	**Contracting:** Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fail. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes. Nationally General Practice is experiencing increased pressures which are multi-faceted and include the following areas: *Workforce - recruitment and retention of all staff groups *COVID-19 potential practice closure due to outbreaks *Recruitment of GP Partners *Capacity and Demand *Access *Premises *New contractual arrangements *New Models of Care *Delivery of COVID vaccination programme	Primary Care Commissioning	Primary Care	5	4	20	**Early warning systems**: CCG works with LMC and other partners to systematically identify and support practices that may be in trouble, including: reviewing information on practice performance via an internal, cross directorate review of practices looking at a range of data sources; linking with the LMC to pool soft intelligence on practice "health" and to jointly support struggling practices; directly approaching practices identified as at risk **CCG support:** CCG commissions and funds a range of supportive measures designed to increase the resilience of General Practice, in line with the GP Forward View and GP Contract. Key working groups and committees have been established to support the delivery of the work programmes, these include: *Primary Care Leadership Committee *Primary Care Workforce Steering Group - sub group GPN 10 Group *Primary Care Estates Steering Group *General Practice Digital Steering Group The groups have a wide range of objectives and outcomes to mitigate this corporate risk, these include , managing allocation and monitoring of additional funding to support the PC workforce (recruitment and retention, new roles) Funding of practice nurses to promote the National GPN , work with CCG nursing team. Identification and delivery of training to support and improve GP practice resilience; funding increased capacity; supporting practices to manage workload; development of leadership roles. Utilisation of the GP Task Force and Health Education Derbyshire to support the delivery of these objectives **Peer support:** the Primary Care Networks will provide a way that practices can support each other in smaller groups. Over time this will provide a safe forum for practices to seek help from peers and another route for help for struggling practices who are not willing to approach the CCG directly **Strategy**: implementation of the CCG's primary care strategy will bring additional resources, capacity and support to General Practice, and develop its role at the centre of an integrated system, thus increasing resilience and mitigating against individual practice failure. The CCG has financially supported the development of the GP alliance, who have supported the development of the PC strategy and are also undertaking a review of PC demand and capacity in order to have a understanding of access to Primary Care in Derbyshire	The Derbyshire wide Primary Care Strategy agreed and in place. Primary Care Networks (PCNs) established county wide. PCNs undertaking self-diagnostic to establish current position and development needs. Funding identified to support development. First cross directorate review meeting of practice data set for September. Primary Care Team to continue to work closely with practices to understand and respond to early warning signs including identification of support/resources available including practice support in discussions around workload transfer from other providers. Derbyshire wide Primary Care Commissioning Committee to oversee commissioning, quality and GPFV work streams. Assurance provided to NHS England/JUCD through monthly returns and assurance meetings.	19.10.20 Increasing COVID-19 activity in primary care. National portal now live for practice orders for PPE. From 1 October 2020, CCG continuing to reimburse additional cleaning costs and also COVID19 absence in practices where backfill is required for face to face appointments and roles. OPEL reporting being developed for primary care. Winter plan submitted for additional resource to support red hubs / activity. Risk remains the same and will be reviewed at PCCC on 28th October 2020 9.11.20 Letter from NHSE/I to outline draft enhanced service for COVID vaccine. In addition, £1.3million funding allocated to the CCG to support General Practice in additional capacity which will also support COVID vaccine rollout. Practice outbreaks are starting to be seen with business continuity plans enacted. Risk mitigated through the additional staffing to cover COVID absence. December - There are no changes to the existing levels of risk for this month. The pressures on Primary Care and General Practice remain the same along with the challenges of COVID-19 vaccine programme and whilst there are mitigations around the additional funding for general practice the risks remain the same as reported in November 2020. February 2021 - There are no changes to the existing levels of risk for this month. CCG letter and guidance issued 8th January 2021 which summarised the CCG position and support available to practices, locally, nationally and from the Derbyshire system. This included a comprehensive guidance document detailing all the available funding streams, income protections and additional resource available to our practices. NHS E/I issued a letter dated 7th January 2021 which recognises the pressure this puts practices and PCNs under and sets out the steps to be taken to free up practices to enable prioritisation of the Covid-19 vaccination programme. July no change to risk score. There is an increasing demand and pressure General Practice are facing as lockdown measures are being relaxed and removed. Appointment levels are already higher than pre pandemic levels as well as Primary Care delivering 75% of the COVID vaccination programme to date largely through the existing workforce. Following a meeting with the CCG, LMC and GP Alliance in July highlighting the significant concerns being reported in General Practice the CCG were asked to reinstate the weekly sitrep that reports staff absences and RAG rating. The sitrep will provide an accurate picture of the situation in General Practice that can be reported into the wider system meetings so partners have a clear understanding of what is happening in general practice and how it can be supported. It will also support requests for additional funding and resources in Primary Care. The CCG has also recommenced the 'battle box service' that was available through previous waves of Covid to provide temporary loans of equipment to GP Practices who need a rapid response to enable their staff to work remotely. No changes to the existing levels of risk this month. September no change to risk score. There continues to be increasing demand and pressure General Practice are facing. Appointment levels are already at least 10% higher than pre pandemic levels (additional 50,000 per month appointments across Derbyshire) as well as Primary Care continuing to deliver 75% of the COVID vaccination programme to-date largely through the existing workforce. The regular sitrep report is providing an accurate picture of the situation in General Practice that can be reported into the wider system meetings so partners have a clear understanding of what is happening in general practice and how it can be supported. Planning for support for General Practice for the winter period is in progress to support requests for additional funding and resources in Primary Care to increase capacity in Primary Care to support the system. In addition, Primary care will also be starting the flu programme in September and therefore there are no changes recommended to the existing levels of risk this month. October - No change this month.	4	4	16	4	4	16	4	3	12	On going	Linked to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Dr Steve Lloyd - Medical Director	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)
04B	21/22	**Quality:** Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fail. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes. Nationally General Practice is experiencing increased pressures which are multi faceted and include the following areas: *Workforce - recruitment and retention of all staff groups *COVID-19 potential practice closure due to outbreaks *Recruitment of GP Partners *Capacity and Demand *Access *Premises *New contractual arrangements *New Models of Care *Delivery of COVID vaccination programme *Restoration and Recovery *2021/22 FLU Programme *Becton Dickinson Blood Tube shortage	Primary Care Commissioning	Primary Care	4	5	20	**Primary Care Quality Team**: team providing monitoring of and support to practices county wide, proactive and reactive, direct contact available to practices to clinical team members, via telephone and email, for advice and support of any clinical queries and patient safety issues. Communication pathways established including membership bulletin, Information Handbook, web site development and direct generic inbox **Primary Care Quality and Performance Committee**: The Committee will oversee monitoring support and action plans for the delivery of Primary Medical Services, gain assurance regarding the quality and performance of the care provided by GP practices, identifying risks to quality at an early stage. Monthly meetings established. **Cross directorate internal review (hub) process** - Primary Care Quality dashboard and matrix developed, discussed monthly at Hub meeting, integration, sharing and triangulation of PC data from Primary Care Quality, Contracting and Transformation. Provides the opportunity to oversee multiple data sources and gain information from wider CCG teams in order to gain collective view on quality of care offered and to identify areas of best practice and areas of concern where support or intervention is needed. Provides the opportunity to review and create action plans to support practices who may be experiencing / demonstrating difficulty or signs of potential deficit in quality or unwarranted variation of care provision. **Supporting Quality Improvement visits:**18 month rolling programme of practice visits with a focus on quality and support is being delivered, this provides the opportunity of direct clinical face to face discussion between individual GP practices and CCG. Provides an safe opportunity to discuss individual practice quality metrics and for the practices to highlight / raise any issues or concerns directly to the CCG. **Clinical Governance leads meetings:** Established and held quarterly across Derbyshire PCN footprint, provides the interface between CCG and individual practices, opportunity to share best practice, practice concerns, learning and recommendations, support the implentation of GP practice governance. **Quality Schedule**: being developed as part of the enhanced service review to provide a formal mechanism to contract for improved quality standards in areas such as sepsis and safeguarding - following model developed with acute and other provider organisations. Primary Care Quality Schedule Included (October 2021) to DCCG Commissioned Primary Care Contracts, to maintain and support the delivery of continuous quality improvement in Primary Care. JUCD FLU Planning cell set up to plan and provide oversight of the Flu Programme.	Primary Care Quality Team now fully recruited to and delivering on quality programme including SQI visits. Continuing work to track and support quality of General Practice - Primary Care Quality and Performance Committee established and functioning well. Work is ongoing on development of quality schedule. Production of a Primary Care dashboard being finalised, review of quality reporting methodology and governance structures to PCCC being undertaken. Primary Care Dashboard and Matrix established. Supporting Governance Framework implemented. July: Continuing work to track and support quality of General Practice - Primary Care Quality and Performance Matrix in place and reviewed monthly. Primary Care Quality and Performance Sub Committee re established June following return to BCU, supported by an escalation methodology to ensure consistency and timeliness of response. Hub (pre meet) also established and working well to support the identification of concerns/ triangulate information across the CCG/ national data.	• A range of mitigations have been put in place both Nationally and Locally to support general practice; Local services include • Red hubs and red home visiting service; • DHU support for practices to provide cover Long COVID pathway development System support to deliver COVID vaccination programme Intelligence both qualitative and quantitative continues to be captured to both support and monitor care provided by general practice from both a contractual and quality perspective Whilst the Primary Care Quality and Performance committee has been stepped down due to the level four CCG pandemic response a monthly meeting to determine / highlight any new risks / emerging themes continues. Any actions from this will be addressed with individual practices as required . Reporting arrangement will be undertaken directly to PCCC August - JUCD moving into Phase 3 of the Covid Vaccination Programme/ FLU programme whilst General Practice also working as BAU. Demand on general practice is above pre pandemic levels September - Flu Programme - Delays in delivery of flue vaccine to GP practices. Where flu clinics have already been organised, this is adding additional pressures. Shortage of Becton Dickinson blood tubes is being managed as a system - updates and associated information is being issued to GP practices and there are only four instances where phlebotomy can be undertaken currently, due to the shortage. Therefore, phlebotomy undertaken within GP practices is severely restricted which will have a future impact on QOF prevention. It is expected that the situation will improve from 20.09.21 but pressures will still be felt. From 31.08.21 to 17.09.21 blood tests carried out in GP practices will be only in the four instances. Phase 3 COVID delayed until 22.09.21, planning taking place. October - The risk score remains the same this month but this may increase over the coming months due to the fragility in the system. This is due to the COVID pandemic and as we move into the winter months additional pressures will be experienced.	4	5	20	4	5	20	4	4	16	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Dr Steve Lloyd - Medical Director	Marie Scouse, Assistant Director of Nursing & Quality - Primary Care Judy Derricott, Head of Primary Care Quality
05	21/22	Wait times for psychological therapies for adults and for children are excessive. For children there are growing waits from assessment to psychological treatment. All services in third sector and in NHS are experiencing significantly higher demand in the context of 75% unmet need (right Care). COVID 19 restrictions in face to face treatment has worsened the position.	Quality and Performance	Patient Experience/ Quality	4	3	12	A national mandated programme of community delivery with specific recommendations for psychological therapies is expected. This will change how DDCCG commissions current services and stopped the planned STP Psychological therapies review. For children there are growing waits from assessment to psychological treatment .Some investment is being made through core CAHMS investment in 2019 and 2020 in both CRH and DHCFT CAHMS linked to waiting times. A newly commissioned targeted intervention service was introduced in June 19 and digital offer for cyp in September 19.(KOOTH). Funding for wave 2 Transformation from NHSE to support MH in school was successful with an intended start date of may 2020. A service for Looked after children was due to start in May 2020. These initiatives are intended to provide support without CAHMS being required to help manage waits. COVID 19 has reduced face to face therapies and increased waits delayed recruitment and investments and wait times have become longer. This is a concern raised by safeguarding board and partners and children's commissioner for England.	Once national research and guidance released recommission DHCFT to deliver services to new model. Continue to monitor within contract meetings once these are restarted. For children introduce increased digital offer during pandemic . Consider Further services to manage expected demand when schools return in September 20202. Progress CAHMS review to a JUCD plan of improvement with if necessary provider improvement plans. report to safeguarding board and JUCD in September 20. Report to CLC on COVID19 arrangement analysis and potential mitigations .	October update. Waiting lists for ND pathway all have come down as a consequence of mitigating actions taking effect. However there is now a surge of demand doubling for Psychology CYP 30% up for CAHMS and 40% up for targeted interventions. Eating disorder cases up 70% all pandemic related. Further waiting list initiatives utilising slippage from transformation schemes being taken forwards.	4	3	12	4	3	12	3	3	9	Mar 22	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Zara Jones Executive Director of Commissioning Operations	Dave Gardner Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning
06	21/22	Demand for Psychiatric intensive Care Unit beds (PICU) has grown substantially over the last five years. This has a significant impact financially with budget forecast overspend, in terms of poor patient experience , Quality and Governance arrangements for uncommissioned independent sector beds. The CCG cannot currently meet the KPI from the Five year forward view which require no out of area beds to be used from 2021.	Quality and Performance	Commissioning	5	3	15	Beds commissioned on block and to be extended for a further year. STP developing a plan for Derbyshire PICU. Use has escalated during COVID19 and funding recoverable from COVID funding this therefore has resulted in no change to the financial risk despite numbers doubling to 24 from 12. However plans will need to be in place to ensure numbers return to agreed baseline. 07.08.20 Length of stay rising is a factor in increased use mitigated by reduced use of additional observations. DHCFT have submitted 250M capital funding Bid to national capital scheme. this includes a new build PICU for men. Options for Women will need to be considered within the estate changes made possible if the bid is successful.	Continue to Explore regional options for bed optimisation being taken forward with clinical network DHoFT to take a lead provider role . OOA bed reduction plan to include PICU and manages through STP. Report on Options for Derbyshire PICU and controls to be brought back to DDCCG in September, Ensure plan in place to reduce PICU usage post COVID. Ensure that DHCFT returns patients back to Derby as soon as possible. Maintain reduced additional observation costs with continued provider challenge. 07.08.20 Issue raised in MH recovery Cell . short life group formed to address . Report on Options for future dependent on outcome of 250Mcapital bid. Subgroup of recovery cell to produce plan to reduce numbers , Finance teams to discuss how COVID funding arrangements can be taken forward with DHoFT as "top up funding" announced in phase 3 arrangements may be linked to provider costs not CCG costs. This is being investigated further.	August update Papers on procurement outcome and proposals for next steps to come to CLCC. Concerns remain as for July depending on outcome of search for provider who can meet quality requirements . September Update use remains stable ,searches underway for suitable providers .Risk level remains unchanged until suitable providers identified. October Update. Providers who can meet quality requirements identified but at a distance from Derby. Direct award for providers being considered in papers to CLCC.	3	4	12	3	4	12	2	3	6	Dec 21	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Zara Jones Executive Director of Commissioning Operations	Dave Gardner Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning

Risk Reference	Year	Risk Description	Type - Corporate or Clinical	Responsible Committee	Initial Risk Rating: Probability	Initial Risk Rating: Impact	Initial Risk Rating: Rating	Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating: Probability	Previous Rating: Impact	Previous Rating: Rating	Residual/ Current Risk: Probability	Residual/ Current Risk: Impact	Residual/ Current Risk: Rating	Target Risk: Probability	Target Risk: Impact	Target Risk: Rating	Target Date	Links to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
09	21/22	Sustainable digital performance for CCG and General Practice due to threat of cyber attack, network outages and the impact of migration of NHS Mail onto the national shared tenancy. The CCG is not receiving the required metrics to provide assurance regarding compliance with the national Cyber Security Agenda, and is not able to challenge any actual or perceived gaps in assurance as a result of this.	Corporate	Governance	3	4	12	• NECS receive and acts on CareCERT alerts, received in response to NHS Digital monitoring of threats to the external system. Actions taken are reported via the NECS contract management meetings, and escalated to the Digital Lead where required. • The network infrastructure is proactively monitored and anti-virus signatures are maintained adequately. • NECS actively provide compliance evidence for the DSPT and provides assurance to the CCG regarding network security. • The Governance Committee has responsibility to oversee the arrangements for ensuring that technology is secure and up-to-date and IT systems are protected from cyber threats. • The NECS contract management board receives routine assurance reports regarding cyber security preparedness and resilience. • Hygiene reports (progress against technical security measures) are provided to the NECS contract management board The CCG has agreed a local policy for the shared tenancy and Microsoft Office 365 that seeks to prevent the introduction of new functionality into Microsoft Teams and other associated software until the business case has been proven that this functionality would be beneficial and until such time as the Governance is in place. Where changes are known in advance, these are communicated to staff appropriately including the effect of the change. The CCG are also working with NECS to develop system policies at the local level to allow as much local control over changes as is feasible while feeding back to the national teams. Our CCG is also two/three weeks behind the rollout in other NECS Customers to enable us to learn lessons from their experiences and adjust accordingly. The CCG receives regular automated updates from NHS Digital to enable them to identify any new risks or variations or escalation in existing risks. These are also automatically published into a Microsoft Teams environment which is shared with Primary Care to allow further propagation of the information. NECS has also agreed to provide named contacts within the CCG with regular updates around critical and high priority changes such that the CCG can actively participate in any risk management decisions and remains information of progress Following discussion and approval at PCCC, the CCG is procuring dedicated connections into currently shared sites to remove the dependency upon AGEM and their supplier chain. This will ensure that NECS own the connection from the desktop to the data centre and out to the Internet.	CCG proposes to work closely with cyber awareness training provider / Cyber Resilience Support team which may include identification and recommendations of cyber issues that may impact on cyber security, for example developing and implementing further strategies and policies - and identification of practical opportunities where necessary to support operational awareness. Development of local policies and working with the national team to devolve as much responsibility as possible to the local level thereby allowing us to have more control over the deployment, removal and changes to functionality within the Microsoft Teams and other environments linked to the NHS shared tenancy and Microsoft Office 365. Additionally, the migration of the CCG and colleagues within General Practice away from the previous NHS Mail system and onto the NHS' national shared tenancy brings both benefits and risks. While there are economies of scale and additional functionality available, there is a lack of control over the launch of new functionality and removal of existing functionality. There are also configuration issues between settings at the national and local level, leading to a temporary pause in the deployment of Microsoft Office 365 within Derby & Derbyshire until these are remedied. Visibility of the NECS responses and strategies to dealing with critical and high priority risks.	12.07.21 - No evidence of the recent (and ongoing) distributed denial of service attack penetrating any of our networks or devices and NECS has confirmed that geo-blocking is in place to prevent connections from countries and areas known to be active in attacks such as these. We are continuing to work with NECS on the 'PrintNightmare' vulnerability and we have tracked this from initially being of low significance to requiring action. NECS has mitigated the risk by removing the printing function from all unnecessary devices, but to fully secure the network we would need to suspend all printing from all devices which is impractical. We therefore continue to scan all devices connected to the network for any signs of the vulnerability being utilised - if found, the device will automatically be isolated from the network and the security team informed. To date, there have been no exploitations identified within the CCG or Primary Care. Risk remains the same, as there is the risk of exploitation, but no evidence of this being exploited - similar to the scenario with Microsoft Office 2010. 17.08.21 - We have agreed an initial reporting procedure with NECS for the communication of any high level or escalating CareCERT alerts accompanied by appropriate assurances and mitigations; this allows the CCG to be aware of all potential threats and to manage those risks in tandem with NECS and assurances that alerts are being appropriately responded to. We have also subscribed to the NHS Digital CareCERT data feed to ensure that we also receive any low level or for information alerts so that these can be assessed and raised with NECS and/or through appropriate internal routes as appropriate. The risk continues to be low. 13.09.21 - Recommend reduction of the impact of the risk, as previously risk mitigation and responses to critical and high-level alerts were provided directly to NHS Digital for assurance with subsequent reporting to the CCG through operational contractual meetings. The revised approach means the CCG are both aware of all risks (not just critical and high-level) and receive more timely reports from NECS on how these are being actively managed. It also allows for the CCG to challenge responses where appropriate and to receive assurance that the risk has been addressed or where risks remain. Reviewing the available information would indicate risks are being appropriately managed and actioned and with the additional investment made in our off-site storage and improvements to the firewall, we feel the impact of the risk should be reduced given these additional mitigating actions. 26.10.21 - Recommendation that the risk remains the same until the additional 12 dedicated and NECS managed connections are installed, as this will then remove the risks to service delivery through the shared sites.	2	3	6	2	3	6	1	4	4	No target date added as Cyber Security is continually monitored and will need to be reviewed constantly	Links to Strategic Aim 4	Oct-21	Nov-21	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
10	21/22	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.	Corporate	Governance	4	4	16	• CCG active in Local Health Resilience Partnership (LHRP) and relevant sub groups • On-call staff are required to receive Met Office Weather Alerts. These will be cascaded to relevant teams who manage vulnerable groups • Executive attendance at multi agency exercises. • Internal Audits have evaluated Business Continuity preparedness. • Derbyshire-wide Incident Plan in existence • Joint Emergency Services Interoperability Protocol (JESIP) training made available to on-call staff • Staff member trained in Business Continuity and member of professional body • Staff member competent to train Loggists internally and there are sufficient number now trained • Derby and Derbyshire CCG represented on LHRP and LRF sub-groups including, HEPOG, Training and Exercising sub-group. Risk Assessment Working Group, LRF Tactical, Human Aspects and Derbyshire Health Protection Response Group. • On-call rota being revised to introduce two tier system with improved resilience • Comprehensive training undertaken for On-call staff to National Standards •Accountable Emergency Office and Deputy AEO attended EU Exit conference 17th September 2019 •On Call Forum has been established and has held productive meetings sharing knowledge and experience •EU Table top exercise took place in December 2019 to test the robustness of the CCG response to IT and Telephony failure and to Fuel Shortage leading to improvements in processes and procedures • CCG participating in local response to Coronavirus risks as part of the Derbyshire LHRP system following national guidance from PHE. • The Director of Corporate delivery and the Business Resilience manager took part in a national seminar Effective Communication Around Major Incidents Digital Forum on Friday 16 October, 2020. • The Director of Corporate Delivery and the Business Resilience Manager took part in a national seminar EU Exit End of Transition period workshop on 04 November 2020. This has resulted in key areas of work being identified and CCG Leads mobilised to provide a response • Senior Responsible Officer for EU Exit designated for the CCG and contact details made available to NHSEI • EU Exit now a standing item on weekly SEC Meetings	• Practices updating Business Continuity Plans to include consistent contact details for CCG in-hours and out of hours. • Business Resilience Manager developed a single operational Business Continuity Plan. This will now be reviewed in the light of learning from the COVID pandemic. • Confirm and challenge meeting with Providers and NHSEI took place on 2nd October 2019 and agreement reached with Providers on final level of assessment against the core standards. • CCG on call arrangements reviewed and CCG is operating a 2 tier on call system. Training has been provided to all on call staff from November to March 19. • Accountable Emergency Office and Deputy AEO attended EU Exit conference 17th September 2019, to gain assurance on EU Exit assurance. • CCG took part in daily StREP reporting to NHSE until stood down on 28 October 19. • CCG provided exception report on EU Exit through Local Resilience Forum. • Derbyshire System wide EU Exit Plan developed and distributed to Providers • Two "dry runs" at preparing for EU Exit date puts the CCG in a stronger position • Business Impact Assessments for each function within the CCG have been completed and approved the Governance Committee in March 2020. • Lessons learned from Toddbrook Reservoir will be incorporated into the Business Continuity plan when the EPRR review becomes available. • A review of the recent power outage situation at Cardinal Square is scheduled this month (November) and lessons learned incorporated into the Business Continuity Plan. • The On Call Forum has met regularly and has provided an opportunity to share experience and knowledge •The CCG has fully participated in the response to the COVID pandemic and submitted evidence to NHSEI as part of the 2020/21 EPRR National Core Standards • Continued collaborative working with Provider organisations and other stakeholders including the LRF and NHSEI Regional teams	•CCG and Derbyshire Provide Annual Assurance 2021/ lessons learnt during first wave of COVID -19 and preparedness for Winter Planning process currently being undertaken, deadline for submission to NHSE is 31st October 2020. •CCG is working with members of SEC to design a Derbyshire wide system escalation process to enable swift and collective action regarding winter pressures and other key issues including EU Exit. • The CCG submitted the annual EPRR response for the National Core Standards to NHSE for itself and Derbyshire Provider organisations ahead of the deadline of 31 October 2020. The results showed a positive approach across all organisations in relation to response, evaluation and preparedness for winter pressures. Attended the End of Transition webinar where actions undertaken by NHSEI workstreams were shared and organisational actions recommended, and the CCG is currently working through those. Future webinars are planned and the CCG EU Exit team will be in attendance. Due to the uncertainty around EU End of Transition and what will transpire the probability is recommended to increase from 2 to 3 • The CCG is working with Provider organisations to identify any supplier contracts in place that fall outside national provisions ahead of EU Exit • CCG is complying with NHSEI request to submit a daily EU Exit Transition return via the NHSEI Data Collection Portal • CCG is undertaking a review of its functions to determine how best to support the COVID-19 vaccine roll out with CCG staff The risk score has been reduced due to our Business Continuity arrangement being enacted and embedded over the past year and the further development of strengthened partnership working both with health colleagues and other key stakeholders. 05.02.21 Updated Business Continuity Plan, Policy and EPRR Policy Statement was approved by January Governance Committee. March update: • EU Exit StREP to NHSEI over 7 days • EU Exit StREP now submitted each weekday and by exception at the weekend April Update • EU Exit StREP stood down with effect from 1 April 2021. October Update • Continuing work with NHSEI to finalise EPRR submissions for CCG and Derbyshire Providers • CCG played a role as part of the wider LRF to the perceived fuel shortage earlier this month • Further work completed reviewing Derbyshire wide risks • CCG represented at a LRF Control of Major Accident Hazards (COMAH) exercise during the early part of October The CCG continues to engage with the wider health economy and other key stakeholders to minimise and mitigate the risk.	2	4	8	2	4	8	2	2	4	On going	Links to Strategic Aims 3, 4	Oct-21	Nov-21	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Chrissy Tucker - Director of Corporate Delivery / Richard Heaton, Business Resilience Manager
11	21/22	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.	Finance	Finance	4	4	16	Internal management processes – monthly confirm and challenge by Finance Committee Monthly reporting to NHSEI Development of system I&E reporting including underlying positions by organisation and for the system as a whole	Due to the uncertainty of the financial regime in the NHS it remains unclear what the impact on the CCG of failure to live within agreed resources for the 2021/22 financial year would be.	The Derbyshire NHS system has a significant gap between expenditure assessed as required to meet delivery plans and notified available resource. The CCG is working with system partners to establish a sustainable a long term financial position and deliver a balanced in-Year position. As at M6 the CCG are not seeing any major financial pressures against planned expenditure with the exception of CHC and we continue to work with M&LCSU and providers to rectify this. The CCG is reporting at M6 a YTD surplus of £0.696m and has not used any of the 0.5% contingency, although this position assumes a level of reimbursement of Retrospective Covid. The CCG Ha snot finalised its plan for H2 and is continuing to work with system partners to understand the recurrent underlying position which is the true test of a sustainable financial position and this demonstrates there is a significant recurrent deficit.	4	4	16	4	4	16	2	3	6	On going	Links to Strategic Aims 1,2, 4, 5	Oct-21	Nov-21	Richard Chapman, Chief Finance Officer	Darran Green-Assistant Chief Finance Officer
12	21/22	Inability to deliver current service provision due to impact of service review. The CCG has initiated a review of NHS provided Short Breaks respite service for people with learning disabilities in the north of the county without recourse to eligibility criteria laid down in the Care Act. Depending on the subsequent actions taken by the CCG fewer people may have access to the same hours of respite, delivered in the same way as previously. There is a risk of significant distress that may be caused to individuals including carers, both during the process of engagement and afterwards depending on the subsequent commissioning decisions made in relation to this issue. There is a risk of organisational reputation damage and the process needs to be as thorough as possible. There is a risk of reduced service provision due to provider inability to retain and recruit staff. There is an associated but yet unquantified risk of increased admissions – this picture will be informed by the review.	Quality/ Reputational	Quality and Performance	3	4	12	• Joint working in place with Derbyshire County Council to quantify the potential impact on current service users. • Joint working in place with Derbyshire Community Health Services NHS Trust to ensure business continuity plans in place and operational risks mitigated • Communications and engagement teams are being involved throughout to manage consultation process and ensure information is shared within public domain to enable a balanced view. * Project team meeting weekly to monitor progress and resolve issues - Task and finish group has been established with representation from local authority, CCG, DCHS and DHFCT Action plan has been developed and sent to the BRS Delivery Group for comment. Task and finish group will now take the action plan forward The crisis element of respite has been discussed in the wider system and agreement has been reached The original short break review - a position statement paper has been produced and will be discussed with Director to agree on next steps. Work to be carried out by the Strategic Commissioners	• Working closely with Comms and Engagement Team. • Assurance of process received from Consultation Institute.	Covid-19 restrictions – impacting on discharge planning, inconsistent policies across different providers. - Orchard Cottage maintained significant damage by a patient unable to be used at moment,. This will not be re-opened until 2021 - Amberleigh - previously closed. Discussions have taken place to re-open to provide an urgent provision for transforming care patients. Discussions continue. - The third unit remains closed as not currently fit for purpose. The crisis element of respite has been discussed in the wider system and agreement has been reached Ownership of 'Crisis' Lane as part of the Three Year LD/A Road Plan changed to DDCCG Strategic Commissioner. BRS LD A Delivery Group Extraordinary Meeting scheduled for the 21st April. Progress to be reviewed against: 1.The expansion of IST 2.Commissioning of crisis accommodation 3.Commissioning of crisis in reach 4.Review of approach to respite October update: The System Delivery Board are reviewing and looking at priotisation of work including the ATU review and Short Breaks regarding additional resources which will be finalised by SMT	3	3	9	3	3	9	2	3	6	December 21	Links to Strategic Aims 1, 2, 3, 4, 5, 6	Oct-21	Nov-21	Brigid Stacey - Chief Nursing Officer	Mick Burrows Director for Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning, Helen Hipkiss, Deputy Director of Quality /Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
14	21/22	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.	Quality and Performance	Quality and Performance	5	3	15	**October 2021 Update**: The CIC Collaborative Operational Meeting in Derbyshire (commenced March 2020) – meet on a - bi monthly basis - which continues to review the statutory IHA pathway and which works & delivers from a multi agency perspective (Health - CCG Designated Nurse & Doctor for CIC - CRH FT - DCHS FT and the LA - DCC), in order to address the IHA compliance issues and improve compliance (the reasons for non compliance are multi faceted and complex because of the nature and complexity of children and young people who are placed in care and this is why there has not been a speedy resolution to this risk. 'Back Stories' of all CIC who are not bought for their IHA within the 20 day statutory period are being collated by health and social care). The CIC Collaborative Operational Meeting has a RAG Rated Work plan in place and IHA Compliance is included within said work plan and will be reviewed at every meeting for progress. Assurance work is on-going as a collaborative approach between CCG, CRHFT and Local Authority - overseen by the CIC Collaborative Operational Group, CCG Quality meetings and Corporate Parenting Board. Remedial work and actions are on-going for the partners to ensure any obstacles and/or process issues are resolved in a timely manner. All breaches that occur - the children continue to have their health needs met within primary and secondary care as required and the vast majority of breaches are by a few days. It has to be acknowledged that CIC and the legislation surrounding them (eg: parental responsibility and the legal pathway) are complex and there will always be delays that Health or LA cannot control or mitigate against. CRHFT continue to monitor sickness rates and priorities/flex work plans accordingly, in the remaining CIC Health Provider Team but this can be difficult to do due to other clinical commitments/work plans & increasing numbers of children being bought into care by LA's (a noted 8.14% increase in DCC numbers March 2020 - March 2021). The health data continues to indicate that the majority of IHA's are completed in Derbyshire by the Medical Advisor within the statutory 20 working days but there remain, ongoing complex LA (at the beginning of the 20 work day pathway) and Health Provider issues (at the end of the 20 working day pathway) where the IHA is not always received back by the LA by 20 statutory working days. There is generally a delay for children in care living out of area whereby the IHA is completed by an external Health Provider late and DDCCG have no control over their performance. This has been discussed previously at CPB as being a concern for all externally placed CIC and this will continue to impact on timeliness of health assessments. IHA's continue to be reviewed in Derbyshire by the CIC Collaborative Operational Meeting, The Improving Health Outcomes Meeting and by Children in Care Strategic Partnership (CICSP) & by Derbyshire CPB (last meeting 16/09/21 - where a verbal update & PowerPoint presentation was delivered by the new Designated Dr for CIC who has taken on the responsibility (in her Designated Dr role) for the delivery and reporting of IHA timeliness .Extensive partnership working continues to improve the IHA timeliness issue, which includes appropriate health and LA escalations, when required. The ability to escalate IHA issues early between both organisations, remains a real strength, in terms of collaborative partnership working, with the express intention of continuously improving IHA timeliness overall for all CIC living within the Derbyshire footprint (wherever they originate from). IHA compliance continues to improve within Derbyshire at the current time and has been sustained during the last quarter. DCC LA Data indicates that it was a good month for IHA's in August 2021 with 73% of IHAs being done in timescale. This puts the rolling DCC LA 12 month figure to the end of August at 62%. The last time the figure was that high was in May 2018. CRHFT Performance Data for August IHA's completed in August 2021 for Derbyshire County Council Children continue to show an upward trajectory: August21% 1^Child seen In Derbyshire within 20 w/day timescale1590% Child seen In Derbyshire over 20 w/day timescale250% IHA's completed within full Statutory Timescale:: 1678%	**October 2021 Update Assurances**: The completion of the multi-agency IHA Action Plan is on-going. Increasing numbers of children/young people are entering care & increasing numbers of Derbyshire CIC continue to be placed externally by the Local Authority, which has been acknowledged at Derbyshire Corporate Parenting Board. The Designated Nurse CIC has highlighted the risk of external health provision (of IHA's & RHA's) being the responsibility of the external health provider and not with CRHFT or DDCCG (as stated by NHSE). There now is evidenced ongoing, sustained, multi-agency compliance with the statutory 20 working days (at the beginning of the pathway) and Health Provider issues (at the end of the 20 working day pathway) where the IHA is not always received back by the LA by 20 statutory working days. There is generally a delay for children in care living out of area whereby the IHA is completed by an external Health Provider late and DDCCG have no control over their performance. This has been discussed previously at CPB as being a concern for all externally placed CIC and this will continue to impact on timeliness of health assessments. IHA's continue to be reviewed in Derbyshire by the CIC Collaborative Operational Meeting, The Improving Health Outcomes Meeting and by Children in Care Strategic Partnership (CICSP) & by Derbyshire CPB (last meeting 16/09/21 - where a verbal update & PowerPoint presentation was delivered by the new Designated Dr for CIC who has taken on the responsibility (in her Designated Dr role) for the delivery and reporting of IHA timeliness .Extensive partnership working continues to improve the IHA timeliness issue, which includes appropriate health and LA escalations, when required. The ability to escalate IHA issues early between both organisations, remains a real strength, in terms of collaborative partnership working, with the express intention of continuously improving IHA timeliness overall for all CIC living within the Derbyshire footprint (wherever they originate from). 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Following an in-depth IHA timeliness discussion at the DDCCG Safeguarding Committee on the 28th September 2021 a decision was taken by Deputy Chief Nurse, Assistant Director and Commissioner, Assistant Director and Lead Designated Nurse for Safeguarding Children & the Designated Nurses for CIC (City and County) and the Designated Dr for CIC Derbyshire to reduce the risk right down and remove this risk from the DDCCG register risk. With a plan for the risk to remain on the register of CRHFT CIC Health Provider, at this time, until it can lowered and eventually removed from their register once the IHA compliance is consistently 85% or above (as per the New CIC Service Specification for Derbyshire - IHA KPI).** Extensive ongoing work continues from a multi-agency perspective, with ongoing overview & review of a number of very complex issue's associated with IHA compliance; including ongoing review of individual breach reporting by both health (CCG & Provider) and the LA. This work is reviewed on an ongoing basis by Derbyshire Corporate Parenting Board, Improving Health Outcomes Group, CIC Strategic Partnership & the CIC Collaborative Operational Group & associated work plan.	**October 2021 Overall Update**: Extensive, ongoing work continues from a multi-agency perspective, with review of a number of very complex issue's associated with IHA compliance; including ongoing review of individual breach reporting by both health (CCG & Provider) and the LA. This work is reviewed on an ongoing basis by the Designated Professionals for CIC (Dr and Nurse) Derbyshire Corporate Parenting Board, Improving Health Outcomes Group, CIC Strategic Partnership & the CIC Collaborative Operational Group & associated work plan. Quarter 4 2020/2021 Summary Completed in January, February & March 2021) IHA's completed within timescales = 53.0% average a slight decrease of 0.33% from the previous Q3 (Previous Q1 2020/2021 = 63.33%, Q2 2020/2021 = 62.33% & Q3 2020/2021 = 53.33%). Q1 2021/2022, Month 1 April 2021/2022 = 50% overall IHA compliance (completed and returned to the LA within 20 working days). Q1 2021/2022 Month 2 May 2021/2022 = 69% seen and returned to the LA within 20 working days (a continuing upward trajectory of compliance noted) Quarter 1 Month 3 June 2021 = 33 % completed and returned to the LA within 20 working days. Quarter 1 2021 overall compliance 50.68% – CRH FT Data – Recorded Manually. Overall CRH FT CIC Health Provider yearly 2020/2021 IHA 20 working day statutory timeliness compliance stands at 58.0% overall (end of year Q4 2020/2021), 8.25% down on the previous year 2019/2020, which stood at 66.25%-year end & up 10.5% on year end 2018/2019, which stood at 47.5%. However it has to be noted the vast majority of the delays are by a few days only and not on children having their health needs met. Extensive multi-agency work continues to address the IHA timeliness issues. **compliance continues to improve within Derbyshire at the current time and has been sustained during the last quarter. DCC LA Data indicates that it was a good month for IHA's in August 2021 with 73% of IHAs being done in timescale. This puts the rolling DCC LA 12 month figure to the end of August at 62%. The last time the figure was that high was in May 2018.** **August21%** **October 2021 Update: August 2021 IHA Summary (latest available data from CRHFT CIC Health Provider):** **21 Child seen In Derbyshire within 20 w/day timescale19 - 90%** **Child seen In Derbyshire over 20 w/day timescale 2 - 10%** **IHA's completed within full Statutory Timescale:16 - 76%** Additional clinic capacity has been arranged at CRH Hospital and Littleover Medical Centre in Erewash to meet statutory requirements. The team are also looking to deliver extra IHA clinics in the South of the County (Willington Surgery) & at Buxton Health Centre in High Peak from September 2021 onwards and the new addition of a further Medical Advisor to undertake the increase in IHA's participated due to the delivery of the new CIC Service Specification (from 1st July 2021) which covers all DCC LA CIC up to 20 miles over the border (of Derbyshire). All appointments for IHA's that were booked out of timescale have also been bought forward, wherever possible. CRHFT CIC Team have worked extremely hard to monitor the IHA clinic capacity and adjust it to the increase in demand during this period. CRHFT CIC Administration Team is also currently under review, to ensure that it has sufficient capacity to ensure that all IHA/RHA work is managed in a timely manner and that appropriate systems and processes are in place to support this, within the provider organisation. Improvements have been evidenced in IHA timeliness compliance, but this will need to be sustained into the future and the newly implemented CIC Service Specification notes a KPI of 85% compliance for IHA timeliness. NB A DCC LA ILACS inspection is due (anytime between September 2021 - Easter 2022) and IHA timeliness will no doubt be reviewed as part of that inspection process, where there is large amount of evidence (Health and LA) available that supports the substantial ongoing quality assurance work undertaken by the Designated CIC Professionals (Dr & Nurse) & by DDCCG Nursing and Quality Team. Extensive multi-agency work continues to take place to improve IHA timeliness provision from a multi-agency perspective and in turn improve health outcomes for all CIC. Following an in-depth IHA compliance discussion at the DDCCG Safeguarding Committee on 28th September 2021 (due to ongoing, sustained IHA timeliness improvements/compliance within Derbyshire) a decision was taken by the Deputy Chief Nurse, Assistant Director and Commissioner for Children's MH Services, Assistant Director and Lead Designated Nurse for Safeguarding Children & the Designated Nurses for CIC (City and County) and the Designated Dr for CIC Derbyshire to remove this risk from the DDCCG risk register in October 2021. A mitigation plan is in place, for the risk to remain on the register of CRHFT CIC Health Provider, until it can lowered and eventually removed from the provider risk register once the IHA compliance is consistently at 85% or above (as per the New CIC Service Specification for Derbyshire - IHA KPI). The Designated Dr CIC will be responsible for reviewing the IHA compliance within the CRHFT Risk Register (because she is also employed by CRHFT as the lead CIC Medical Advisor). Monthly IHA performance reporting from the CIC Health Provider (CRHFT) will continue to be undertaken/delivered (as part of the new CIC Service Specification for Derbyshire). IHA compliance will continue to be reviewed as a priority action via the Derbyshire CIC Collaborative Operational Group (where it sits within the associated workplan), Improving Health Outcomes Group, Children in Care Strategic Partnership (CICSP) & Derbyshire Corporate Parenting Board (CPB). Monthly meetings also continue to take place between the Designated CIC Professionals (Dr & Nurse) & the DCC LA HOS and CIC Lead, where IHA/RHA compliance is monitored, reviewed & discussed. Escalations continue (from both DCC LA and the Health Provider), when required to each other, in order to maintain timeliness of IHA/RHA's at all times. The Designated Professionals (Dr & Nurse) have oversight of all health and local authority escalations to ensure that they are acted on in a timely and appropriate manner to ensure the timely provision of IHA/RHA's.	4	3	12	4	3	12	3	1	3	November 21	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Brigid Stacey - Chief Nursing Officer	Alison Robinson, Designated Nurse for Looked After Children
16	21/22	Lack of standardised process in CCG commissioning arrangements. CCG and system may fail to meet statutory duties in S142Z 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.	Engagement	Communications Engagement Statutory	3	4	12	Systematic completion of S142Z forms will provide standardised assurance against compliant decision making and recording of decisions at project level. Engagement Committee established to strengthen assurance and risk identification.	PMO processes are not being applied to restoration and recovery projects, therefore there are no checks and balances as projects proceed to ensure that they have completed either the S142Z or EIA forms. An equality and engagement policy is being developed to address this gap in part, for proposed adoption by all JUCD partners. EIA/QIA process adopted by JUCD. Not all projects follow a systematic project management/commissioning/transformation process to ensure standardisation of process and application of legal duties. June update: Engagement Governance Guide and training being developed to support consistency of approach for officers involved with transformational change. Meeting with new ICS Director of Transformation to be arranged to ensure processes embedded in future project management approaches. September: Completion of Engagement Governance Guide in October and alignment with transformation/PMO processes.	Engagement Committee re-established in June 2020 following pause during peak of COVID-19 pandemic. Training for Engagement committee members on consultation law completed. Replacement lay members recruited to ensure sufficient lay voice on Engagement Committee following recent resignations. S14Z2 log reviewed regularly by Engagement Committee. CCG planning approach under review to identify potential annual commissioning business cycle, thus enabling rolling engagement programme in commissioning development and activity, July: Consultation Law refresher training undertaken for engagement team to support governance process review and strengthen our approach to planning and delivery of engagement, including additional context of engagement requirements in a virtual world. Will feed Governance Guide production this month, to be reviewed by Engagement Committee in August 2021. August: Meeting with ICS Director of Transformation taken place 17.8.21; meeting with QEIA panel leads on 18.8.21. Governance Guide remains in development, aligned to revision of Engagement Model. Will also align with emerging JUCD transformation processes, with agreement that that S142Z check will be included in documentation and digital tool. Further strengthening of S142Z process also agreed with QEIA Panel process, to improve quality and timeliness of submissions of S142Z forms. These actions combined will serve to achieve the target score this risk during Q3. September/October: Engagement Model refresh to September Engagement Committee, governance guide sits behind this as a resource for teams undertaking service change. Planning for guide to be completed in October 2021, with parallel alignment into Transformation/PMO processes. Target risk score achievable by October/November 2021.	2	4	8	2	4	8	2	3	6	30.09.21	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Sean Thornton Assistant Director Communications and Engagement
17	21/22	S117 package costs continue to be a source of high expenditure which could be positively influenced with resourced oversight, this growth across the system, if unchecked, will continue to outstrip available budget	Quality & Performance	Corporate	3	4	12	Although not overspent to budget at this time the rising cost of care under s117 is around 38m to the system. The CCG is investing in additional case managers, re-introducing S117 work stream under MHSDB when this is possible. It is anticipated that both of these measures will positively affect outturn at system level. 17.09.20 The CCG have agreed to employ a number of case ,managers, which will cover s117 packages of Care. This is being negotiated with the CSU to start in October. The Commissioning for Individuals panel is now in place. This includes s117 cases. Although not overspent to budget at this time the rising cost of care under s117 is around 38m to the system. The CCG is investing in additional case managers, re-introducing S117 work stream under MHSDB when this is possible. It is anticipated that both of these measures will positively affect outturn at system level.	There is slippage in the introduction of case managers, so the savings have slipped from October 2020 to January 2021. Further re-design of specification now means delivery start date now Q1 21-22	Recruitment challenges Investment is being made in additional case managers via CSU , re-introducing the S117 work stream under the MHDB to enhance the oversight will also help. 05.02.21 Recruitment ongoing, remains on track for commencement Q1 21-22 10.03.21 Posts now recruited and CV to main CCG CSU Contract being finalised, remains on track to commence Q1 21-22 08.04.21 CV discussed in CHC OPs Group last week, final tweaks in process then final sign off to be sought. Service now going live in Q1. The risk score needs to remain at 9 until the caseload has been reviewed. 18.05.21 Service now live, risk score unchanged until caseload review has been completed 15.06.21 Risk score unchanged pending completion of case load review 16.07.2021 Risk score remains unchanged pending completion of case load review; CSU asked to confirm timescale now second member of staff recruited 17.08.21 Risk remains unchanged pending case load review; CSU have not yet confirmed timeline. 12.10.21 Discussed with MLCSU today, she confirms that reviews are now ongoing and that potential savings will be quantified over the next quarter. The risk remains high due to the ongoing issues that need resolving with systems partners.	3	3	9	3	3	9	2	2	4	tbc	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Zara Jones, Executive Director of Commissioning Operations	Helen Hipkiss, Director of Quality / Dave Stevens, Head of Finance
20	21/22	Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to Derby and Derbyshire CCG this data is not held consistently across the sites.	Governance	Corporate	4	3	12	• Staff files from Scarsdale site are to be moved to a locked room at the TBH site. This is interim until the new space in Cardinal is available. There are still staff files at Scarsdale and Cardinal Square they are safely secured. Due to Covid-19 the work has been placed on hold as staff are all working from home. • EA's/PA's at Cardinal Square have been contacted and a list is being pulled together of names and files (current or leavers) held ensuring that these are all securely saved in locked filing cabinets. Work is being completed at Cardinal Square by staff who do regularly attend site to compile the list and confirm who may be missing. • Consider an electronic central document management system (DMS) This action remains once we are in a position to move the project forward.	• A project team has been organised to work on the risks, ensuring that a standardised format and tick list is developed of the relevant paperwork to keep in HR files. This piece of work will take a significant amount of time before the CCG can even consider looking at a document management system. • Information Governance are currently working to secure a contract for archiving, this will ensure that staff leavers files are securely archived with the correct paperwork. • Project team are obtaining guidance with other NHS organisations to consider a document management system.	December - No further update due to continued home working, January - No change due to continued home working, February - No change due to continued home working, paused. 14.09.21 - Trial of flexible/hybrid model of working commences on 20.9.21 with staff able to book desks at CCG sites. Project group to recommence review of HR files with a view to scanning into an electronic filing system. Files to be reviewed ahead of transition to ICS on 1 April 2022. 13.10.21 - New operating model in place from 20.9.21. Project group to recommence review of HR files with a view to scanning into an electronic filing system. Files to be reviewed ahead of transition to ICS on 1 April 2022..	3	3	9	3	3	9	1	2	2	On going tbc	Links to Strategic Aim 4	Oct-21	Nov-21	Beverley Smith, Director of Corporate Strategy & Development	Sam Robinson, Service Development Manager

Risk Reference	Year	Risk Description	Responsible Committee	Type: Corporate or Clinical	Initial Risk Rating: Probability	Initial Risk Rating: Impact	Initial Risk Rating: Rating	Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating: Probability	Previous Rating: Impact	Previous Rating: Rating	Residual/ Current Risk: Probability	Residual/ Current Risk: Impact	Residual/ Current Risk: Rating	Target Risk: Probability	Target Risk: Impact	Target Risk: Rating	Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
22	21/22	The mental health of CCG staff and delivery of CCG priorities could be affected by remote working and physical staff isolation from colleagues.	Governance Committee	Corporate/Clinical	3	3	9	Daily Team Meetings/catch up's held between Managers and their staff. Weekly All Staff virtual meeting held, led by Dr Chris Clayton, to update and inform CCG staff of developments etc. Weekly Staff Bulletin email from Dr Chris Clayton outlining the CCG activity which has occurred during the week, with particular focus on the people aspect of the CCG. Twice daily COVID-19 Staff update emails issued outlining all progress, news and operational developments. CCG employees trained as Mental Health First Aiders available for all CCG staff to contact for support and to talk to. This is promoted through the daily COVID-19 Staff updates. Included in the Staff update emails is the link to the Joined Up Care Derbyshire website staff support area which is available and continues to be updated. This now also includes a new section for leaders and a section for parents or carers of children. This also offers wellbeing, health advice and support for health, social care and community staff in relation to the Covid-19 virus. For confidential support and counselling the CCG employee assistance programme provider (EAP) can be accessed by all CCG colleagues and family members in the same household and is available 365 days a year, 24 hours a day. They have also launched a 25 minute web based "Working from Home and Resilience" seminar details of which have been included in the CCG Staff update email. 1 to 1 wellbeing checklist introduced for line managers to facilitate support for members of their team. Virtual tea breaks and initiatives to promote social connectivity introduced and ongoing.	08.04.20 A range of ideas to support the wellbeing of staff working from home will be launched shortly, with a toolkit to help staff all maintain a positive outlook and ensure interaction with colleagues 'off topic' to maintain spirits during the working week. Staff are encouraged that they should all take time to remember that they are not "working from home", but "at home, during a crisis, trying to work". 17.04.20 continue to monitor and assess sickness returns for trends and patterns and review good practice for staff H&WB e.g. NHS Employer, Social Partnership Forum etc. 12.05.20 The CCG will develop and run briefings for line managers to support them in undertaking 1 to 1 wellbeing checks with their team (to include wellness action plan, display screen equipment review and risk assessments for vulnerable staff).	All staff have the use of Microsoft Teams video conferencing on their remote device. This application has been rolled out throughout the NHS in England, This enables face to face meetings to take place and encourage interaction between colleagues and good working relationships. 09.06.21 - Continuation of wellbeing communication and initiatives for staff, including flexible working, social connectivity, relaxation sessions, Thrive app etc. 13.07.21 - All staff requested to meet with line manager to complete a new ways of working: Individual preferences and risk assessment pro-forma, which combines wellbeing discussion with exploring individual preferences for working arrangements moving forwards. Continuation of wellbeing communication and initiatives for staff, including flexible working, social connectivity, relaxation sessions. Repeat of Thrive: Mental Wellbeing and Avoiding Burnout session. 12.08.21 - 90% of staff have reviewed and submitted an updated risk assessment pro-forma and individual preferences. From the pro-formas, 86.3% of CCG staff are fully vaccinated with a further 4.4% who have received the first does only. Continuation of wellbeing communication and initiatives for staff, including flexible working, social connectivity, relaxation sessions. 14.09.21 - Majority of staff have reviewed and submitted an updated risk assessment pro-forma and individual preferences. 90% of CCG staff are fully vaccinated with a further 3.4% who have received the first does only. Continuation of wellbeing communication and initiatives for staff, including flexible working, social connectivity, relaxation sessions. Anticipate that the probability of health risks from remote working will reduce (probability of 1) when the CCG introduces the flexible model/hybrid working with effect from 20.9.21 whereby staff will be able to choose to attend and work at a CCG base. Briefing for all staff at Team Talk on 14.9.21 regarding the flexible model linked to virus transmission rates (red/amber/green) and an overview of the standard operating procedure (e.g. amber - 80 desks bookable, social distancing, requirement to wear mask and max 2 people in a meeting). 13.10.21 - Continuation of wellbeing communication and initiatives for staff, including flexible working, social connectivity, relaxation sessions. CCG has introduced the new operating model (hybrid working) and staff are able to choose to attend and work at a CCG base. Mid-year review conversation to focus on health & wellbeing & support required by staff.	2	3	6	2	3	6	1	3	3	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Beverley Smith, Director of Corporate Strategy & Development	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
23	21/22	CCG Staff capacity compromised due to illness or other reasons. Increased numbers of CCG staff potentially unable to work due to COVID 19 symptoms / Self isolation.	Governance Committee	Corporate	3	4	12	Staff asked to complete Skills Survey for redeployment. Detailed analysis of deployment within and outside of the CCG completed. Backup rota compiled for Incident Control Centre (ICC). Majority of CCG staff working from home. Business Continuity Plan escalation level increased to 4 allows for pausing of functions within the CCG.	Running a mixed model of remote/base work Possible shadowing of staff working in the ICC by backup rota staff. General capacity issues in covering staff absences. Staff illness could compromise the operation of the ICC. Develop a resilient rota for the ICC, PPE and Testing Cells over 7 days	12.08.21 - Ongoing review of existing redeployments and consideration of alternative solutions. 14.09.21 - CCG staff continue to provide support in the vaccine operational cell (VOC) and at the vaccination centres. The number of CCG staff/ time commitment has reduced from 1 September 2021 with the move away from the mass vaccination centre. There is an ongoing review of existing redeployments and consideration of alternative solutions. 13.10.21 - Ongoing review of existing redeployments and consideration of alternative solutions. The Vaccine Operational Cell (VOC) currently has vacancies and SLT discussions around how these can be filled are being carried out. Sickness absence rates continue to be below pre-covid levels (3.16%) but have increased in the last 6 months from (2.16% in April to 2.34%).	1	4	4	1	4	4	1	3	3	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Beverley Smith, Director of Corporate Strategy & Development	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
24	21/22	Patients deferring seeking medical advice for non COVID issues due to the belief that COVID takes precedence. This may impact on health issues outside of COVID 19, long term conditions, cancer patients etc.	Quality & Performance	Clinical	5	4	20	National and local campaigns across all media platforms to promote access and availability of health services. Weekly performance brief to monitor patient attendance across providers (A&E, 111, NEL, Elective Care, Cancer etc.) Primary Care agreed to prioritise LTC reviews for all priority (red) patients and have agreed to see all amber patients by 31st March 2021. Includes messages to voluntary sector to strengthen messages to patients. COVID vaccination roll out to commence in December, based on a prioritisation framework.	On-going public communication campaigns regarding service provision as we move across each phase. To support winter pressures, PCN's are developing contingency plans to support patients that display COVID/ Flu symptoms. Learnings to be taken from the red hub concept. Proposals to restore services and reintroduce appointments by utilising digital technology and reviewing provision of service (acute v community) e.g. rehab services, diagnostics, phlebotomy, MDT's etc. System Cell leading on the co-ordination of vaccine roll out, commencing in early December.	Evidence and data across the Health system identifies that patients 'in the main' are no longer deferring medical advice due to the belief that COVID takes presidence. Another discussion is required regarding reducing the probability to a '2" that will reduce the rating to a 6, the target rating. If the reduction in risk is accepted, we would advise to keep the risk on the tracker due to forthcoming winter pressures and the spread of COVID variants. 16/7/21- Target rating agreed at the last Board meeting. Advise to keep the risk on the tracker due to forthcoming winter pressures and the increasing spread of COVID variants. Since the unlocking of lockdown measures COVID infection rates have risen to January 21 levels. On 19th July almost all legal restrictions on social contact will be removed, raising a further increase in infections. Despite the increase cases the number of COVID patients within the Acute Trusts is below 30. However this figure has doubled in the past week. 13/8/21- Vaccinations rolled out to 16-18 age group. Booster jabs for over 50's, adults aged 16-49 who are in a flu or Covid-19 at-risk group and those living in the same house as people who are immunosuppressed. 13/08/21- Our system is currently under significant pressure. Not only are our Emergency Departments filling up, but our ambulance service, general practice, urgent treatment centres, mental health units and our discharge support teams are all experiencing unprecedented demand. This 'perfect storm' is now also being exacerbated by increasing numbers of staff needing to self-isolate having either had a positive test for Covid-19, having to self-isolate because of an alert from the NHS Covid-19 app or having to take time off work to look after their children. 10/09/21- The pressures on our health and social care system continue to intensify and urgent talks took place to see what measures were needed to support and bolster our local NHS network against unprecedented demand. System leaders are monitoring the live situation and will make changes to relieve capacity where possible and we're also asking the public to work with us by accessing the right NHS service. 13/10/21- No progress update. Advise to keep the risk on the tracker due to forthcoming winter pressures and the spread of COVID variants.	2	3	6	2	3	6	2	3	6	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Dr Steve Lloyd, Medical Director	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
25	21/22	Patients diagnosed with COVID 19 could suffer a deterioration of existing health conditions which could have repercussions on medium and long term health.	Quality & Performance	Clinical	4	4	16	Derbyshire-wide Condition Specific Boards continue to review information, guidance, evidence and resources to understand the repercussions e.g. NHSE After-care needs of inpatients recovering from COVID-19, BTS Guidance. System working to co-ordinate and implement guidance. Primary Care agreed to prioritise LTC reviews for all priority (red) patients and have agreed to see all amber patients by 31st March 2021. NHSE have launched the 'Your COVID Recovery' service to provide advice and guidance (self-care) online, and a national COVID rehab service is in development Post COVID rehab pathways for admitted and non-admitted patients being developed, and criteria for referral to secondary care if patients have ongoing needs. MDTs set up across the county in respiratory between Acute and Community Respiratory Teams. Working towards implementation with Acute and Primary Care. Post COVID Syndrome Assessment Clinic service implemented to support patients suffering with post/long COVID symptoms. MDT approach to provide physical and psychological assessments, to ensure patients access the required service and treatment.	Review COVID inpatient data to identify pre-existing LTCs to proactively support patients. Derbyshire-wide Condition Specific Boards to amend/ develop pathways through embedding new guidance and good practice to allow effective follow-up of patients. Keep virtual consultations / on-line support (amplify). Proposals to restore services and reintroduce appointments by utilising digital technology and reviewing provision of service (acute v community) e.g. rehab services, diagnostics, phlebotomy MDT's etc. To support the roll out of the 'Your COVID Recovery Service' throughout Derbyshire as required. To include communications and implementation of rehab service. Review and scoping of pan-Derbyshire end to end rehab pathway Develop and implement a Post COVID Assessment Clinic to ensure patients are referred to appropriate services. Post COVID integrated pathway (system) and Post COVID Assessment Clinic to be communicated across the health system. Including culturally relevant communications to raise awareness amongst patients and the public.	14/06/21- Press release was launched w/c 7th July. Lead GP was interviewed by BBC Radio Derby. 16/07/21- £1.8m funding ringfenced for JUCD to support the ongoing treatment and rehabilitation of patients. Plans to develop a Long COVID Rehab pathway to support patients with Post COVID Syndrome are being worked up. A total of 600 patients have been referred to the Post Covid Assessment Clinic to date. 13/08/21- NHSE agree in principle to JUCD Post COVID Rehab pathway which will see the establishment of four rehab centres based within the community. A seamless process for both GP's and the assessment clinic to refer to the Post COVID Rehab Centre. Mild symptoms will be referred directly to the Rehab Centre, moderate/severe symptoms will continue to the Post COVID Assessment Clinic and then be referred on where applicable to the Rehab Centre, this will help to reduce the ever increasing backlog and strain on the other existing services such as Pulmonary Rehab and Chronic Fatigue. System stakeholders are working up the detail of the rehab offer. 10/09/21- Held a stakeholder workshop to commence development of the Post COVID Rehab Centres. Currently working closely with multi-agency providers to develop the workforce model. Funding agreed to appoint a Long COVID Project Manager to lead the programme. Interviews scheduled for w/c 20/09. 15/10/21- Project Manager appointed, with a phased start date agreed as the 18th October. The system is working on developing two initial Post COVID Rehab centres.	3	3	9	3	3	9	3	3	9	On going	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Dr Steve Lloyd, Medical Director	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
26	21/22	New mental health issues and deterioration of existing mental health conditions for adults, young people and children due to isolation and social distancing measures implemented during COVID 19.	Quality & Performance	Clinical	5	3	15	o Derbyshire Healthcare NHS Foundation Trust have developed a 24 / 7 crisis helpline for people of all ages and their carers to seek advice regarding MH difficulties including those arising or being exacerbated by Covid-19. Helpline is accessible via 111 warm transfer. o Multi-agency approach in place collating all sources of support and advice that will also support the help line in terms of where people can be triaged to get the most appropriate help. o Working with Communications teams to ensure that information is disseminated effectively across all stakeholders and the system. o Actively working with providers to understand their business continuity measures and how they are planning for fluctuations in demand and capacity, e.g. to meet and respond to reduction in referrals and/or anticipated surge in demand going forward. o CYP services, targeted intervention predominantly online. CAMHS RAG rating and prioritising urgent cases. Digital offer Kooth and Qwell uplift continue until March 21. Ongoing CYP communications strategy with partners to send information out across the system. o IAPT providers fully operational and accepting referrals - Attend Anywhere utilised across the trust for online consultations Mental Health System Delivery Board to provide Covid oversight recovery and planning	o To further recruit and upskill clinical triage & assessment team staff responding to the helpline in CYP, LD & Autism o Additional community based LD beds -there needs to be an agreed list of identified staff that can be called on this responsibility lies with LA not CCG. Building needs to be furnished and cleaned. o Re above – need to develop a training programme for staff working in the specialised unit- being actioned via LD delivery group. o Need to finalise the LD & Mental Health All Age COVID Recovery Planning Group process to feed into LRF across providers. o Wellbeing in education training to all schools Sept - March to include local MH resources and pathways . Close monitoring of service demand to be prepared to respond to any anticipated surge in referrals now CYP returned to school o IAPT providers are funded on AQP basis so there is no cap on activity - frontline staff vaccinations will support increase in face to face capacity and engagement in care and improve resilience of staff capacity reducing absences	August update - increased programme / commissioning capacity agreed to deliver the LTP priorities at Pace. The impact of RSV a particular concern for bed capacity at paediatric acutes which has potential to impact when also an increase in CYP with MH / challenging behaviours - mtgs held with agreed escalation routes ,data flow ,and system response. September update - progressing recruitment to increase programme capacity, bronze, silver, gold escalation routes for CYP with MH / challenging behaivours insitu to facilitate flow. October 21 . Improvement in numbers of CYP admitted to paediatric wards. Severe pressure in community. System identification of opportunities for short term accommodation being sought. Use of slippage in CYP to support increased demand and manage wait times . Winter pressure plan developed .	4	3	12	4	3	12	2	2	4	Oct-21	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Zara Jones, Executive Director of Commissioning Operations	Mick Burrows, Director of Commissioning for MH, LD, ASD, and CYP Helen O'Higgins, Head of All Age Mental Health Tracy Lee, Head of Mental Health - Clinical Lead Helen Van Ristell TCP Programme Manager Jenn Stothard Head of Mental Health
27	21/22	Increase in the number of safeguarding referrals linked to self neglect related to those who are not in touch with services. These initially increased immediately following COVID lockdown. The adult safeguarding processes and policy are able to respond to this type of enquiry once an adult at risk has been identified. Numbers are difficult to predict but are predicted to increase as COVID restrictions ease.	Quality & Performance	Clinical	5	4	20	Key statutory partners such as Health , Local Authority, Police and Voluntary Sector are working closely together to ascertain who are at enhanced risk. Safeguarding meetings and assessments are continuing to take place via virtual arrangements. Families and individuals are being signposted to relevant support services.	Domestic Abuse is likely to increase as family groups are forced to be together for extended periods of time, children are at home on a full time basis, there are financial pressures due to restrictions upon employment, and adults at risk from abusive partners become socially isolated. It remains at an early stage. Referrals are expected to increase with another sharp spike in activity predicted when COVID restrictions are eased and victims feel safer in making disclosures Self Neglect. Individuals are finding it problematic to obtain aids to daily living and basic essentials. They do not have the motivation or ability to access sources to access or replenish essential items. Scamming. Individuals are targeted due to their physical or cognitive vulnerability and persuaded and cajoled to trust unscrupulous individuals During the COVID19 pandemic the number of referrals to adult social care services has increased but not as yet at the rates envisaged and predicted at the outset of lockdown and enforced isolation. Ongoing close partnership working is required. The Derby and Derbyshire Safeguarding Adult Boards are continuing to work collaboratively to gather information / intelligence and data regarding domestic abuse and adult abuse prevalence during the COVID 19 pandemic to formulate relevant action / contingency plans. Police are undertaking safe and well checks as appropriate and will use powers of entry if deemed necessary and proportionate.	September: The Safeguarding Adult Boards and their Quality and Performance Committees have taken a view that the risk of escalating adult safeguarding activity remains an unknown quantity. Referrals have continued to rise every quarter as more adults at risk are in contact with families and service providers. Self-Neglect and Domestic Abuse, particularly within those aged 65 plus have increased. It would be fair to say that systems are under increasing pressure and it would be optimistic and naive to amend the risk factors and threats at this time. As stated previously we are only likely to begin to understand the impact of Covid upon adults at risk when we have had a sustained and consistent period of normality. This has been exacerbated by a heightened alert around Prevent and anti-terrorist activity particularly within extreme right wing groups. This is in itself linked to the Black Lives Matter strategy and the recent Afghan migration to the UK No further update to add for October.	4	3	12	4	3	12	3	3	9	Dec-21	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Brigid Stacey, Chief Nursing Officer	Bill Nicol, Head of Adult Safeguarding
32	21/22	Risk of exploitation by malevolent third parties if vulnerability is identified within any of the Microsoft Office 2010 applications after October 14th 2020 and not patched, due to support for Microsoft Office 2010 officially ending, after which point Microsoft will cease to issue updates and patches for vulnerabilities found within this suite of applications	Governance	Corporate	4	4	16	Replace all instances of Microsoft Office 2010 with Microsoft Office 365; Additional Cyber Security communications to all CCG and Primary Care staff to raise awareness of the potential for increased phishing emails, suspicious attachments and downloading documents from unfamiliar web sites; Reinforce the message that devices should be connected to the network every two weeks to ensure that anti-virus and other system management software updates accordingly; Identify other mitigation which NECS have put in place to prevent the execution and spread of any malicious code or exploitation of any vulnerability;	Task and finish group has been established with NECS to develop the programme of work which removes the risk, but also ensure continuity of service across commissioning and Primary Care; Already under development as part of the response to the CORS report; information will be cascaded through the CCG Comms team for CCG and Primary Care colleagues and also shared with the LMC;	12.07.21 - All unsupported versions of Microsoft Windows 10 have now been removed from all devices currently connected to the network. There are three devices outstanding, but these are with colleagues not currently at work and the device will be required to be upgraded prior to re-connecting to the network. The installation of Microsoft Office 365 has been mandated across all CCGs as of 4pm on July 9th with personal follow-up from NECS for any outstanding. There are around 700 devices yet to be upgraded onto Microsoft Office 365 across Primary Care - NECS continue to work with Practice Managers to resolve and Engineer visits will be arranged where more convenient. Risk remains the same. 17.08.21 - All remaining CCG devices yet to upgrade to Microsoft Office 365 are having the installation forced when the device first starts up. A communication has been sent to GP Practices informing them that the forced upgrade will be introduced in Primary Care on August 17th; any devices not upgraded by September 8th will have their network accounts disabled and will require all outstanding upgrades and updates to be carried out prior to being allowed back onto the network. This allows a three week period for any engineer visits or remedial actions to take place prior to the deadline of October 2021. 13.09.21 - There remain around 300 devices yet to be migrated onto the latest version of Microsoft Office with around 4 of these still on older versions of Microsoft Windows 10 - these are primarily within the GP estate including a specific GP Practice which has been undergoing a number of operational issues. Communications have been issued to Practice Managers reminding them of the need to engage with the project which re-enforces messages sent directly to the devices. The decision was taken on Friday Sept 10th to instigate the action to disable the computer accounts of all devices not updated by cop Wednesday Sept 15th. This will also be picked up by engineers routinely visiting sites. Risk score remains the same until all devices are disabled or updated. 26.10.21 - There are currently 2 devices in the CCG (99.6% complete) and 43 devices in Primary Care (99.1% complete) outstanding. Further comms have been distributed to reduce this number, but the majority of these devices appear to be dormant. NECS Engineers have been asked to uncover all dormant devices and return to the CCG if not in active use. All older versions of Windows 10 have now been removed and there are no examples of exploitation of any unpatched vulnerabilities within older versions of Microsoft Office. Suggestion is the risk remains the same until all devices upgraded or blocked.	3	4	12	3	4	12	2	1	2	Dec-21	Links to Strategic Aim 4	Oct-21	Nov-21	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
33	21/22	There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.	Quality & Performance	Clinical	4	4	16	• Risk stratification of waiting lists as per national guidance • Work is underway to attempt to control the growth of the waiting lists – via MSK pathways, consultant connect, ophthalmology, reviews of the waiting lists with primary care etc. • Providers are providing clinical reviews and risk stratification for long waiters and prioritising treatment accordingly.	• A task and finish group is in place to monitor actions being undertaken to support these patients which reports to PCDB and SQP • Providers are capturing and reporting any clinical harm identified as a result of waits as per their quality assurance processes • An assurance framework has been developed and completed by all providers the results of which will be reported to PCDB • A minimum standard in relation to these patients is being considered by PCDB • Work to control the addition of patients to the waiting lists is ongoing	• Monthly groups are in place with all 4 providers represented • Completion of assurance framework quarterly is undertaken by all providers and reports to PCDB quarterly, and to SQG • Identified harm is reported on STEIS and all providers are monitoring this • A risk stratification tool is being piloted by providers	4	4	16	4	4	16	3	2	6	Feb-22	Links to Strategic Aims 1, 2, 3, 4	Oct-21	Nov-21	Brigid Stacey, Chief Nursing Officer	Alison Cargill Assistant Director of Quality
37	21/22	The Royal College of Physicians identified that there is a risk to the sustainability of the Hyper Acute Stroke Unit at CRHFT and therefore to service provision for the population of North Derbyshire.	Quality & Performance	Clinical	4	5	20	Short term work has been undertaken and assurance re the safety of services has been provided by the Medical and Nursing Director at CRHFT, however the long term sustainability of the service now needs to be addressed. March update: CRH Stroke Service Contingency Plan has been implemented, with sign-off from impacted surrounding trusts (Kings Mill, Hallamshire, UHDB, and Stepping Hill). Short-term mitigations in place to support service continuity, reducing the risk of service suspension and patient divert.	• Locum Consultant cover is in place • Clinical Leadership support is being provided by Liverpool Consultant • Trust to go out for advert to recruit new Stroke Lead consultant & work being done to make advert attractive • CCG , NHSE & System working with Trust Medical Director to contact other organisations and the Stroke Network for support. • Trust reviewing staff daily and escalating as per safer staffing policy as required, including red flag acuity reporting • CRHFT and Integrated Stroke Delivery Network (ISDN) leads to develop service contingency plan to understand internal measures, mutual aid options, and patient divert impact. • SOP to operationalise the contingency plan. • A task and finish group to commence a service review of the HASU, including options appraisal. All options to be reviewed with the aim of providing a sustainable service.	June-21- HASU service review is on-going. The T&F group have agreed to review 4 options that includes: Continuation of HASU with consultant workforce, conveyance and repatriation model, alternative workforce models or closure and conveyance to surrounding trust. Jo Keogh (CRH Divisional Director) is leading the review with support from CCG colleagues. July 21- HASU service review update- 5 options have been identified by the group that include:- 1.HASU provision continues as is delivered by the existing substantive Consultant, locum support and telemedicine. 2.The current HASU service is strengthened by redesign. 3.The Trust introduces a review and convey (drip and ship) model. 4.Decommission the CRH HASU element of the Stroke Service pathway, if workforce sustainability issues cannot be resolved, with either a single HASU provider or multiple providers.5.Review of the CRH HASU as part of a wider East Midlands review to rationalise sites; continuing to provide the service 'as is' at CRH. To support the identification of the preferred option and to provide transparency on decision making, the task and finish group have requested that an outcome matrix and criteria is developed and is to be presented at the August meeting for review. August 21- Workshop to be delivered in Sept 21, to allow all stakeholders to review the options and gain consensus on the preferred service delivery option. CRH are in discussion with Sheffield Teaching Hospitals to develop a joint staffing model for consultants to work across both sites. If agreed the proposal will be added to the consultation options. Sept 21- Workshop has been rescheduled for Oct 21. The workshop will be utilised to enable stakeholders to work-up the options only. The decision on the future service option will be made by an Independent Panel appointed by the CCG. Oct 21- HASU options appraisal workshop to take place on 25th November. CRH are in the process of developing information packs for the workshop and independent panel. CCG are reviewing the independent panel process to be assured by the Governance Committee. It is expected that the independent panel will take place w/c 6th December to review the options and provide recommendations. Expected one month slippage to the programme of work caused by workshop delays.	3	4	12	3	4	12	3	3	9	Nov-21	Links to Strategic Aims 1, 2, 3, 4, 5	Oct-21	Nov-21	Dr Steve Lloyd, Medical Director	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating			Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating			Residual/ Current Risk			Target Risk			Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
					Probability	Impact	Rating				Probability	Impact	Rating	Probability	Impact	Rating	Probability	Impact	Rating						
38	21/22	The quality of care could be impacted by patients not receiving a care needs review in a timely way as a result of the COVID pandemic and the requirement for some of the Midland and Lancashire Commissioning Support Unit (MLCSU) Individual Patient Activity /Continuing Health Care (CHC) services to redirect service delivery to support system wide pressures. This has had an impact on core CHC and Funded Nursing Care (FNC) service delivery in relation to care needs reviews.	Quality & Performance	Clinical	4	2	8	A prioritisation matrix was put in place to ensure the most high risk/complex case reviews were prioritised.	A service Proposal has been presented and agreed by the CCG. MLCSU will schedule and complete care reviews of all individuals who have a review that was due between 19th March 2020 and 31st March 2021. These will all be completed within 6 months	May 2021 - 600 overdue reviews. Recovery action plan in place and review activity commenced. July 2021 -Trajectory in place to complete all 600 reviews by November 2021. Workforce in place and 220 reviews completed in June so on target. August 2021 -Remain on trajectory to complete the backlog by November. reduction in the number of reviews completed in July but still remain on target. September 2021 - No further additional narrative this month. October 2021 - remain on trajectory to complete overdue review activity by the end of November 2021. Probability of risk score reduced accordingly.	4	2	8	3	2	6	3	2	6	Nov-21	3bc	Oct-21	Nov-21	Brigid Stacey Chief Nursing Officer	Nicola MacPhail Assistant Director of Quality
40	21/22	In the period of transition from CCG to ICS, it is likely that a larger proportion of contracts will be extended on expiry rather than reprocured. The CCG is advised by Arden & GEM CSU on best practice for our procurement activity, but in some circumstances, the CCG may decide to proceed against best practice in order to give sufficient time for review of services within the framework of movement to an ICS. Proceeding against advice, carries a small risk of challenge from any providers who may have felt excluded from the process.	Governance	Corporate	4	4	16	All healthcare contract extensions or renewals are reviewed via SLT, Execs, CLCC and then Governing Body for larger contracts. Any procurements issues and risks are highlighted as part of that process and the risk is accepted when agreement is given to proceed with the extension. Risks of challenge are small in most markets and the size of the risk will have been factored in to decision-making. Healthcare contracts expiring within 12 months are reviewed at Commissioning Ops Directorate SMT to ensure that timely action is taken before expiry. Where any challenge occurred from a provider, if the challenge were valid the risk could usually be mitigated by including the provider in future stages of procurement. Legislation is currently going through parliament to remove the requirement for NHS bodies to comply with the Public Sector Procurement Regulations for the procurement of healthcare services. This requirement will be replaced with a Provider Selection Regime which requires adherence to a decision-making framework but removes the right of legal challenge from providers except by judicial review.	A monthly meeting has been established between AGEM and the contracting team to review the procurement report and ensure that any issues around risk, progress or lack of engagement are escalated appropriately. The redesign of the procurement report has reduced the number of contracts of concern.	A monthly meeting has been established between AGEM and the contracting team to review the procurement report and ensure that any issues around risk, progress or lack of engagement are escalated appropriately. August Update: The Governance Committee will provide the oversight to decision-making processes in relation to the Provider Selection for the 20 services to give assurance that procurement processes are being followed and Conflicts of Interests are appropriately managed. September update: The CCG contracting team is monitoring and managing all contracts due for expiry including plans to extend or reprocure and identifying the governance path for decision-making. This is refreshed regularly and presented to SLT every two weeks. October update: With oversight described above the CCG continues to agree against advice for pragmatic reasons with a number of contracts. This will continue until the new procurement regulations come into force. The risk score is reduced due to the likelihood of challenge being small and impact also being small.	3	4	12	2	3	6	1	4	4	Mar-22	3bc	Oct-21	Nov-21	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Chrissy Tucker - Director of Corporate Delivery

Appendix 2 - Movement during October 2021

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
01	**21/22**	The Acute providers may breach thresholds in respect of the A&E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the Derby and Derbyshire CCGs constitutional standards and quality statutory duties.	5	4	**20**	5	4	**20**	⟺	Attendances at Children's ED have rapidly increased, with concerns about RSV and Bronchiolitis being major factors.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Craig Cook Director of Contracting and Performance / Deputy Director of Commissioning Operations Jackie Carlile Claire Hinchley Dan Merrison Senior Performance & Assurance Manager
02	**21/22**	Changes to the interpretation of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) safeguards, results in greater likelihood of challenge from third parties, which will have an effect on clinical, financial and reputational risks of the CCG	3	4	**12**	3	4	**12**	⟺	Re X applications are slowly being processed.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Bill Nicol, Head of Adult Safeguarding
03	**21/22**	TCP unable to maintain and sustain performance, Pace and change required to meet national TCP requirements. The Adult TCP is on recovery trajectory and rated amber with confidence whilst CYP TCP is rated green, main risks to delivery are within market resource and development with workforce provision as the most significant risk for delivery.	5	4	**20**	5	4	**20**	⟺	TCP remains on national escalation with regular calls with NHSE.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Helen Hipkiss, Deputy Director of Quality / Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
04A	**21/22**	Contracting: Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes. Nationally General Practice is experiencing increased pressures which are multi-faceted and include the following areas: *Workforce - recruitment and retention of all staff groups *COVID-19 potential practice closure due to outbreaks *Recruitment of GP Partners *Capacity and Demand *Access *Premises *New contractual arrangements *New Models of Care *Delivery of COVID vaccination programme	4	4	**16**	4	4	**16**	⟺	There continues to be increasing demand and pressure General Practice are facing.	Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Hannah Belcher, Head of GP Commissioning and Development (Primary Care)

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
04B	**21/22**	Quality: Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care. There are 112 GP practices in Derbyshire all with individual Independent Contracts GMS, PMS, APMS to provide Primary Medical Services to the population of Derbyshire. Six practices are managed by NHS Foundation Trusts and one by an Independent Health Care Provider. The majority of Derbyshire GP practices are small independent businesses which by nature can easily become destabilised if one or more core components of the business become critical or fails. Whilst it is possible to predict and mitigate some factors that may impact on the delivery of care the elements of the unknown and unexpected are key influencing dynamics that can affect quality and care outcomes. Nationally General Practice is experiencing increased pressures which are multi faceted and include the following areas: *Workforce - recruitment and retention of all staff groups *COVID-19 potential practice closure due to outbreaks *Recruitment of GP Partners *Capacity and Demand *Access *Premises *New contractual arrangements *New Models of Care *Delivery of COVID vaccination programme *Restoration and Recovery +C30	4	5	**20**	4	5	**20**	⟺	The risk score remains the same this month but this may increase over the coming months due to the fragility in the system.	Dr Steve Lloyd - Medical Director	Primary Care Commissioning	Judy Derricott, Head of Primary Care Quality
05	**21/22**	Wait times for psychological therapies for adults and for children are excessive. For children there are growing waits from assessment to psychological treatment. All services in third sector and in NHS are experiencing significantly higher demand in the context of 75% unmet need (right Care). COVID 19 restrictions in face to face treatment has worsened the position.	4	3	**12**	4	3	**12**	⟺	Waiting lists for ND pathway all have come down as a consequence of mitigating actions taking effect. However there is now a surge of demand doubling for Psychology CYP 30% up for CAHMS and 40% up for targeted interventions.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Dave Gardner Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning
06	**21/22**	Demand for Psychiatric intensive Care Unit beds (PICU) has grown substantially over the last five years. This has a significant impact financially with budget forecast overspend, in terms of poor patient experience , Quality and Governance arrangements for uncommissioned independent sector beds. The CCG cannot currently meet the KPI from the Five year forward view which require no out of area beds to be used from 2021.	3	4	**12**	3	4	**12**	⟺	Providers who can meet quality requirements identified but at a distance from Derby.	Zara Jones Executive Director of Commissioning Operations	Quality & Performance	Dave Gardner Assistant Director, Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning
09	**21/22**	Sustainable digital performance for CCG and General Practice due to threat of cyber attack and network outages. The CCG is not receiving the required metrics to provide assurance regarding compliance with the national Cyber Security Agenda, and is not able to challenge any actual or perceived gaps in assurance as a result of this.	2	3	**6**	2	3	**6**	⟺	Recommendation that the risk remains the same until the additional 12 dedicated and NECS managed connections are installed, as this will then remove the risks to service delivery through the shared sites.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
10	**21/22**	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.	2	4	**8**	2	4	**8**	⟺	The CCG continues to engage with the wider health economy and other key stakeholders to minimise and mitigate the risk.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery / Richard Heaton, Business Resilience Manager

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
11	**21/22**	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.	4	4	**16**	4	4	**16**	⟷	The Derbyshire NHS system has a significant gap between expenditure assessed as required to meet delivery plans and notified available resource.	Richard Chapman, Chief Finance Officer	Finance	Darran Green-Assistant Chief Finance Officer
12	**21/22**	Inability to deliver current service provision due to impact of service review. The CCG has initiated a review of NHS provided Short Breaks respite service for people with learning disabilities in the north of the county without recourse to eligibility criteria laid down in the Care Act. Depending on the subsequent actions taken by the CCG fewer people may have access to the same hours of respite, delivered in the same way as previously. There is a risk of significant distress that may be caused to individuals including carers, both during the process of engagement and afterwards depending on the subsequent commissioning decisions made in relation to this issue. There is a risk of organisational reputation damage and the process needs to be as thorough as possible. There is a risk of reduced service provision due to provider inability to retain and recruit staff. There is a an associated but yet unquantified risk of increased admissions – this picture will be informed by the review.	3	3	**9**	3	3	**9**	⟷	The System Delivery Board are reviewing and looking at prioritisation of work including the ATU review and Short Breaks regarding additional resources which will be finalised by SMT.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Mick Burrows Director for Learning Disabilities, Autism, Mental Health and Children and Young People Commissioning, Helen Hipkiss, Deputy Director of Quality /Phil Sugden, Assistant Director Quality, Community & Mental Health, DCHS
14	**21/22**	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 statutory framework.	4	3	**12**	4	3	**12**	⟷	Risk recommended to be closed.	Brigid Stacey - Chief Nursing Officer	Quality & Performance	Alison Robinson, Designated Nurse for Looked After Children
16	**21/22**	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.	2	4	**8**	2	4	**8**	⟷	Engagement Model refresh to September Engagement Committee, governance guide sits behind this as a resource for teams undertaking service change.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Engagement	Sean Thornton Assistant Director Communications and Engagement
17	**21/22**	S117 package costs continue to be a source of high expenditure which could be positively influenced with resourced oversight, this growth across the system, if unchecked, will continue to outstrip available budget	3	3	**9**	3	3	**9**	⟷	The risk remains high due to the ongoing issues that need resolving with systems partners.	Zara Jones, Executive Director of Commissioning Operations	Quality & Performance	Helen Hipkiss, Director of Quality / Dave Stevens, Head of Finance
20	**21/22**	Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to Derby and Derbyshire CCG this data is not held consistently across the sites.	3	3	**9**	3	3	**9**	⟷	Project group to recommence review of HR files with a view to scanning into an electronic filing system.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Sam Robinson, Service Development Manager

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
22	**21/22**	The mental health of CCG staff and delivery of CCG priorities could be affected by remote working and physical staff isolation from colleagues.	2	3	**6**	2	3	**6**	⟷	The CCG has introduced the new operating model (hybrid working) and staff are able to choose to attend and work at a CCG base.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
23	**21/22**	CCG Staff capacity compromised due to illness or other reasons. Increased numbers of CCG staff potentially unable to work due to COVID 19 symptoms / Self isolation.	1	4	**4**	1	4	**4**	⟷	Ongoing review of existing redeployments and consideration of alternative solutions.	Beverley Smith, Director of Corporate Strategy & Development	Governance	Beverley Smith, Director of Corporate Strategy & Development James Lunn, Head of People and Organisational Development
24	**21/22**	Patients deferring seeking medical advice for non COVID issues due to the belief that COVID takes precedence. This may impact on health issues outside of COVID 19, long term conditions, cancer patients etc.	2	3	**6**	2	3	**6**	⟷	No progress update. Advise to keep the risk on the tracker due to forthcoming winter pressures and the spread of COVID variants.	Dr Steve Lloyd, Medical Director	Quality & Performance	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
25	**21/22**	Patients diagnosed with COVID 19 could suffer a deterioration of existing health conditions which could have repercussions on medium and long term health.	3	3	**9**	3	3	**9**	⟷	The system is working on developing two initial Post COVID Rehab centres, situated at Florence Nightingale (Derby) and Chesterfield Royal Hospital.	Dr Steve Lloyd, Medical Director	Quality & Performance	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
26	**21/22**	New mental health issues and deterioration of existing mental health conditions for adults, young people and children due to isolation and social distancing measures implemented during COVID 19.	4	3	**12**	4	3	**12**	⟷	System identification of opportunities for short term accommodation being sought.	Zara Jones, Executive Director of Commissioning Operations	Quality & Performance	Mick Burrows, Director of Commissioning for MH, LD, ASD, and CYP Helen O'Higgins, Head of All Age Mental Health Tracy Lee, Head of Mental Health - Clinical Lead
27	**21/22**	Increase in the number of safeguarding referrals linked to self neglect related to those who are not in touch with services. These initially increased immediately following COVID lockdown. The adult safeguarding processes and policy are able to respond to this type of enquiry once an adult at risk has been identified. Numbers are difficult to predict but numbers are predicted to increase as COVID restrictions ease.	4	3	**12**	4	3	**12**	⟷	The Safeguarding Adult Boards and their Quality and Performance Committees have taken a view that the risk of escalating adult safeguarding activity remains an unknown quantity.	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Bill Nicol, Head of Adult Safeguarding

Risk Reference	Year	Risk Description	Previous Rating			Residual/ Current Risk			Movement	Reason	Executive Lead	Responsible Committee	Action Owner
			Probability	Impact	Rating	Probability	Impact	Rating					
32	**21/22**	Risk of exploitation by malevolent third parties If vulnerability is identified within any of the Microsoft Office 2010 applications after October 14th 2020 and not patched, due to support for Microsoft Office 2010 officially ending, after which point Microsoft will cease to issue updates and patches for vulnerabilities found within this suite of applications	3	4	**12**	3	4	**12**	⟷	The risk remains the same until all devices upgraded or blocked.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery
33	**21/22**	There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.	4	4	**16**	4	4	**16**	⟷	A risk stratification tool is being piloted by providers.	Brigid Stacey, Chief Nursing Officer	Quality & Performance	Laura Moore, Deputy Chief Nurse
37	**21/22**	The Royal College of Physicians identified that there is a risk to the sustainability of the Hyper Acute Stroke Unit at CRHFT and therefore to service provision for the population of North Derbyshire.	3	4	**12**	3	4	**12**	⟷	Workshop to take place on 25th November. CRH are in the process of developing information packs for the workshop and independent panel.	Dr Steve Lloyd, Medical Director	Quality & Performance	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways
38	**21/22**	The quality of care could be impacted by patients not receiving a care needs review in a timely way as a result of the COVID pandemic and the requirement for some of the Midland and Lancashire Commissioning Support Unit (MLCSU) Individual Patient Activity /Continuing Health Care (CHC) services to redirect service delivery to support system wide pressures. This has had an impact on core CHC and Funded Nursing Care (FNC) service delivery in relation to care needs reviews.	4	2	**8**	3	2	**6**	↓	Remain on trajectory to complete overdue review activity by the end of November 2021. Probability of risk score reduced accordingly.	Brigid Stacey Chief Nursing Officer	Quality & Performance	Nicola MacPhail Assistant Director of Quality
40	**21/22**	In the period of transition from CCG to ICS, it is likely that a larger proportion of contracts will be extended on expiry rather than reprocured. The CCG is advised by Arden & GEM CSU on best practice for our procurement activity, but in some circumstances, the CCG may decide to proceed against best practice in order to give sufficient time for review of services within the framework of movement to an ICS. Proceeding against advice, carries a small risk of challenge from any providers who may have felt excluded from the process.	3	4	**12**	2	3	**6**	↓	The CCG is assured on the extension of certain contracts and may act against best practice advice for pragmatic reasons regarding a number of contracts. This will continue until the new procurement regulations come into force.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Governance	Chrissy Tucker - Director of Corporate Delivery

NHS
Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th November 2021

Item No: 181

Report Title	Children and Young People Mental Health Transformation Plan - submission update
Author(s)	Helen O'Higgins, Head of Children and Young Peoples Mental Health
Sponsor (Director)	Zara Jones, Executive Director Commissioning and Operations

Paper for:	**Decision**		**Assurance**	x	**Discussion**		**Information**	x
Assurance Report Signed off by Chair				N/A				
Which committee has the subject matter been through?				MH, LD&A and CYP System Delivery Board – 8.7.2021 DDCCG Senior Leadership Team – 3.9.2021 DDCCG Governing Body Confidential session – 7.10.2021				

Recommendations

The Governing Body is requested to **NOTE** that the CYPMH Transformation Plan is based on the previously agreed Futures in Mind and the CYP Crisis plans and to note for information that:

1. Our Derbyshire ICS Children and Young People Mental Health Transformation plan has been published, as required by NHSE/I
2. A draft of the CYPMH Transformation plan was submitted to NHSE/I and feedback received which has been incorporated into the final version
3. The draft plan has been circulated widely for system engagement, contributions and debate
4. Associated financial investments have previously been agreed

Report Summary

The Derbyshire Children and Young Peoples Mental Health Transformation Plan refresh 2021 has been published on DDCCG, and JUCD websites. Furthermore, an easy read version will be published shortly.

Context

Since the introduction of the Futures in Mind programme in 2015/16 NHSE/I have required the publication of an annual Children and Young People Mental Health (CYPMH) Transformation Plan.

The refresh of the 2020 plan was paused and then further delayed due to the COVID-19 pandemic. NHSE required the focus of the refreshed CYP MH plan to be the COVID-19 period covering April 2020 – March 2021; to detail delivery plans for additional long term plan (LTP) investment and transformation strategies to meet the ambitions for CYP MH in the LTP. The plan has been published on JUCD and DDCCG websites and is due to be published on both the Derbyshire County and City local authority websites.

The national NHSE/I team provided a COVID-19 refresh template with 89 Key Lines of Enquiry designed to direct the objectives of the joint agency plan. Due to these objectives and the long term plan investment priorities around crisis response, eating disorder, young adults and prevention of CAMHS admission to paediatrics or tier 4, Governing Body members may notice that the plan has a stronger NHS feel than previous years when investment focused on targeted early intervention and community support with close links to our local authorities and education. We will continue to work with our community partners to enhance our graduated pathway offer building on the successful introduction of universal digital emotional health support, targeted early intervention services and the emotional health and wellbeing website.

Governing Body should be assured that we are working towards coproduction and a whole system plan through our work with MH2K citizen researchers, the Crisis Stakeholder event in June and the CYPMH Community and the Crisis group. The draft plan has been made available to the following system board members for feedback and will be taken through these boards for endorsement (retrospectively where necessary):

- MH, LDA System Delivery Board – supported 08-07-2021
- City SEND Board – supported 18-08-2021
- County SEND Board
- JUCD Childrens Board – supported 20-08-2021
- Derby City Childrens Overview and Scrutiny supported 06-09-2021
- Childrens Partnership Board County 13-10-2021
- Childrens Families, Learners Board City 11-10-2021
- Youth Justice Partnership Board City 02-08-2021
- Youth Justice Board County
- Health and Wellbeing Board City due Oct / Nov
- Health and Wellbeing Board County due Oct / Nov
- Corporate Parenting Board County 17-08-2021
- DDCCG Senior Leadership Team 03-09-2021
- DDCCG Governing Body Confidential session 07-10-21

Our top priorities for 2021 - 2024 are:

- To enhance our urgent care pathways to ensure CYP get responsive risk support when they need it, this is for all CYP, inclusive of mental health, eating disorder, learning disability, autism, complex behaviours.

- To improve communication and navigation so that CYP get to the right support at the earliest opportunity / at the right time

- To enhance our graduated pathway further, expanding supportive mental health opportunities for CYP based on needs, including initiatives to reduce waiting times for key specialist services.

Are there any Resource Implications (including Financial, Staffing etc)?

Futures in Mind System Development monies moved to CCG baseline in 2021/22 and investment plans associated with this transformation plan have been approved through the submission of the NHS Mental Health system finance plan to the regulator in June and by CLCC and MH, LDA System Delivery Board:

- CLCC – Mental Health Spending Review plans May 2021
- MHLDASDB 8th April 2021: Children and young people crisis response: graduated approach to supporting children and young people in emotional distress and mental health crisis – investment proposal
- MHLDASDB 28th April 2021: Extraordinary meeting - CYP MH planning template
  submission 6th May (Spending Review Crisis, Young adults, Eating Disorders, Discharge)
- MHLDASDB 10th December 2020 CYP-MH: Procurement of digital services for children, young people, parents and carers
- CLCC 10th December 2020 CYP-MH: Procurement of digital services for children, young people, parents and carers

In addition to the SDF/SR investment above, following a regional bidding process the CAMHS Provider Collaborative (led by Northants) have awarded our system £3M, which has been allocated through DHCFT, for spend developing the crisis plan further up to March 2024.

Governing Body should note that the system and commissioning team capacity gap for delivering the additional work generated by the investment plans has been acknowledged and additional programme management support approved.

Has a Privacy Impact Assessment (PIA) been completed? What were the findings?

N/A

Has a Quality Impact Assessment (QIA) been completed? What were the findings?

N/A

Has an Equality Impact Assessment (EIA) been completed? What were the findings?
N/A
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
N/A
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Yes as listed above.
Have any Conflicts of Interest been identified / actions taken?
N/A
Governing Body Assurance Framework
The CYPMH Transformation plan is based on the previously agreed Futures in Mind and the CYP Crisis plans.
Identification of Key Risks
• Delivery of the extensive and ambitious plan at a time of continued system escalation and workforce with competing priorities. Mitigation: the dedication of CYPMH programme practitioners to develop the system pathway and make improvements. Investment has been approved to support delivery, which should start soon to increase delivery capacity across teams. • Workforce recruitment across the projects is a risk, there is a national shortage of skilled CYPMH practitioners, and all systems are seeking to expand their services. *Mitigation:* we are looking at creative ways to train and develop our own workforce particularly utilising the knowledge and skills of those with lived experience; recruiting youth workers, and recruit to train opportunities to build the specialist workforce.

Derbyshire Integrated Care System
Children and Young People's Transformation Plan Refresh
September 2021

Contents

Foreword

This year has been totally different to any other year for everyone. The pandemic has brought exceptional, life changing challenges for our children and young people and changed the way that many of our services have been delivered. Everyone's experience of the pandemic has been completely individual, and there has been remarkable resilience, thoughtfulness and creativity in the way that many children and young people (CYP) have responded. However, some children and young people have faced tremendous challenges and our communities, schools and services have adapted and been there to offer and provide support.

We have now completed our five year Future in Mind (FIM) Programme. This report reflects and builds on the successes of FIM and outlines the next phase of our transformation plan to progress further and achieve the ambitions in the Long Term Plan. Through the investments made within the FIM programme, we have been able to significantly expand our offer to support the emotional wellbeing and mental health for children and young people across Derby city and Derbyshire. We are pleased to be able to report that by the end of the FIM programme in March 2021 Derbyshire met our national targets. These key national targets are that 95% of CYP with eating disorders were seen within four weeks for routine and one week for urgent referrals; and we exceeded the NHSE 35% access target by providing an NHS service to 37.8% of CYP up to 18 years of age who have a diagnosable mental health condition. Although we are incredibly proud of the hard work our services have delivered in order to achieve this, particularly during the upheaval of the pandemic, we are mindful that there remains a long way to go before we are satisfied that all the children and young people with emotional health needs receive the right support when they need it.

The focus to date has been on expanding the community-based offer of support, particularly enhancing opportunities for CYP to access support earlier and for them to be able to link in to support themselves without there always being a need for referrals. We are now capturing the learning from new ways of working brought in during the pandemic - we have reviewed, and will continue to review, the emotional and mental health needs of our CYP population and will adapt our plans accordingly for the future.

In acknowledgement of the increasing demands on mental health services for CYP, Joined Up Care Derbyshire (JUCD) has been allocated funding to particularly improve the experience of CYP facing crisis and those transitioning from children's to adult services. We are in conversation with our children, young people, their parents and carers to build our 24/7 crisis response together making it accessible and inclusive to all including CYP with mental ill health, learning disabilities, autism, trauma and challenging behaviours. Our 2021 plan explains how we will do this through expansion of our Crisis, Liaison and Intensive Home Treatment Team. Similarly, we are working with young adults to particularly improve the journey for those who may be vulnerable as they enter adulthood i.e. carer leavers, CYP with mental ill health, learning disabilities, autism or those known to youth offending services.

We are also developing our CYP mental health workforce, being mindful that our biggest risk to expansion delivery is availability of skilled workforce and we are looking at creative ways to train and develop our own workforce particularly utilising the knowledge and skills of those with lived experience, youth workers, recruit to train opportunities.

Working together across agencies and with CYP, their parents and carers, we will ensure we continue to develop our offer inclusively aiming to meet the emotional and mental health needs of all our children and young people across Derbyshire

Signed

Andy Smith

Strategic Director People's Services Derby City Council
Chair Joined Up Care Derbyshire Childrens Board

Executive Summary

Our Joined Up Care Derbyshire 2021 plan reflects and builds upon the successes of the Future in Mind (FIM) programme 2015 - 2020 and outlines the next phase of our multi-agency transformation plan to further progress and achieve the ambitions set out in the NHS Long Term Plan. Our progress through the pandemic is captured explaining how we are learning from new ways of working which emerged such as the reconfiguration of teams to support CYP in crisis, the use of more digital online platforms to assess, see and treat children as well as the use of digital for sharing information and connecting people together. We are reviewing the changing emotional and mental health needs of our CYP population and revising our plans for the future in accordance with this. Further analysis of our data and outcomes is an area of focus for the coming year. Agencies are working towards the reporting of NHSE required paired outcome data and resources are being identified to analyse and triangulate data across the pathway to better understand inequalities in our population's needs.

Through the investments made within the FIM programme, we have been able to significantly expand our offer over the last five years to better support the emotional wellbeing and mental health of children and young people across Derby city and Derbyshire.

In 2015 the number of children with diagnosable mental health conditions in DDCCG who accessed services was approximately 25%. We are pleased to be able to report that by the end of the FIM programme in March 2021 Derbyshire met our national targets. These key national targets are that 95% CYP with eating disorders were seen within four weeks for routine and one week for urgent referrals this was met in 2020/21, and we exceeded the NHSE 35% access target by providing two contacts or more by an NHS service to 38.1% (based on prevalence data from 2004) of children and young people up to 18 years of age who have a diagnosable mental health condition.

Table 1 shows that by March 2021 7407 CYP received 2+ contacts from NHS funded mental health services in the preceding 12 months (source NECS / MHSDS).

Table 1

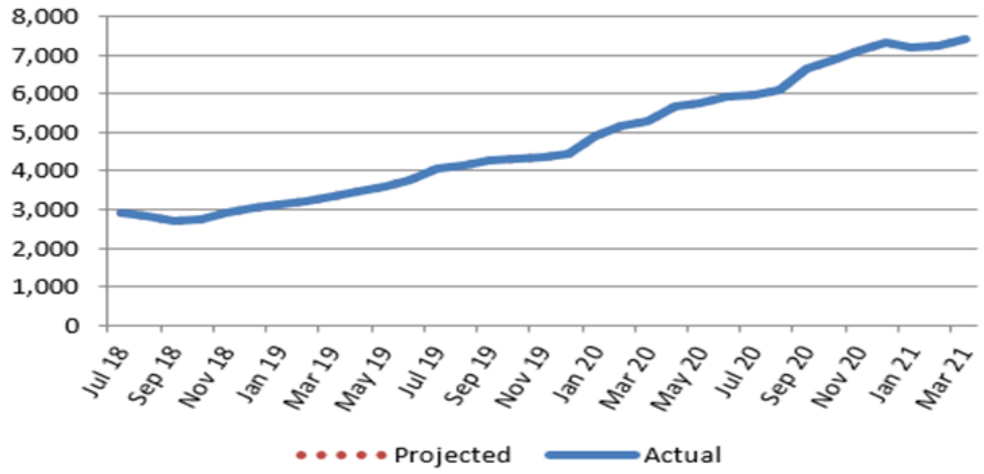
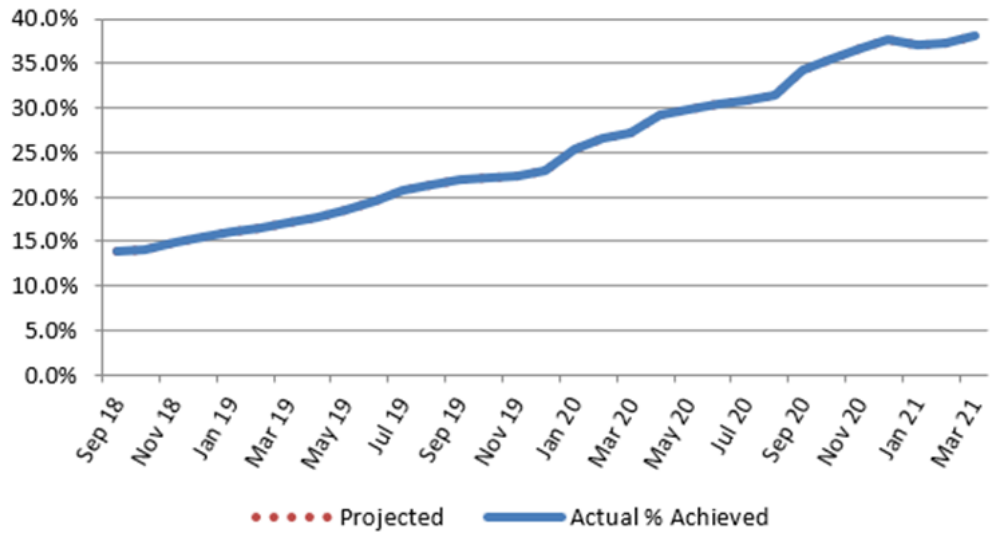


Table 2 shows that by March 2021 38.1% of all children with a diagnosable mental health condition received 2+ contacts from NHS funded mental health services in the preceding 12 months (source NECS / MHSDS).

Table 2



Although we are incredibly proud of the hard work our services have delivered in order to achieve this, particularly during the upheaval of the pandemic, we are mindful that there remains a long way to go before we are satisfied that all the children and young people with emotional health needs receive the right support when they need it.

Our ambition is that by 2024 over half those who need a service will be able to access one, and by 2030 services should be available for all in line with the NHSE Long Term Plan. However, alongside the increase in access to services, there has been a marked increase in demand for provision and there remains a significant shortfall in capacity of services at all levels to respond, resulting in unacceptably long waiting times for too many children.

The focus to date has been on expanding the community-based offer of support, particularly enhancing opportunities for children and young people to access support earlier and for them to be able to link in to support themselves without there always being a need for referrals.

Some of the key services made available through FIM include:

- Universal access to a digital support platform (Kooth) providing text-based therapeutic support and 24/7 access to moderated online forums where thoughts and feelings can be discussed, and articles can be shared
- The Derby and Derbyshire Emotional Health & Wellbeing Website, a signposting site where local CYP information can be found about emotional health and wellbeing support and how to access it
- Targeted early intervention (Build Sound Minds) 1-1 Cognitive Behaviour Therapy (CBT) for CYP, Systemic Psychotherapy for families, CBT based groups and computer game to help children gain control over their bodies and feelings
- Mental Health Support Teams in six school networks offering brief evidence-based psychological interventions
- Children Adolescent Mental Health Services (CAMHS) Specialist Community Advisors provide consultations to professionals across organisations providing specialist mental health advice, support options, or advice to make onward referrals

- Youth Offending Services have access to trauma informed psychology consultation and enhanced multi-disciplinary meetings. Youth wellbeing worker support Youth Offending Services (YOS) CYP to make positive choices and develop personal skills

Going forward, we are committed to delivering the requirements in the NHSE Long Term Plan. There is further investment to particularly support expansion of our crisis offer making it 24/7, which sits alongside our local strategic priorities to improve our offer between 2021 and 2024:

To enhance our urgent care pathways to ensure CYP get responsive risk support when they need it. This is for all CYP, inclusive of mental health, eating disorder, learning disability, autism, complex behaviours.

We will do this by

- Establishing a 24/7 crisis response pathway with access through the 24/7 helpline and support service
- Expansion of our Crisis, Liaison and Intensive Home Treatment Team
- Growing our offer for children and young people needing 'risk support' by developing more flexible person centred 'wrap around' support
- Enhancing multi-agency care planning for our more complex CYP

To improve communication and navigation so that CYP get to the right support at the earliest opportunity / at the right time.

We will do this by

- Simplifying and promoting the access points for children, young people, parents, carers and professionals to find information, resources and get help
- Coproducing with children and young people materials / messages about local mental health support
- Ensuring that CYP from all backgrounds feel comfortable with, and able to access, an offer that suits them.

To enhance our graduated pathway further, expanding supportive mental health opportunities for CYP based on needs, including initiatives to reduce waiting times for key specialist services.

We will do this by

- Enhancing emotional and mental health awareness and skills through information and training opportunities
- Further developing the offer to meet a wide variety of needs and complexities, reducing any gaps between service thresholds
- Building personalised support for CYP

Developing and supporting our CYP mental health workforce is essential to delivery of these priorities. We are mindful that our biggest risk to this ambitious expansion is availability of skilled staff and we are looking at creative ways to train and develop our own workforce particularly utilising the knowledge and skills of those with lived experience, youth workers, and recruit to train opportunities to build the specialist workforce.

Our Plan Ambitions for 2021/22

- To continue to use the Thrive framework (Appendix A Anna Freud, 2014) to drive our approach and programme expansion.
- To embed trauma informed and positive behaviour support approaches across our workforce through a programme including training, support and consultation.
- To further embed our participation of CYP / parents / carers and move towards greater co-production models.
- To maintain 38% access for CYP 0-18 years with a diagnosable mental health condition receive 2+ contacts from NHS funded mental health services in the preceding 12 months, whilst improving our access rates for our ethnic minority populations.
- To achieve the new national 1+ contact access target for 0-25 years, when this is set.
- To build our multi-agency workforce plan aligned with wider STP/ICS level workforce planning.
- To continue to support our workforce as we emerge from the covid-19 pandemic.
- To build our 24/7 crisis response and intensive home treatment offer and reduce the number of CYP placed on general wards or specialist tier 4 hospitals due to a mental health. [Reduce conversation rate of Childrens Emergency department attendance to admission from 33.4% in 2020/21 to 11% 2018 baseline].
- To maintain the 95% eating disorder waiting time standard (1 week urgent and 4 weeks routine) whilst enhancing our community offer for CYP with eating disorders and eating problems in order to prevent escalation to medical crisis.
- To have a graduated approach of early help interventions through to timely specialist support for more high-risk young adults.
- To ensure there are seamless transitions from CYP to adult services with a focus on vulnerable groups (YOS/Children in Care/Autism/Gender Dysphoria) and less silo working with appropriately trained workforce.
- To increase the numbers of people working with CYP and young adults who receive suicide prevention awareness training. In addition we want to respond to suicide clusters with a system approach.
- To learn from our trailblazer Mental Health Support Teams in schools to prepare for their expansion in 2022/23.
- To improve access to mental health advice, support and services through self-management apps, digital consultations and digitally-enabled models of therapy. We will ensure that the new Maternal Mental Health Service (estimated to commenced in January 2022) links with CAMHS and develops pathway development and joint working arrangements, whereby for example a mother under 18 has needs around her mental health as a result of pregnancy or maternity experience will have needs met.
- To continue to embed links between Youth Offending Services (YOS) and community services, ensuring that young people known to YOS, with poor mental health access effective local services to maintain and improve their emotional and mental health.
- To deliver the Early Intervention in Psychosis standard focusing on 14 to 25 year olds [60% of people (14 - 65 years old) should start treatment with a NICE recommended / approved package of care with a specialist early intervention in psychosis service within two weeks of referral for a suspected first episode of psychosis].

The Joined Up Care Children's Board will be accountable for the implementation of this transformation plan. Delivery groups will be responsible for enacting it using action plans with milestones and timeframes which will drive forward the developments and monitor delivery.

We are keenly aware that our programme must deliver real difference for the children and families that rely on the support of our services. Our commitment is to ensure that they experience continuing improvements in service provision each year. Our local vision remains that:

"*Children and young people are able to achieve positive emotional health by having access to high quality, local provision, appropriate to their need, as well as a range of support enabling self-help, recovery and wellbeing*." (Derbyshire and Derby City Future in Mind Local Transformation Plan 2019)

Acknowledgements and Contributions

Grateful thanks are extended to all of the following organisations, statutory, charitible and voluntary, who as formal bodies, lead providers or commissioned services have made their contribution and commitment to this report, without whom this report could not have been created.

- Chesterfield Royal Hospital NHS Foundation Trust
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- Derbyshire Federation for Mental Health
- University Hospitals of Derby and Burton NHS Foundation Trust
- Action for Children
- First Steps (Eating Disorders)
- Kooth PLC
- Leaders Unlocked MH2K
- Derbyshire County Council
- Derby City Council
- Derby and Derbyshire Safeguarding Children Partnership
- Health and Justice Board Derby City
- Health and Justice Board Derbyshire
- SEND Board Derby City (Special Education Needs and Disabilities)
- SEND Board Derbyshire
- Mental Health, Learning Disability and Autism System Delivery Board
- Health and Justice Team (NHS E&I)
- Erewash Voluntary Action
- East Midlands CAMHS Provider Collaborative
- NHS England and NHS Improvement
- NHS North of England Commissioning Support Unit

Introduction

The 2021/22 Transformation Plan covers our progress to date since the implimentation of the Future in Mind implimentation plan and what we hope to achive going forward. We are committed to delivering the requirements in the NHSE Long Term Plan where there is further investment to particularly support expansion of our crisis offer making it 24/7. This sits alongside our local strategic priorities to improve our offer between 2021 and 2024:

To enhance our urgent care pathways to ensure CYP get responsive risk support when they need it, this is for all CYP, inclusive of mental health, eating disorder, learning disability, autism, complex behaviours.

We will do this by

- Establishing a 24/7 crisis response pathway with access through the 24/7 helpline and support service
- Expansion of our Crisis, Liaison and Intensive Home treatment team
- Growing our offer for children and young people needing 'risk support' by developing more flexible person centred 'wrap around' support
- Enhancing multi-agency care planning for our more complex CYP

To improve communication and navigation so that CYP get to the right support at the earliest opportunity / at the right time

We will do this by

- Simplifying and promoting the access points for children, young people, parents, carers and professionals to find information, resources and get help
- Coproduce with children and young people our plans, services, materials / messages about local mental health support
- Ensure that CYP from all backgrounds feel comfortable with, and able to access, an offer that suits them.

To enhance our graduated pathway further, expanding supportive mental health opportunities for CYP based on needs, including initiatives to reduce waiting times for key specialist services.

We will do this by

- Enhancing emotional and mental health awareness and skills through information and training opportunities
- Further developing the offer to meet a wide variety of needs and complexities, reducing any gaps between service thresholds
- Building personalised support for CYP

Our Plan Ambitions for 2021/22

Our Transformation Plan ambitions are as follows:

- To continue to use the Thrive framework (Appendix A Anna Freud, 2014) to drive our approach and programme expansion.
- To embed trauma informed and positive behaviour support approaches across our workforce through a programme including training, support and consultation.
- To further embed our participation of CYP / parents / carers and move towards greater co-production models.
- To maintain 38% access for CYP 0-18 years with a diagnosable mental health condition receive 2+ contacts from NHS funded mental health services in the preceding 12 months, whilst improving our access rates for our ethnic minority populations.
- To achieve the new national 1+ contact access target for 0-25 years, when this is set.
- To build our multi-agency workforce plan aligned with wider STP/ICS level workforce planning. To continue to support our workforce as we emerge from the covid-19 pandemic.
- To build our 24/7 crisis response and intensive home treatment offer and reduce the number of CYP placed on general wards or specialist tier 4 hospitals due to a mental health. [Reduce conversation rate of Childrens Emergency department attendance to admission from 33.4% in 2020/21 to 11% 2018 baseline].
- To maintain the 95% eating disorder waiting time standard (1 week urgent and 4 weeks routine) whilst enhancing our community offer for CYP with eating disorders and eating problems in order to prevent escalation to medical crisis.
- To have a graduated approach of early help interventions through to timely specialist support for more high-risk young adults.
- To ensure there are seamless transitions from CYP to adult services with a focus on vulnerable groups (YOS/Children in Care/Autism/Gender Dysphoria) and less silo working with appropriately trained workforce.
- To increase the numbers of people working with CYP and young adults who receive suicide prevention awareness training. In addition we want to respond to suicide clusters with a system approach.
- To learn from our trailblazer Mental Health Support Teams in schools to prepare for their expansion in 2022/23.
- To improve access to mental health advice, support and services through self-management apps, digital consultations and digitally-enabled models of therapy.
- Ensure that the new Maternal Mental Health Service (estimated to commence in January 2022) links with CAMHS and develops pathway development and joint working arrangements, whereby for example a mother under 18 has needs around her mental health as a result of pregnancy or maternity experience will have needs met.
- To continue to embed links between Youth Offending Services (YOS) and community services, ensuring that young people known to YOS, with poor mental health access effective local services to maintain and improve their emotional and mental health.
- To deliver the Early Intervention in Psychosis standard focusing on 14 to 25 year olds [60% of people (14-65 years old) should start treatment with a NICE recommended / approved package of care with a specialist early intervention in psychosis service within two weeks of referral for a suspected first episode of psychosis].

Transparency and Governance

Background and context

The Derbyshire Future in Mind (FIM) plan has progressed into the Children and Young People's Mental Health Transformation Plan, which is our response to the Long Term Plan. The plan continues to be delivered by multi-agency Delivery Groups, comprising of system stakeholders, which report to the Joined Up Care Derbyshire (JUCD) Children's Board and the Mental Health, Learning Disability and Autism and Childrens System Delivery Board. The FIM's plan has been reported to the SEND (Special Educational Needs and Disabilities) Boards which has supported and informed our work in schools and Health and Wellbeing Boards (HWBs) have received reports and have endorsed the plan. Going forward we are further integrating elements of our plan within the SEND Delivery Plan's reporting and governance with SEND Boards City and County as well as JUCDC Board, with oversight from Directors of Childrens Services, Directors of Public Health and key strategic health and educational leads. Our children and young peoples mental health workstream will additionally report directly into the Integrated Care System governance structures through JUCD Children's Board and the Mental Health, Learning Disability and Childrens System Delivery Board.

In April 2019 the four former CCGs formally merged into one single Derby and Derbyshire CCG. The CCG has brought Adult Mental Health, Learning Disabilities and Autism and Children's commissioning together into a single Directorate to improve our planing and support our taking forward of the NHS Long Term Plan (NHS LTP) and address the 0 - 25 delivery and improve transitons across services. We specifically appointed a dedicated Programme Lead for Future in Mind (FIM) and city and county Leads for for Changing Lives Mental Health Support Teams in Schools trailblazer to be developed in association with the Whole School Approach.

We have maintained and built on a single Derby and Derbyshire Future's in Mind transformation plan since 2015 but the changes in CCG architecture have helped us make positive progess through single governance arrangements. We have benefitted from closer input into our planning from CCG quality and nursing teams who have fed the outcomes of inspections and quality visits into our planning. A clear benefit has been the ability to work towards consistency across our geography. This approach has been invaluable during the covid-19 pandemic.

Following extensive consultation between statutory and strategic stakeholders, Derby and Derbyshire Children Partnership agreed new multi-agency safeguarding arrangements. An inter-agency Governance and Accountability Framework is now in place which is an agreement that has been signed by each of the statutory partners to set out the legal arrangements to ensure there is effective governance and decision making. The agreement includes the role that each statutory partner has to carry out their responsibilities, so that the Derby and Derbyshire Safeguarding Children Partnership is effective and works to keep children safe from harm. The key partners for the new arrangements are the CCG, Police and the two Local Authorities.

The CCG Safeguarding Children Lead Designated Nurse takes a lead role for health when we have local safeguarding children and looked after children inspection, such as Joint Target Area Inspection (JTAI), and is responsible for progressing the agreed health action plan working closely with the health providers and the CCG children commissioners.This designated lead and team works closely with Children's commissioning teams to ensure our plans and arrangements for services are safe and effective.

Through our previous actions as the four Derbyshire CCGs, we saw a reduction in specialist CAMHS (Children Adolescent Mental Health Services) tier 4 bed use within Derbyshire. The CCG and our local CAMHS Providers have continued to work with NHS Specialised Commissioning and regional colleagues on the New Care Models approaches to specialist CAMHS in-patient provision. The East Midlands CAMHS

Provider Collaborative, led by Northamptonshire Healthcare NHS Foundation Trust, came into being in April 2021. Derbyshire specialist clinicians and senior managers are proactively supporting the Provider Collaborative development representing Derbyshire in all associated forums and Boards. As opportunities develop with the Provider Collaborative, we will refresh our action plan. Areas we particularly expect to develop are eating disorders, transtions and the learning disability and autism. The CCG works with the East Midlands Mental Health Clinical Network (EMMHCN) and CAMHS providers to share and develop our plans.

The NHSE Long Term Plan is clear in its ambition that by 2028/9 every child or young person who needs a service to address their mental health and emotional wellbeing will have access to appropriate provision. In response, Derbyshire has begun to outline a whole systems approach to achieving this which is outlined in the section on 'Ambition'. Five years ago, NHSE set an ambition that 35% of children and young people would be able to access mental health services. In 2020/21 Derbyshire exceeded this target by providing an NHS service to 38.1% of children and young people with a diagnosable mental health condition. We are driven to continue to expand the offer across our graduated pathway. This will be achieved utilising evidence about local needs, evaluation of current services, review of national good practice and particularly listening to the voice of children, young people, parents and carers. Intelligence will be systematically gathered and used to shape service development and continuously improve service delivery. The NHS Long Term Plan is referenced throughout this document, illustrating clear alignment.

Going forward, we will build on the good engagement work we have completed to date and develop a robust approach to co-production. This will ensure CYP, young adults, their parents and carers are equal participants in the development of our plans with co-production embedded in our future governance structures. We will ensure that we reach out to traditionally unrepresented groups, for example children in care (CIC), for people diagnosed with Autism, ADHD, care leavers, LGBTQ+ and ethnic minorities through our work with MH2K citizens researchers. Our services also have 'by experience' groups that provide feedback on how services are working.

The Derby and Derbyshire Integrated Care System (ICS) must improve the quality of care and support for people of all ages with a learning disability and/or who are autistic and their families. The ambition is to reconfigure how care and support is delivered. It aims to move away from reactive and intensive interventions to preventative and flexible support provided in local communities.

To support this, a 3-year all age Road Map has been developed to articulate the ongoing and planned work to address the challenges and opportunities that the system faces. These include:

- reducing the number of people with a learning disability and/or who are autistic who are mental health inpatients, with a particular local focus on the disproportionate number of those people who are autistic;
- addressing the health inequalities and, as a result, poorer health and wellbeing outcomes that people with a learning disability and/or who are autistic experience, whether lack of access to or the quality of care and support;
- making sure people with a learning disability and/or who are autistic are an integral component of how the ICS is designed and delivered.

Critical to its success in achieving these objectives will be the ability to work effectively across health, social care, education and third sector, making best use of resources by aligning work programmes where there are interdependencies and common goals. This will particularly include:

- Children and Young People's Crisis response.
- Targeted early interventions for CYP mental health.
- Whole school approach.
- Neuro Developmental Pathway design.

Future in Mind Investments 2015 to 2020

Child Adolescent Mental Health Service investment

	2019/20	2018/19	2017/18	2016/17	2015/16
CRHFT	2,461,034	2,455,633	2,405,893	2,284,273	2,215,590
DHCFT	6,523,941	6,273,250	5,827,405	5,664,547	5,112,415
	9M	8.7m	8.2M	7.9M	7.3M

	Service	**Commenced**
1	Uplift CRHFT and DHcFT core Child Adolescent Mental Health Services	2016 onwards
2	Invest in CAMHS Eating Disorder services in 2020/21 and 2021/22	April 2020
3	Specialist Community Advisors (CAMHS) delivering across the Derbyshire footprint	April 2020
4	Investment made for additional online targeted interventions during Covid19	April 2020
5	Establish Build Sound Minds, the commissioned targeted intervention service	Contract from May 2019
6	Four New Mental Health Support Teams in schools being set up from January 2020 with full service from January 2021 Further 2 MHSTs commenced April 2021	Jan 2020 April 2021
7	Establish Kooth (CYP) and Qwell (parents and carers) digital offer	Contract from Sept 2019
8	Derby and Derbyshire Emotional Health and Wellbeing website launch	May 2020
9	New Trauma Informed service for children in care	Delayed due to Covid Sept 2020
10	Work with stakeholders to develop a community-based crisis response pathway, with NHSE investments of £1.2 million confirmed which will enable us to significantly improve our CAMHS response by 2022/23	June 2020 restarted planning
11	Continue to invest in IAPT capacity which can take referrals from 16 years for people requiring a skilled counselling approach and sees some 600 CYP under 18 a year	Ongoing

CYP mental health transformation plan investments 2021 to 2024

Future in Mind funding moved to CCG baseline in 2020/21

System Development Funding (SDF) allocations 2021 until 2023/24

Spending Review (SR) monies are a 12 month allocation in 2021

CAMHS Provider Collaborative awarded Derbyshire total £3 Million Autumn 2021- March 2024

Full Funding Description National Allocation Name	Estimated Funding Notified £000	Commitment
System Development Fund: CYP community and crisis	1,154	Increase Crisis, Liaison and Intensive Home Treatment team staffing
SDF: 18-25 young adults (18-25)	344	CYP Transformation Young Adults
SDF: MHST 19/20 sites wave 2 (MHST19/20)	1,473	4 x wave 2 Mental Health Support Teams in education settings
SDF: MHST 20/21 sites wave 4 (MHST20/21)	511	2 x wave 4 Mental Health Support Teams in education settings
Spending Review: Children & Young People's Eating Disorders (CYPED)	207	CYP Transformation Eating Disorder
SR: CYP community and crisis	775	Increase Crisis, Liaison and Intensive Home Treatment team staffing
SR: 18-25 young adults (18-25)	224	CYP Transformation Young Adults
SR: Discharge 10% CYP	149	CYP Discharge Coordinators / Wellbeing workers on paediatric units
CAMHS Provider Collaborative Enhancing Intensive Community Support	706	Specialist CYPMH Community workers / Day resource / crisis skills training
	£5,543	

What we have already achieved during Future in Mind (2015-2020)

- **Engagement with Children and Young People, Parents and Carers:** We have worked with Citizen Researchers from MH2K, Parent Carers Forums, utilised provider engagement networks and completed surveys to seek the views of CYP, parents and cares in all of our developments ensuring that their feedback drives the approaches we have taken to service commissioning and delivery.

- **Graduated CYP mental health pathway:** We have broadened our emotional health and wellbeing offer to support CYP at earlier opportunities, to support emotional awareness and build strategies to support wellbeing and good mental health. We have invested in targeted early intervention services and universally accessible support through Kooth digital and the Derby and Derbyshire Emotional Health and Wellbeing Website.

- **Innovation and Best Practice:** Innovative digital offers include Kooth, which all CYP and young adults (YA) can access up to their 26th birthday. The offer is for all CYP in Derby and Derbyshire and includes children in the care of Derby City Council and in the care of Derbyshire County Council living in other local authority areas, and young people with Special Educational Needs and/or Disabilities (SEND).

- **The Thrive model:** Is widely accepted by partners and stakeholders as the way of working across our emotional wellbeing and mental health CYP services.

- **Data:** We have a robust upload from all our providers to the Mental Health Services Dataset. Local data collection is specified in each of the contracts with commissioned providers, including activity, referrals made/accepted, waiting times, and numbers of CYP in treatment.

- **Age Range:** NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) has brought together the Children's Team, with Adult Mental Health Team and the Learning Disabilities & Autism /Transforming Care Programme Team, into one directorate, which has facilitated development of an all-age personalised approach to mental health and wellbeing.

- **Alignment with other strategies:** The Long Term Plan requirements is aligned with other strategies and members of the CYP Mental Health Delivery Group are represented on both the County and City Youth Offending Boards, on the Children, Families, Learners Board, on the Corporate Parenting Board and on the Special Educational Needs and Disabilities (SEND) Boards for both County and City.

Progress and learning during the Pandemic and Covid-19 Recovery

2020/21 has been a year like no other for our children, young people, young adults, their parents and carers and our workforce. The pandemic has seen unprecedented disruptions to education, social connections and routine with many CYP receiving education from home during Lockdowns due to schools limiting attendance or closing, then as education recommenced CYP were placed in education 'bubbles' to support social distancing. This upheaval has affected all CYP differently. Impacts include family and social relationships, economic factors with parents furloughed or facing changes to employment, and environmental factors such as limited access to privacy or suitable workspaces. Combinations of these and other factors have shaken the emotional and mental wellbeing of many people.

Services in Derbyshire moved quickly in the first Covid wave digitalising their delivery using Zoom, Attend Anywhere and MS Teams; this enabled many CYP to continue interventions online. CAMHS services rapidly prioritised their cases using a Red, Amber, Green or 'RAG' rating scale to ensure that those CYP with the highest needs were prioritised for interventions and support, continuing to receive face to face treatment as indicated and with all CYP on the caseload receiving regular check in calls. The waiting list was also reviewed by CAMHS Specialist Community Advisers to ensure CYP safety and to review the most appropriate service to be offered across the pathway. Our targeted early interventions services, along with local Voluntary Community Social Enterprise (VCSE), came together to offer counselling and Cognitive Behaviour Therapy (CBT) support available through a Targeted Intervention Community Triage (TICT). The CCG commissioned an uplift to targeted early intervention capacity through the VCSE between April and September 2021. The CAMHS Specialist Community Advisors have been a crucial point of contact for professionals across localities and schools supporting them to access support for their CYP and make referrals to the most appropriate services.

The Emotional Health & Wellbeing website was launched ahead of schedule as a response to the Covid pandemic. The service provision was included on the landing page which provided information to all service users on the services available to them. This tile has evolved as the pandemic has continued and the information is updated in line with local demands. The Emotional Health & Wellbeing website is 2A compliant

and has the 'Recite me' functionality to allow ease of access and inclusivity for all service users. The website includes campaigns and awareness of inclusivity, signposting to local and national resources and sites.

Our communications campaign was enhanced through the commissioning of graphics for use in leaflets, web posts and social media. Information about the Derbyshire CYP wellbeing and mental health offer has been repeatedly shared though various channels including JUCD, local authorities, education and providers.

A Strategic Coordinator role was put in place, as part of the initial temporary Covid response, to facilitate complex CYP discharges. This person conversed at a senior, strategic and system level, to challenge agencies and partners to find routes to locate complex CYP the right care (these CYP were either at risk of admission or in paediatric units awaiting discharge), this post was valued across the system and seen as highly successful. Derbyshire has subsequently recruited a full time CYP Complex Case Strategic Coordinator for 12 months to continue and develop this role and to drive transformational system change by supporting implementation of agreed strategies through delivery of multi-agency care planning for complex cases.

During April/May 2020 referrals to all services dropped considerably. This was a concern as there was a feeling that those in need were not being highlighted or helped to access services. However, as the year progressed, there have been surges in referrals with services across the graduated pathway, feeding back that they are seeing increases in both the numbers and the complexity of cases.

Unfortunately, due to prioritisation of services, some cohorts of CYP did not receive the offer that they had done pre-pandemic; for example, CYP under the care of the City Youth Offending Service (YOS), this was due to a re-call of staff to a central south CAMHS hub that was created to provide care to CYP in most need. During this time, YOS referrals were directed to CAMHS where they were triaged alongside other referrals. As part of the recovery process, CAMHS nurses are now back delivering in YOS settings.

Overall services have coped exceptionally well during this unprecedented year but all report that this has been extra-ordinarily challenging and continues to be so. The blended approach, using a combination of digital online and face to face appointments to see CYP, has demonstrated some benefits for both providers and CYP, parents and carers, e.g. more contacts are possible with less travel time and room bookings, convenience for CYP and parents. However, this is balanced with strong feedback from CYP that many CYP prefer face to face appointments over digital due to being able to better establish a rapport with workers and more privacy from family members. This blended approach to appointments is likely to continue going forward using an individualised approach as this becomes part of our 'new normal'.

Governance and monitoring reporting were stepped down during the pandemic to aid providers to focus on priorities and service escalation. However, the stepped down data monitoring is likely to impact on future planning as the data is not there to use and the evidence base has been weakened.

Understanding the Local Need and Health Inequalities

The last Derbyshire Mental Health Needs Assessment took place in 2017, and whilst the needs assessment is four years old it continues to provide a useful analysis of need; however, we are mindful that the Covid-19 panandemic has exacerbated mental health and wellbeing issues for children and young people (CYP). During the early phases of the pandemic data had not been collected routinely. We are now closely reviewing local information as it emerges, including anecdotal evidence, from the pandemic period to better understand the changing needs of your CYP population and plan to undertake further needs assessment in light of Covid.

We know that for children aged 5-19 years, mental ill health represents the single largest burden of disease (Institute for Health Metric and Evaluation, 2013), and we also know through both national and local data and research that covid-19 has impacted on CYP. Our own citizen researchers, supported by MH2K, have listened to their peers and presented to commissioners their findings in a report called 'The Hidden Impacts of the Pandemic on Young People'. Young people spoke about isolation and not knowing where to turn to when they need help. MH2K made a number of recommendations to commissioners as follows:

- Young people asked for clear communication and guidance.
- Initiatives to tackle loneliness.
- Support through online clubs.
- Safe spaces and one to one support.

It is estimated that there are 13,000 school-aged (5-16 years) children and young people with a diagnosable mental health problem across Derby and Derbyshire. Of those, 5,100 are likely to be suffering emotional disorders such as stress, anxiety or depression, approximately 8,000 will have conduct disorders such as Attention Deficit Hyperactivity Disorder (ADHD), and a further 2,200 will experience a hyperkinetic disorder – a more severe form of ADHD. Whilst these estimates are largely derived from generalised population expectations, within specific groups the prevalence of mental illness will vary considerably. For children in care the expected prevalence of mental disorders will be closer to 45%, in those with a learning disability it is likely to be 36, while in those from a household with no working parent it is estimated to be 20%. One in three young carers will support someone with a mental health condition and will likely experience an issue with their own emotional health. Fifty-five percent of the young LGBT community have reported being subjected to homophobic bullying. Black and Ethnic Minority (BAME) groups are more likely to be diagnosed with a mental illness in the UK, but are one of the most likely to disengage from mainstream services (Children and Young People's Mental Health and Emotional Wellbeing Health Needs Assessment Produced by Derby City Public Health – Knowledge, Intelligence and Strategic Planning. November 2017). Understanding this allows us to have meaningful conversations and make plans across the partnership and address not only root causes but to make changes within services to better serve all sections of the community.

The number of children in Derby and Derbyshire estimated to have a learning disability (0-17 years) is 5,361, and with an autism diagnosis 2,144, these figures are based on 351,000 children in the UK with a learning disability, the data that suggests 1% of children have a diagnosis of ASD.

BMA (September, 2020) https://www.bma.org.uk/what-we-do/population-health/child-health/autism-spectrum-disorder

Mencap (2020) https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/children-research-and-statistics

In addition, we are aware that many children and young people with mental health needs have speech, language and communication needs (SLCN) and interaction difficulties.

- 81% of children with emotional and behavioural disorders have significant language deficits (Hollo et al, 2014).

- 28% of referrals to a child psychiatric outpatient clinic had a moderate or severe language disorder that previously had not been suspected or diagnosed (Cohen *et al*, 1989).

Furthermore:

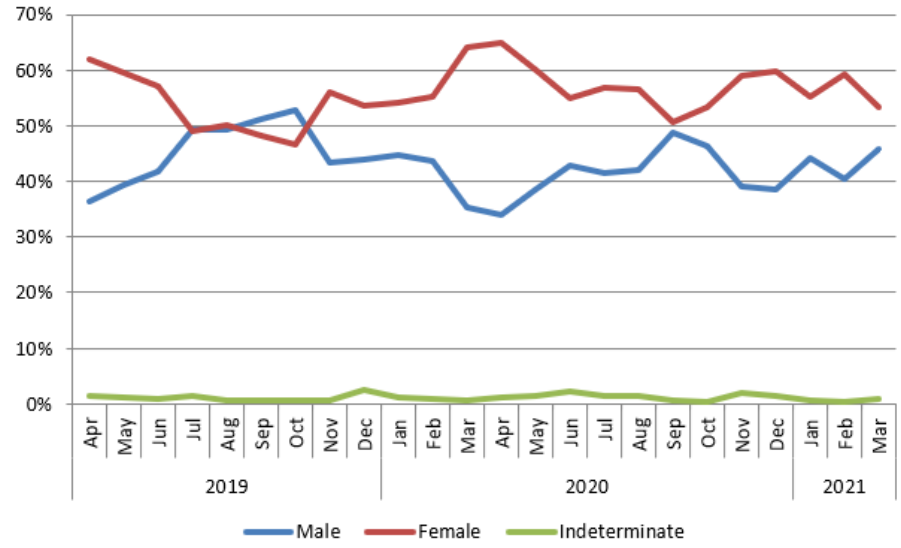
- at least 60% of children and young people in touch with youth justice services present with speech, language and communication difficulties (Bryan *et al* 2007). Many of them will also present with mental health difficulties.
- severe and pervasive communication impairment, much of it previously unidentified, has been found in children and young people in residential care (McCool S and Stevens IC 2011).

Communication and mental health are closely linked and can mutually impact in terms of interventions offered.

Family composition and poverty are strong determinants of mental ill health in children and young people. The impact of austerity on child poverty, and subsequent link to mental health, is all too clear. In some areas of Derbyshire, the proportion of 0-15 year olds living in income deprived households is as much as 48%. The cost of child poverty in the UK was estimated to be around £29 billion in 2013, and presently the ambitions of The Poverty Act 2010 will not be fulfilled. However, there is much that we can do locally to support those in need. For example, through working in partnership and as a whole system to tackle some of the root causes, such as education, childcare and housing. Both deprivation and household income place significant burden on children (Children and Young People's Mental Health and Emotional Wellbeing Health Needs Assessment Produced by Derby City Public Health – Knowledge, Intelligence and Strategic Planning. November 2017). In addition, we know that in 2018 we had 35 per 10,000 children in Derby classed as in need due to a disability and 27.2 per 10,000 in Derbyshire. The percentage of children with a learning disability in school in 2018 was 7.1% in Derby and 5.9% in Derbyshire of the whole school population.

Covid-19 has impacted on access to services. Our local data indicates that when schools were closed there was a drop in the number of referrals. When schools re-opened and referrals resumed, services were faced with increased referrals and complexity. We also know via the MHSDS that while Derby and Derbyshire is now exceeding the national 35% CYP mental health access target, by achieving 38.1% in 2020/21, we also know that this is not uniform across the footprint, some areas are exceeding the target while others are not. By Primary Care Network (PCN) indications are that 11 out of our 15 primary care network geographical areas are not meeting the target. For the most part PCNs footprint access shows that those individuals who are most deprived are not accessing mental health services. There are slightly more males than females accessing services, 41% males to 57% females. The largest group to access services is British at 89%.

CYPMH access by sex (source MHSDS / NECS)



Sex	Previous 12m to Mar 20	Last 12m to Mar 21
Male	43.6%	41.6%
Female	55.3%	57.2%
Indeterminate	1.1%	1.2%

Evidence would suggest that, on average, 1 in 10 (10%) of school-aged children will suffer with mental illness. Across Derbyshire there is evidence of a greater level of vulnerability to mental illness in children and young people than seen nationally. This is highlighted in an array of risk factors that range from poverty to obesity and migration – particularly in Derby city. The association between poverty, physical health and mental illness is complex. There is evidence that the former can lead to poor health outcomes in adulthood, whilst the latter has been linked with a decline in financial circumstances. Obesity also poses a risk factor for poor mental health due to the related psychosocial effects of social isolation, low self-esteem, and bullying. Migration, and its associated difficulties in adjusting to a new environment, inevitably present a further risk factor for mental health problems in childhood (Children and Young People's Mental Health and Emotional Wellbeing Health Needs Assessment Produced by Derby City Public Health – Knowledge, Intelligence and Strategic Planning. November 2017). As stated previously there are strong links between physical health and mental health, physical health problems significantly increase the risk of poor mental health, and vice versa. In adulthood, around 30 per cent of all people with a long-term physical health condition also have a mental health problem, most commonly being depression/anxiety and we know that mental health problems can seriously exacerbate physical illness, affecting outcomes and the cost of treatment. The effect of poor mental health on physical illnesses is estimated to cost the NHS at least £8 billion a year. The impacts are significant and impact on life expectancy, adults with severe mental illness have a shorter life expectancy than the general population (The Kings Fund).

As mentioned previously, the JUCD Children's Board is the board responsible for improving paediatric outcomes (with parity given to physical and mental health). Under the direction of the NHSE/I Children's Transformation Programme and aligned to the Long Term Plan, our JUCDC Board physical workstream is initially focused on obesity. Our basis for prioritising this is based on local population data:

The Derby City Child Health profile identifies: "Levels of child obesity are worse than England. 11.5% of children in Reception and 23.0% of children in Year 6 are obese"

And in Derbyshire County2: " the prevalence of obese reception children in Derbyshire was 10.0% and Year 6 obesity prevalence was 18.1% both significantly better than the England figure, there is however variation within the county." Additionally, there are anecdotal reports (subject to emerging public health evidence) that this has been exasperated during COVID. Prior to COVID we were due to enter consultation on our Strategy on Childhood Obesity across Derby and Derbyshire and we are keen to begin the scoping and modelling the graduated response for children across our system ensuring crucial links are made between the physical and emotional health and wellbeing pathways.

Many studies have evidenced the links between ethnicity and poverty with the link being well established. Domestic abuse in the home undoubtedly impacts on children's mental health; within Derby and Derbyshire the rate is 31.5 per 1000 19/20 (PHE Fingertips) compared to the England average of 28.0. Emerging evidence informs us that there have been increases in domestic abuse due to covid-19 and major football tournaments are also known to have an impact, so we consider the current real figure to be higher.

The PHE Fingertips tool tells us useful information about our childrens mental health resilience and challenges, key areas are below: (**repressed figure due to being under 5)*

Compared with England ••• Better 95% | Similar | Worse 95% | Not compared | Quintiles: Best | Worst

Not applicable | Data quality: Significant concerns | Some concerns | Robust | *a note is attached to the value, hover over to see more details

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Estimated number of children and young people with mental disorders – aged 5 to 17	2017/18	-	-	5138	13785	7022	12440	12757	14585	5668	14606	752
Estimated prevalence of emotional disorders: % population aged 5-16	2015	3.6*	3.6*	3.8*	3.6*	4.1*	3.4*	3.6*	3.5*	4.1*	3.6*	3.3*
Estimated prevalence of conduct disorders: % population aged 5-16	2015	5.6*	5.7*	6.0*	5.6*	6.7*	5.1*	5.7*	5.5*	6.6*	5.6*	4.7*
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	2015	1.5*	1.5*	1.6*	1.5*	1.8*	1.4*	1.5*	1.5*	1.8*	1.5*	1.2*
Prevalence of potential eating disorders among young people: estimated number aged 16 - 24	2013	*	71891*	4321*	10284*	7432*	9832*	10126*	9505*	9055*	10834*	502*
Prevalence of ADHD among young people: estimated number aged 16 - 24	2013	*	76124*	4604*	10898*	7680*	10647*	10653*	10085*	9509*	11478*	570*
Percentage of looked after children whose emotional wellbeing is a cause for concern	2019/20	37.4	34.9	*	52.7	34.6	35.9	44.3	25.8	43.2	43.4	*
Hospital admissions as a result of self-harm (10-24 years)	2019/20	439.2	445.0	503.5	576.8	203.1	255.7	328.8	787.9	365.0	543.8	330.5
Hospital admissions as a result of self-harm (10-14 yrs)	2019/20	219.8	224.9	208.3	259.3	131.8	197.4	121.5	228.3	352.6	303.3	*
Hospital admissions as a result of self-harm (15-19 yrs)	2019/20	664.7	636.8	761.4	785.8	247.4	353.2	499.6	1075.0	478.9	740.8	409.0
Hospital admissions as a result of self-harm (20-24 yrs)	2019/20	433.7	471.6	538.2	671.8	214.8	219.9	364.7	1037.9	279.2	582.2	*
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)	2020	2.45	2.41	2.19	2.86	2.57	2.28	2.55	2.27	2.74	2.03	2.30
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)	2020	2.67	2.42	3.32	2.75	2.80	2.12	2.11	2.11	3.58	2.14	1.93
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2020	2.70	2.58	2.83	2.88	3.04	2.21	2.73	2.39	3.30	2.11	2.11
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2019/20	25.8	24.2	25.6	27.9	28.6	23.2	22.7	23.4	24.5	20.7	17.2

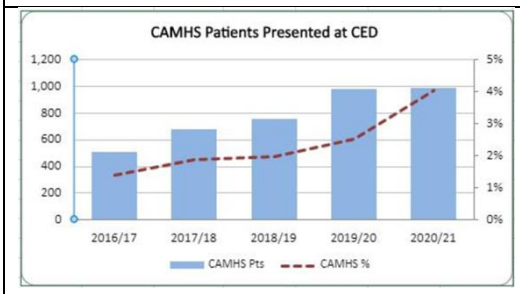
Derby and Derbyshire have a significantly higher number of looked after children aged 0-16 years. In 2020 the England rate was 67 per 10,000. Derby had, in the same period, 98 per 10,000 and Derbyshire 56 per 10,000. The percentage of CYP whose emotional health and wellbeing is a cause for concern in 2018/19 is 48.1% in Derbyshire and 39.6% Derby, the England average is 38.6% (PHE Fingertips). It is important to note that Derbyshire is a net importer of externally placed children in care (CIC) into the area. The number of children leaving care aged under 18 per 10,000 is 37.7 for Derby and 16.7 for Derbyshire, where the England average is 25.2 (2017/18 PHE Fingertips). Our children classed as in need for the same time period is 784 per 10,000 in Derby and 524 for Derbyshire (PHE Fingertips). In addition, there are connected carers across the footprint that receive varying levels of support from the local authorities based on particular circumstances and needs of the child.

Derbyshire has no Specialist Tier 4 CAMHS inpatient beds across the footprint, rather utilises specialist beds across the region. As a result, we have already developed services to support many children and young people (CYP) in the community to prevent T4 admission. For the Derbyshire ICS, a key priority is to preserve our paediatric services and reduce pressure within Derbyshire on our acute bed provision by ensuring that CYP have access to appropriate services and support outside of the acute ward setting.

Please see below for details regarding our position.

Specialist CAMHS in patient Tier 4 admissions and CYP mental health admissions to Derbyshire Paediatric units

SOUTH DERBYSHIRE (including Derby city)	
2019/2020:	**2020/2021:**
17 new admissions to Tier 4, of which: ○ 9 TCP cohort (LD/ASD) ○ Average length of stay for all admissions in this year is 225 days due to high complexity of those going inpatient and challenges with finding suitable social care placements ○ Average distance from Derby is 53 miles ○ Of all the 26 admissions in total for the year (17 new and 9 previously inpatient) – 11 required PICU / Low or Medium Secure, 9 required GAU, 5 were specialist ED units and 1 was a Specialist Deaf unit. ○ Only 5 of these admissions were informal, the remainder were under the MHA. ○ Of the 26 admissions, ▪ 14 were due to suicidal ideation and actions. ▪ 3 were due to a psychotic presentation and required the Early Intervention in Psychosis Service. ▪ 5 required an Eating Disorder placement and ▪ 4 were due to risks to themselves or others and required a place of safety / social care breakdown.	16 new admissions to Tier 4, of which: ○ 3 TCP cohort (LD/ASD) ○ Average length of stay for all admissions in this year is 204 days due to high complexity of those going inpatient and challenges with finding suitable social care placements ○ Of the 26 admissions (16 new and 10 previously admitted)- 6 GAU, 9 PICU / Low or Medium Secure, 9 SEDU, 1 specialist ○ Only 9 of the 26 admissions were informal and 16 of these admissions were under the MHA ○ Of the 26 admissions, ▪ 4 were due to suicidal ideation and actions, ▪ 4 were due to psychotic presentations, ▪ 10 were under the Eating Disorder Team ▪ 8 were due to risks to themselves or others and required a place of safety / social care breakdown.

CAMHS Paediatric admissions UHDBFT	
 	Year	Other Paeds	CAMHS Pts	Total CED	CAMHS %	CAMHS Admit	CAMHS Admit %
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2016/17	35,305	503	35,808	1.40%	59	11.73%
2017/18	35,554	676	36,230	1.87%	195	28.85%
2018/19	37,504	752	38,256	1.97%	209	27.79%
2019/20	37,682	975	38,657	2.52%	271	27.79%
2020/21	23,303	985	24,288	4.06%	329	33.40%		There has been a significant increase in the number and complexity of children and young people presenting to children's emergency services in mental health crisis which has impacted UHDB significantly despite the best efforts of all the agencies involved. The proportion of CAMHS presentations at the Childrens Emergency Department (CED) has increased threefold over the last 4 years. Even more concerning, the number of CAMHS admissions has increased over the last 5 years to reach 329 in 2020/21.
North Derbyshire	
2019/20	**2020/21**
51 Referrals to **Intensive Home Treatment Team** (IHTT) 26 New admissions to Tier 4, of which: ○ 2 were TCP Cohort (LD/ASD) ○ Average length of stay for all admissions in this year is 197 days ○ Of all the 26 new admissions for the year 2 required PICU / Low or Medium Secure, 21 required GAU and 3 were specialist ED units ○ 20 of the 26 admissions were informal and 6 of these admissions were under the MHA ○ Of the 26 admissions: ▪ 16 were due to suicidal ideation and actions. ▪ 6 required an Eating Disorder placement and ▪ 4 were due to risks to themselves or others and required a place of safety / social care breakdown.	56 Referrals to **Intensive Home Treatment Team** (IHTT) 40 New admissions to Tier 4, of which: ○ 3 were TCP Cohort (LD/ASD) ○ Average length of stay for all admissions in this year is 105 days ○ Of all the 26 new admissions for the year 2 required PICU / Low or Medium Secure, 32 required GAU and 6 were specialist ED units ○ 27 of the 40 admissions were informal and 13 of these admissions were under the MHA ○ Of the 40 admissions: ▪ 28 were due to suicidal ideation and actions. ▪ 9 required an Eating Disorder placement and ▪ 3 were due to risks to themselves or others and required a place of safety / social care breakdown

Our service providers across the Derby and Derbyshire footprint take steps to engage with their client groups to understand their experience of provision. This includes the use of surveys and outcomes data which is used to understand improvements for the individual and their experience. In addition, MH2K have undertaken specific surveys that focus on lesser heard voices and the experience of BAME children for example which we plan to continue with. Analysis of our data gives us important insights, for example we are aware that some Primary Care Network areas access services less than others and that these areas are based within our poorer communities, of which some have high population levels of BAME communities. We are aware that we need to analyse our outcomes data in a similar manner, our regular contract management meetings with providers and various partnership network meetings give us the opportunity to look at these areas in detail over the coming year.

Data, Access and Outcomes

The NHS Long Term Plan builds on the previous ambitions of the Future in Mind programme which set out clear ambitions for significant expansions in access to high-quality mental health care for children and young people. In 2020/21 the target was for at least 35% of CYP with a diagnosable mental health (MH) condition to receive treatment from an NHS funded community MH service; Derbyshire exceeded this target achieving 38.1%. The access standards trajectory is set out in Table 1 below. The access standard measures the number of individual children and young people aged under 18 who are in treatment in NHS funded mental health services and have received 2 contacts in relation to the same referral/in a 12-month period.

What we have already achieved

- In 2020/21 DDCCG achieved an access rate of 38.1%, this was 7407 children and young people. This was above the national target of a 35% access rate equating to 6,806 CYP to be seen.
- In 2019/20 DDCCG achieved an access count of 4855 CYP equating to 25% of the 19447 CYP in Derbyshire estimated to have a diagnosable mental health condition. The target was for 6612 CYP to be seen, a figure which represents 34% of the overall total figure of 19447 CYP estimated to have a diagnosable MH condition.

Whilst of course it is disappointing to fall short of the 34% access target in 2019/20, it is important to recognise the context within which this target was missed. A number of new services were commissioned by DDCCG in 2019/20 including the digital mental health offer of Kooth and the Targeted Early Intervention Service 'Build Sound Minds' that is delivered by Action for Children. During the year, as these became more established and embedded within the Derbyshire system, these services were able to increase the number of CYP they were coming into contact with. Additionally, part way through the year, in recognition of the trajectory indicating that the target may not be achieved, work was done with providers via the NHS England Intensive Support Team to ensure that they became more comfortable with both understanding the level of required information to be able to make a successful submission to the Mental Health Services Data Set and equally the process of uploading the information itself. This work combined with the new services in place in Derbyshire has now really started to take shape and is being reflected within the success of the figures for 2020/21. Additionally, we have seen an increase in digitally enabled models of care, through the widely available use of Kooth (universal access to wellbeing support via an App) and use of Attend Anywhere and MS Teams for online 1 to 1 consultations and group interventions. Derbyshire's increasing access rate for CYP can be seen in the charts below.

Table 1 shows that by March 2021 7407 CYP received 2+ contacts from NHS funded mental health services in the preceding 12 months (source NECS / MHSDS)

Table 1

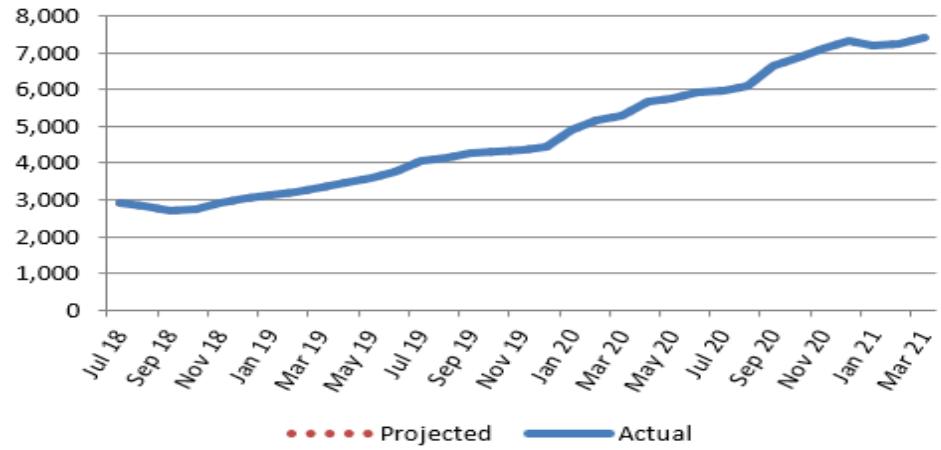
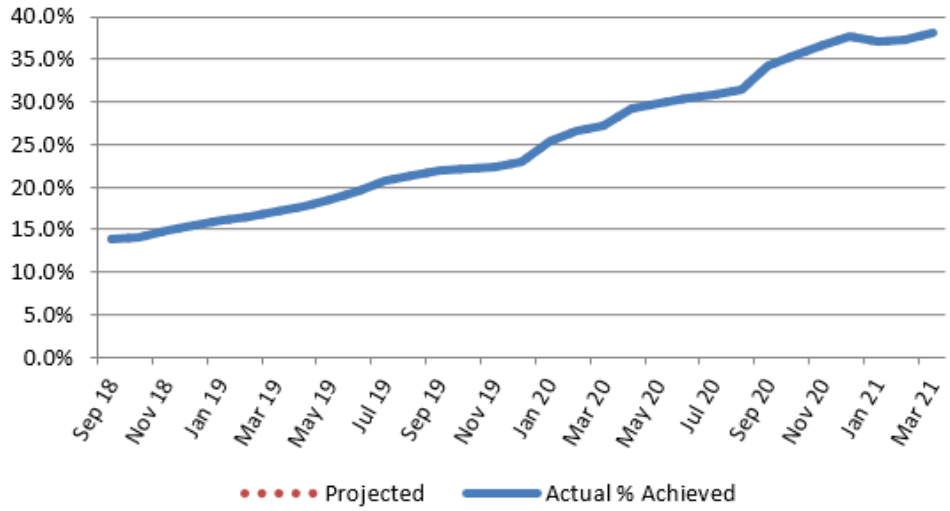


Table 2 shows that by March 2021 38.1% of all children with a diagnosable mental health condition received 2+ contacts from NHS funded mental health services in the preceding 12 months (source NECS / MHSDS)

Table 2



For the FIM (Five year forward view) commitment, we have monitored how many 0-18 year olds have at least 2 contacts from an NHS funded service.

From April 2021 there is a new headline metric to monitor how many 0-18 year olds have at least 1 contact from an NHS funded service to support the Long Term Plan CYPMH access metric.

Using one contact as the metric will allow for brief intervention approaches, risk management, and sign-posting and advice which are critical components of the CYPMH care pathway to now be counted. This echoes the LTP commitment which measures access to support which might be inclusive of treatment.

We will continue to monitor how many 0-18s have at least two contacts from an NHS funded service to ensure continuity. We expect the number of two contacts will also continue to rise as funding increases.

Long Term Plan Access trajectory (Table 3)

	2019/20	2020/21	2021/22	2022/23	2023/24
Five Year Forward View MH access (National)	63,000	70,000	70,000	70,000	70,000
Long Term Plan access (National)	N/A	73,000	186,500 (164,000 from LTP and 22,500 additional SR)	254,000	345,000
Derby and Derbyshire	6,612	6,806	6980	7,430	8,176

NB: The LTP 1 contact metric starts in 2021/22, the target for this has not been set. The Derby and Derbyshire trajectory will be amended once the one contact target is known

Priorities

- Working with partners to further explore the use of digitally enabled models of care to increase accessibility.
- For all providers to continue submitting primary and refresh access data and Reliable Outcomes Measures (ROMs) data to Mental Health Services Data Set in line with the defined submission schedule.
- To continue to work with NHSE, NECS CSU and Providers to ensure data quality issues are activity resolved to promote 100% data is entered on MHSDS.
- Ensure access activity and ROMs is in line with contracted activty via contract performance meetings.
- Maintain a local data return to act as early warning indicator of poor quality submissions.
- Continue to work with North of England Commissioning Support Unit (NECSU) to suppport providers with technical support. NECSU provider key support to the CCG with data and performance analysis.

What we plan to do during 2021/22

- The priority in 2021/22 remains achievement of the 35% - 2 contact access target – at least 6980 children and young people for Derby and Derbyshire.
- Once the new 1 contact access target is known we will set a local trajectory to achieve this.
- As we increasingly rely upon the MHSDS as a data source from which we can draw analysis and make local conclusions, it continues to be important that the data quality and completeness of MHSDS submissions providers make is as strong as possible and we will continue to support this.
- Additionally, we will demonstrate our progress with CYP accessing more services across the pathway through use of our Derbyshire dashboard.
- To develop a ROMs dashboard to drive local delivery, demonstrate impact and inform service development and improvement going forward.
- Further develop the data quality and assurance of providers.
- To improve our access rates for our ethnic minority populations.
- To level up access rates across our Primary Care Networks.
- To achieve the new national access target for 0-25 years (local target will be applied to this metric once NHSE inform us of agreed national target).

Data Access and Outcomes
Ambition: • Continue to ensure robust collection of data and use to inform commissioning • Continue to meet the national CYPMH Access standard. .
Progress in 2020/21 • To continue to work with NHSE, NECS CSU and Providers to ensure data quality issues are activity resolved to promote 100% data is entered on MHSDS • To continue work on increasing access to services
Actions for 2021/22 • Working with partners to further explore the use of digitally enabled models of care to increase accessibility • CYP MH Transformation work will continue to improve capacity in services and access
KPIs / Critical success factors • To maintain our 38% 0-18 years access target, whilst improving our access rates for our ethnic minority populations and achieving the new national access targets for 0-25 years
Challenges • Staffing and recruitment are ongoing challenges across the whole programme

Workforce, Training and Support

Our Future in Mind strategic workforce plan has been developed with the engagement of key partners, for example education, our community networks and core commissioned services. The focus has been the upskilling of staff across the system to support delivery of timely, supportive, emotional health and wellbeing interventions delivered across the graduated pathway by an integrated workforce working across health, schools, local authorities, ambulance services, NHS 111 and voluntary and community sector. Early support and prevention have been a core theme within our workforce training plan, with the addition of resilience and workforce support, particularly during this difficult year of the pandemic.

We will continue to progress our understanding of the needs of the Derbyshire workforce, particularly accounting for the impact of Covid. Generally speaking, there has been increasing demand for mental health services for children and young people (CYP); however, since the start of the covid-19 pandemic there has not only been an increase in demand but an increase in the complexity of cases presenting, this is particularly true of eating disorders and self-harm. There have been rises in CYP entering crisis and being admitted to general children's wards. We are therefore working with system partners to develop training plans which will equip our staff and the wider workforce to support CYP facing a range of complex issues as one of our priorities.

We are developing our CYP mental health workforce, being mindful that our biggest risk to delivery of transformation investments is the availability of skilled workforce and we are looking at creative ways to train and develop our own workforce particularly utilising the knowledge and skills of those with lived experience, youth workers, recruit to train opportunities. The system is appointing a workforce lead to particularly drive forward the mental health workforce strategic plan.

Importantly, children and young people from across Derbyshire have told us "There should be more representation in mental health services, showcasing the diversity that is present. That would allow young

people from BAME backgrounds to see professionals that look like them, working in the mental health sector", (MH2K_Report_Derby_2020.pdf). All CYP mental health services that are commissioned in Derby and Derbyshire have robust inclusivity and diversity policies related to their recruitment practices.

It is vital to flag that recruitment and retention remains a significant challenge across CYP mental health, particularly for CAMHS providers; this is a nationally recognised issue. Due to Long-term Plan investments, there are many opportunities for staff mobility i.e. promotion or to move to more specialist roles, although healthy turnover of staff is encouraged, there is strong competition when recruiting to posts. We are looking at innovative ways to 'grow our own' staff through recruit to train opportunities and developmental posts to prevent recruitment being a risk to the success of our programme.

The Emotional Health & Wellbeing website was launched ahead of schedule as a response to the Covid pandemic and has been a useful resource for staff. The website includes information for staff about local services and access to CYP mental health training. During 2020/21 the training offer has been delivered through digital means. This has been well received and enabled staff, parents and carers to participate in training which has both upskilled their knowledge and supported resilience during this very difficult year.

Priorities

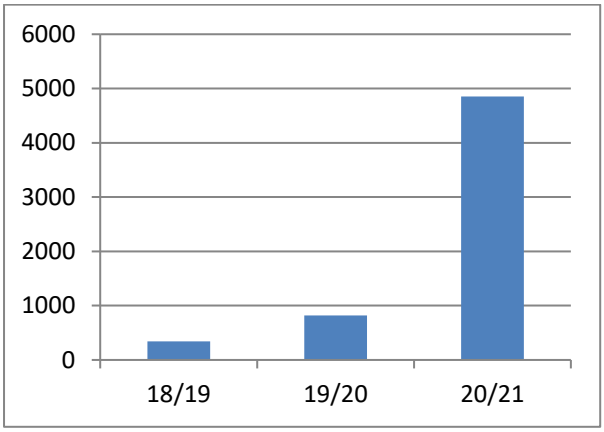
Our key aim is to support our workforce in the recovery from the covid-19 pandemic:

- To build on our Future in Mind workforce training approach to ensure we have an appropriately stratified and skilled up workforce.
- Consilidate a system wide strategic approach to workforce development, recruitment and retention into a clearly defined workforce development plan to take us to 2030.
- To enable practitioners, families and carers across Derby city and Derbyshire to be confident in addressing children's mental, emotional wellbeing and resilience.
- To embed trauma informed and positive behaviour support approaches across our workforce through a programme including training, support and consultation.
- To equip more staff to support CYP with complex needs, particularly those who may be experiencing crisis.

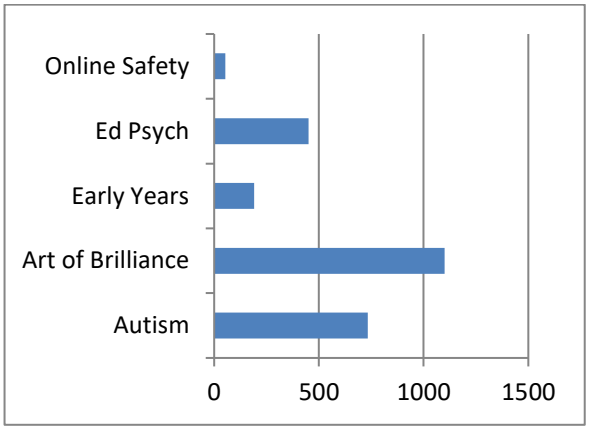
What we have already achieved

The training that has been offered through the website has enabled organisations and individuals to identify and access training/events to support staff and team members for their development and to manage their emotional health and wellbeing. The resources include webinars and podcasts which are accessible and can be revisited on a regular basis.

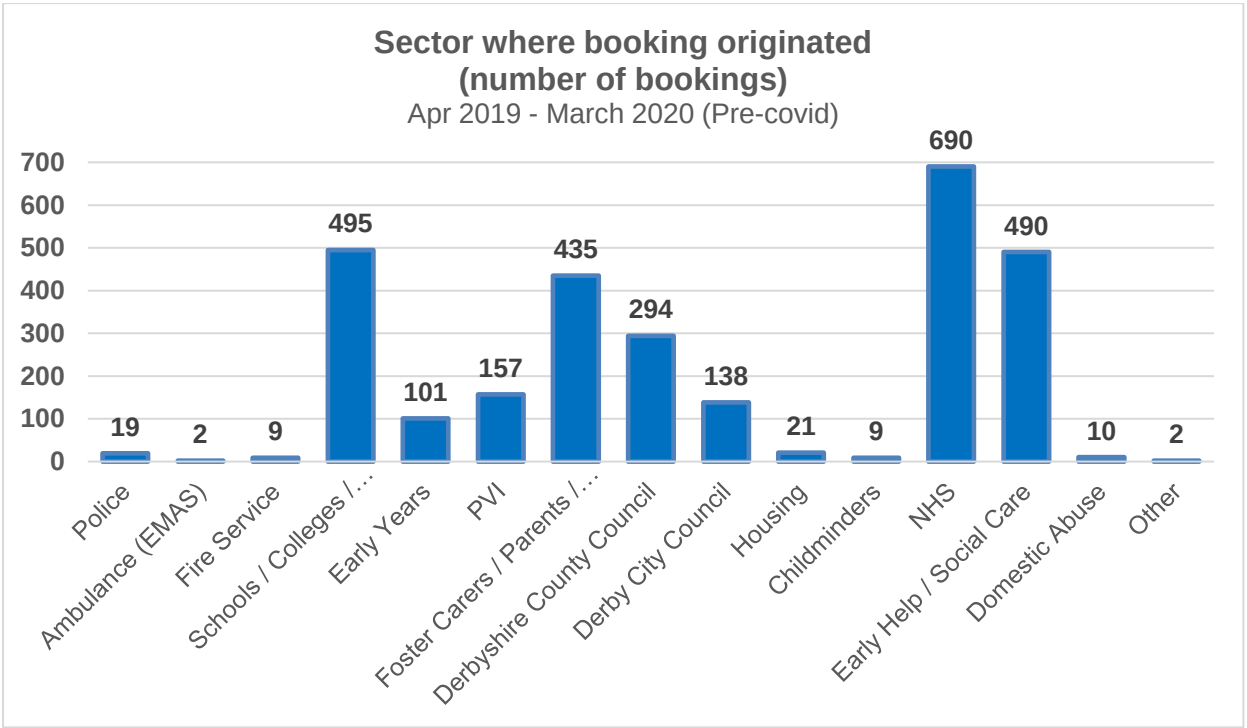
Attendance figures demonstrating year of year growth from 2018/19 - 20/21 as a total

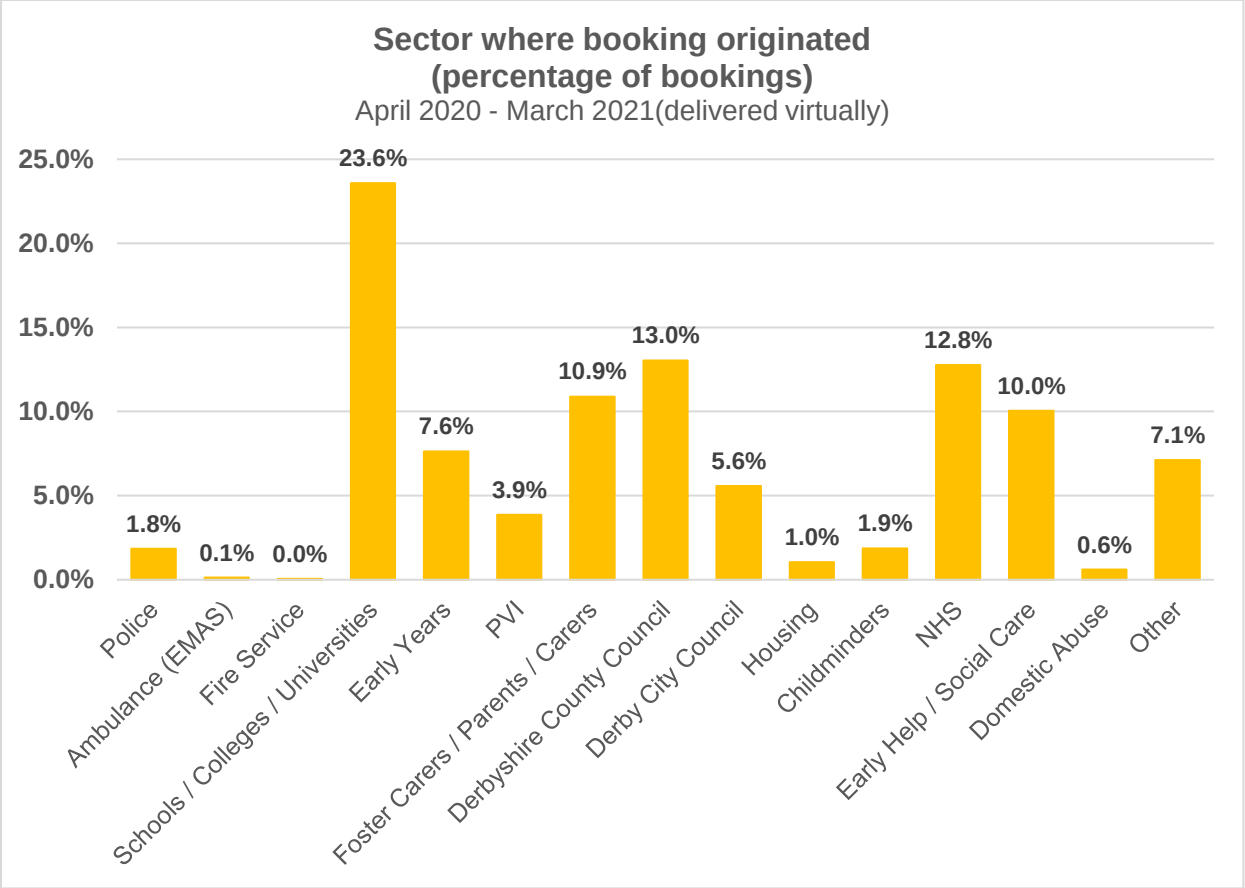


Attendance figures for specific courses

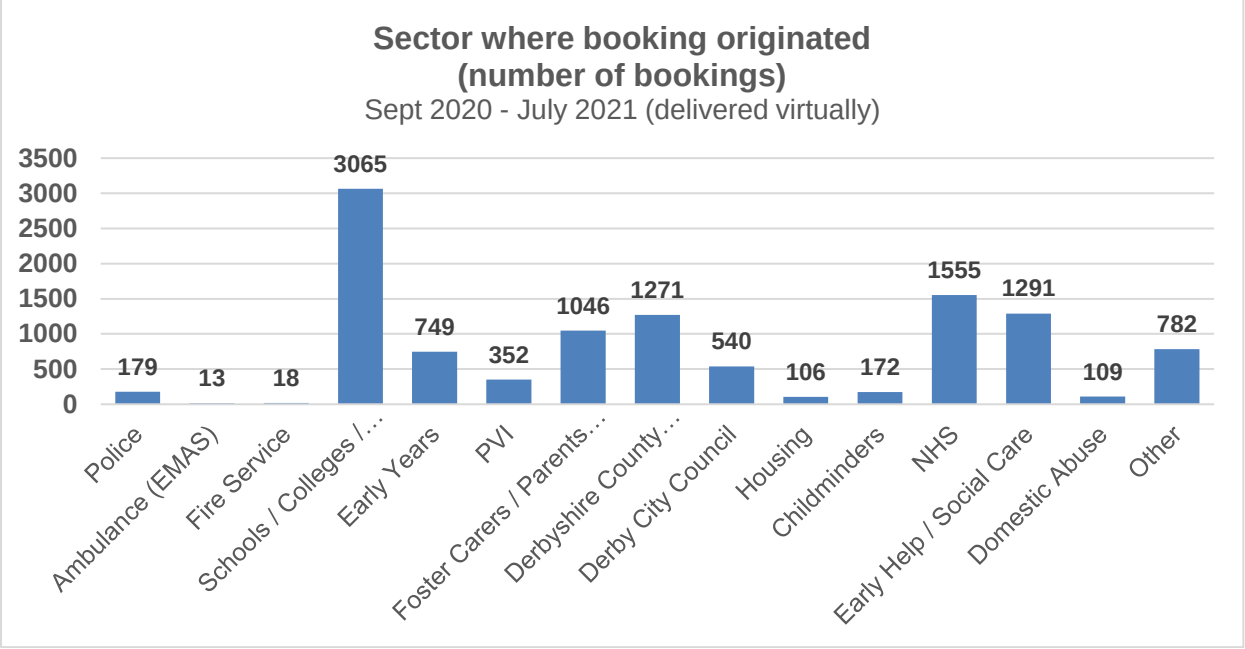


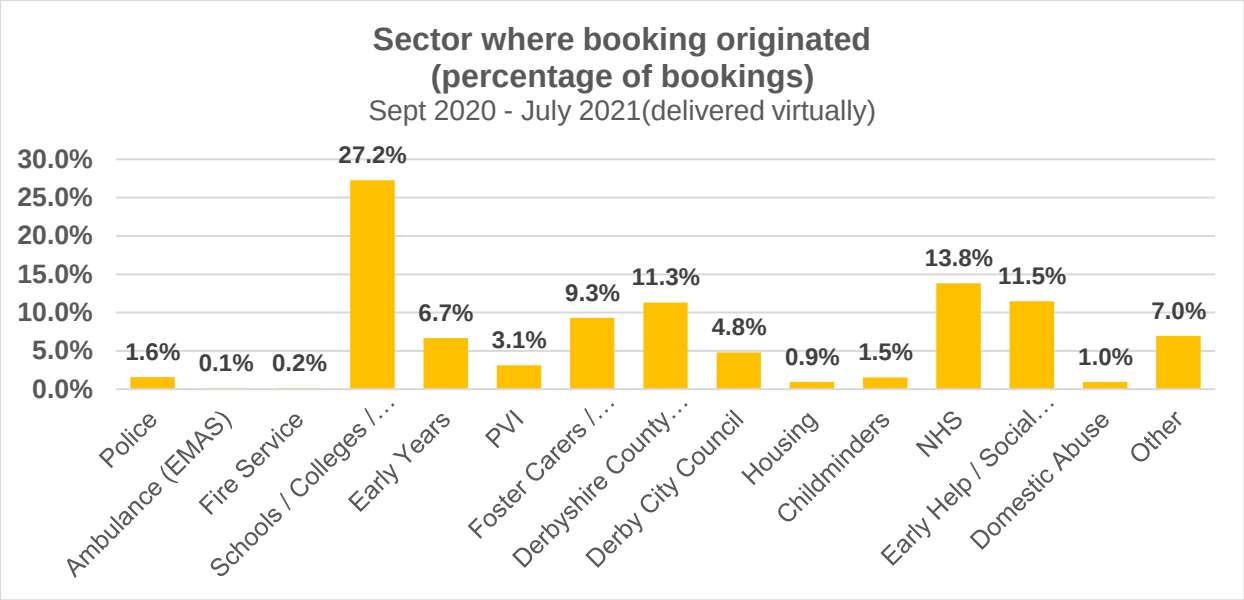
2019/20 attendance by sector pre-pandemic





2020/21 attendance by sector - post September 2020





As the data shows, there has been a rise in attendance following the introduction of the digital offer. The feedback received by attendees evidence that the majority of people prefer online training as it provides easier accessibility and is more environmentally friendly whilst also being more cost effective and has reduced the number of cancellations previously received.

Derby & Derbyshire Emotional Health & Wellbeing Website

We have developed an emotional health and wellbeing website, in response to COVID, which was launched in May 2020, before schedule. The purpose of the website is to support children, young people, parents, carers and professionals providing information and signposting to local CYP emotional health and wellbeing resources. There is information and advice for CYP covering all aspects of emotional and mental health from early intervention to support in a crisis. The website includes campaigns and awareness of inclusivity, signposting to local and national resources and sites.

The website is also a key resource for professionals providing information about how to refer to services as well as information about current training opportunities. This has increased awareness which has subsequently increased training attendance across sectors. The website has a range of resources including podcasts and webinars along with self-help materials and calendars of events. Through the pandemic the website has been a valuable source of support for staff where new resources have been promoted including a specific tile created for Covid-19 information.

The website is a cost-effective signposting service for both statutory and non-statutory provision. It is facilitated in real time with regular management to keep it current and proactive in order to meet the changing needs of the service users and system. The website is continually evolving and work is currently being undertaken in association with VCSE and Local Authority colleagues to include an Autism portal and an adults section, phase 1 of these elements are expected to be completed by September 2021.

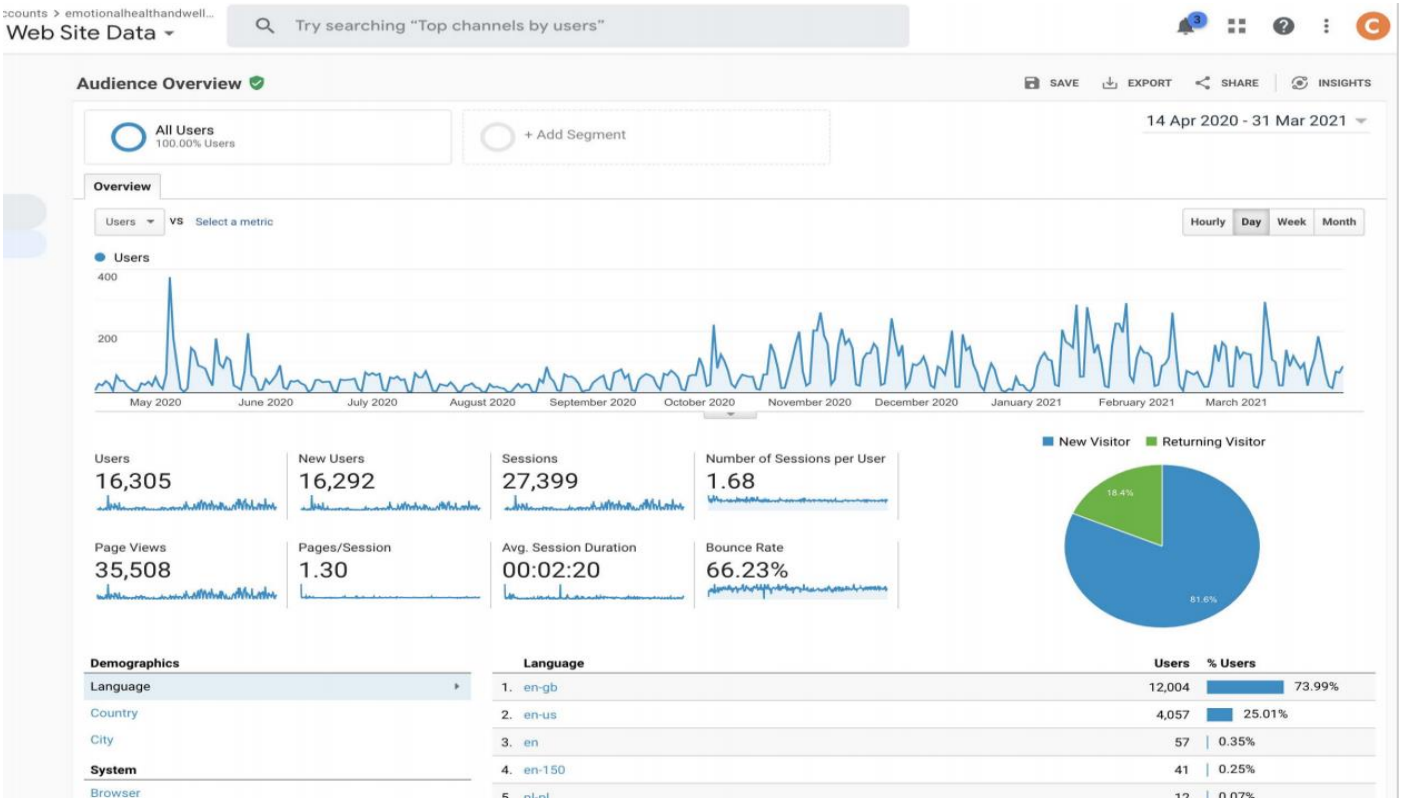
The Whole School Approach mapping tool also features on the website which encourages education settings to access the site and familiarise themselves with the local offers. Using the Thrive model, the toolkit aims to increase the number of emotionally healthy schools to meet with their OFSTED requirements.

The website has been very well received and therefore has attracted further development. Plans are afoot to broaden the scope of the website beyond children and young people's mental health to include:

- All age training and events including online booking.
- Following sessions and training, supportive resources are available through an easy to use login portal.
- All age suicide prevention, including a signposting referral form.

- Autism Training, this is a key development with partner agencies including private, voluntary and independent (PVI) and Community Voluntary Service (CVS).
- Autism Portal – Transforming Care Partnership.

The graph below shows the site analytics for the period 14th April 2020 to 31st March 2021. There have been 16,305 Users, 27,399 Sessions, and 35,508 page views with over 73% of visitors (12,004) being from the UK.



The website can be accessed here: www.derbyandderbyshireemotionalhealthandwellbeing.uk

Training and Events 2020/21

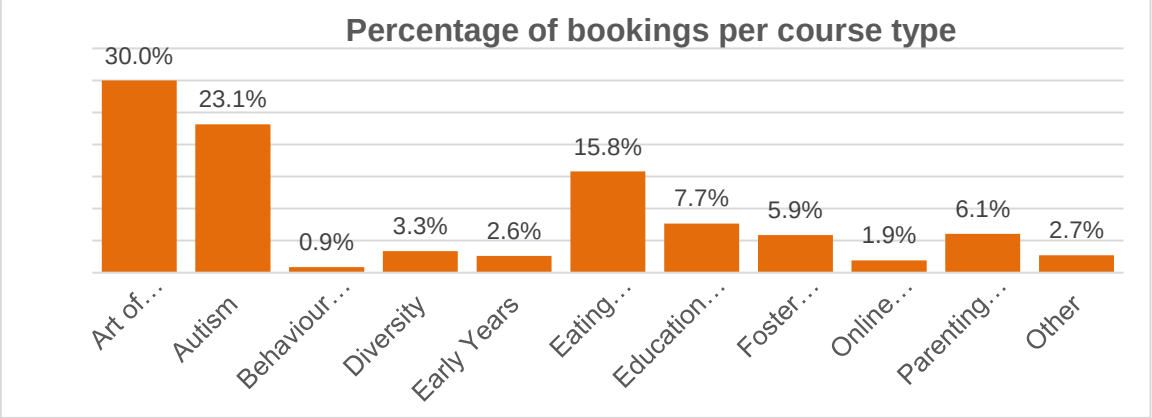
Due to COVID19 and the change in delivery methods, as per lockdown restrictions, implimentation of training moved to online and a virtual offer. We have been able to provide a more accessible and a more diverse programme of training to help meet the changing emotional health and wellbeing requirements of the workforce. This has been demonstrated in the number of attendees accessing the training across Derby city and Derbyshire. As part of our learning from what has taken place during the covid-19 pandemic, consideration will be given to future training taking place online.

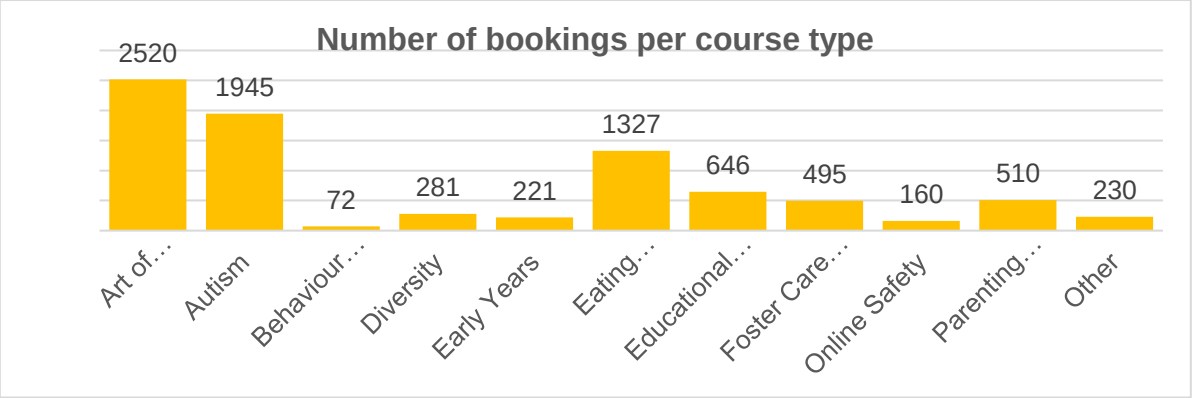
All training is mapped to the THRIVE and Whole School Approach outcomes:

- 2384 participants have attended the Art of Brilliance sessions which were aimed at front line staff to give them support and reflection time to allow them to consider their own emotional health and wellbeing.
- Conference for Derbyshire foster carers to provide emotional strategies to support them and the CYP in their care on the effects of the Covid pandemic and to provide techniques to aid their coping strategies and self regulation – 495 attendees over a four day period.

- Monthly podcasts available and refreshed with information on emotional health and wellbeing providing challenges to CYP to make them emotionally aware – with additional webinars for Free School Meals children over the Easter period.
- Additional trauma informed sessions with Dr.Suzanne Zeedyke for Derby city and Derbyshire foster carers and Early Year Settings to increase participants awareness of trauma in the ealy years and how this can affect behaviour and life chances – 371 attendees.
- Derby and Derbyshire schools - Behaviour support sessions with Educational Psychologist linking to motivational interviewing and skills to manage situations whereby a CYP is demonstrating innapropriate actions due to prior trauma and exploring the root cause - 10 sessions delivered with a total of 685 attendees.
- Diversity including LGBTQ (IDAHOBIT day, Stonewall and unconscious bias) to raise awareness and provide solutions to assist parents, Carers and Teachers to support CYP with informed knowledge and undertanding - 707 bookings.
- Parents and Foster Carers targetted to attend courses and have access to the variety of training specifically available to their needs.
- First Steps - Eating Disorder provision (variety of early intervention sessions to prevent crisis management).
- Autism offer - selection of e-learning provided by National Autistic Society - 386 licences accessed (Frontline social workers Derby and Derbyshire).
- Skills for Care – e-learning (frontline social workers Derby and Derbyshire) Mental Capacity Act – 200 licences accessed.
- Online safety course delivered to support CYP and Parents/Carers on the dangers of digital risks and the impact ensuring that Parents/Carers have the correct saftey measures in place on all equipment – offered to Derby and Derbyshire 180 attendees.
- Nick Barwick, provides a lived experience of a child in care to foster carers/leaving care teams/residential childcare team to enhance their understanding of triggers and change of practice in relating to the CYP– Derby and Derbyshire – 331 attendees.
- Other: this consists of 2 Early Help sessions linked to reducting parental conflict, and the Science of Happiness – from Bristol Uni- Prof Bruce Hood total 344 attendees.

Total numbers of course attendees April 2020 – March 2021 total 8407





What we plan to do next and by when

- Partners to review training requirements in relation to the LTP ambitions and priorities in this local plan
- Expand capacity and capability to meet the need of the local communities and include plans to recruit new staff and train, support and retain existing staff to deliver training between providers
- To map training opportuities available across by partners and look at more ways of sharing access

Workforce and Training
Ambition: To continue to build our multi-agency workforce plan aligned with wider STP/ICS level workforce planning. To continue to support our workforce as we emerge from the covid-19 pandemic to enusre that there needs are met. To embed trauma informed and positive behaviour support approaches across our workforce through a programme including training, support and consultation.
What CYP have told us is important to them: • Professionals should speak to CYP in a manner that they understand. • 'There should be more representation in mental health services, showcasing the diversity that is present'.
Progress in 2020/21 • Launch of Emotional Health & Wellbeing Website • Increase in wider workforce training attendance • Digital delivery of courses
Actions for 2021/22 • Strategically develop training pathways with partners aligning to the ambitions of the LTP • Expand capacity and capability to meet the need of the local communities and include plans to recruit new staff and train, support and retain existing staff to deliver
KPIs / Critical success factors • Demonstratable improvement of diversity within the workforce which reflects the local community and population served • Recruitment to posts across expanded services
Challenges • Breaking down barriers to engage people for recruitment in less represented communities • Retaining trained clinical staff • Recruitment to the number of posts we are investing in

Urgent and Emergency Crisis for Children and Young People

The Derbyshire approach is to stem escalation and respond by supporting all Derbyshire CYP at the earliest opportunity inclusive of mental health, learning disability, autism, eating disorder and complex behaviour.

Our aim is to build support around the child, to maintain key relationships and positive networks. Wherever possible, our children and young people should not be moving to placements / hospital due to lack of support. The table below outlines our graduated offer for CYP experiencing crisis.

DERBYSHIRE BY 2024 CHILDREN AND YOUNG PEOPLE IN EMOTIONAL DISTRESS / MENTAL HEALTH CRISIS			
Across our graduated pathway our services will be responsive to our CYP – no wrong door / accessible timely support			
UNIVERSAL SELF-CARE OFFER	**TEIS AND SPECIALIST COMMUNITY MDT INTERVENTIONS**	**SPECIALIST / MULT-AGENCY 24/7WITH 4 HOUR RESPONSE**	**IN PATIENT CARE**
24/7 All Age Mental Health Helpline Line and Support Service			
DDEHWB Website	**Core CAMHS** Responsive / timely access	**Derbyshire wide CYP Crisis and liaison response and Intensive Home Treatment team** MH/ED/LD/autism/complex behaviour 24/7 crisis response / assessment CAMHS & Social Care	**Derbyshire wide CYP Crisis and liaison response team** In-reach / Liaison to paediatric wards /Childrens Emergency Dept.
Digital brief intervention	**Targeted Early Intervention Services** Responsive timely access **Build Sound Minds & Changing Lives** Mental Health Support Teams in schools	**Multi-agency wrap around care and support** Multi-agency meeting / Dynamic Support Register / admission remain in the best interest of the CYP / family Social worker / Case manager Family respite & support Alternative respite provision / foster care	Temporary safe place in a hospital
Whole School Approach	**EHWB Trauma Informed Service for CiC**	**Safe Places** Temporary Placements Crisis Cafes Safe Haven 16years + Day offer	**T4 CAMHS specialist units**
Locality VCSE support services	**YOS MDT** - High risk CYP	All age 136 suite – appropriately staffed	

Through engagement with our stakeholders, we have agreed that our approach must:

- Improve our offer of community support to children/young people and their carers to help to prevent escalation towards crisis.
- Offer support which recognises that school is a child's community, therefore referral routes and pre and post crisis support need to be school facing.
- Improve multi-disciplinary response to crisis when presented in emergency departments and a crisis care offer that prevents inappropriate attendance in emergency department settings and provides immediate response and supports de-escalation in a more appropriate community setting.
- Provide non-silo pathways and a crisis team which can be responsive to CYP whatever their needs i.e. eating disorder (ED), Learning Disability (LD), Autism, Mental Health (MH) and complex behaviour.

Over the last 12 months (throughout the covid-19 pandemic), Derbyshire has seen a changing picture. During the early stages of lockdown in 2020, the CAMHS Hub model contained most of the risk and as a result there were fewer referrals to our services that provide enhanced support in the home. However, as lockdown continued, there was a notable rise in eating disorder cases, as well as CYP presenting with psychotic symptoms. As schools returned in September, there was another increase in referrals, particularly adolescent females with emotional dysregulation who were a risk to themselves.

We will be responsive to the changes in problems faced by our children and focus our resources accordingly:

- CYP attending A&E and MIU – females particularly, often presenting with self-harm behaviours;
- the rise in the percentage of CAMHS patients in paediatric wards;
- increases in the number and severity of eating disorder presentations;

- complexity of presentation, defined by the Framework for Integrated Care as multiple (i.e. not just in one domain, such as mental and physical health); persistent (i.e. long term rather than transient, including for example learning disability, autism or both); severe (i.e. not responding to standard interventions); and
- framed by family and social contexts.

Priorities

- Ensure that Derbyshire CYP have access to CYP specific crisis support 24/7 by 2024.
- To rapidly expand our CAMHS specialist crisis, liaison and intensive home treatment teams aduring 2021/22.
- To enhance our community based intensive support, referred to in the Thrive model as 'risk support'. This is the person centred, individualised support required to keep our CYP safe, this compliments family and carer support and the specialist clinical and social care offers.
- To work as a system to expand our alternative crisis accommodation/placements, particularly for CYP with behaviours that are complex and that challenge.
- Working with NHS Specialist Commissioning, regional and local partners to improve the flow both into and out of specialist CAMHS tier 4 beds.
- Enhance access to support pre-crisis, ensuring CYP get the right care at the right time and in the right place.

What we have already achieved

The 24/7 mental health helpline and support service provides access to support for people of all ages in Derby and Derbyshire with pathways directly through to specialist clinicians and CAMHS services as required. The support line is also available for professionals to seek advice from mental health professionals regarding patient pathways/care where they can call the freephone number **0800 028 0077** and for more information visit DHCFT Derbyshire Mental Health Helpline and Support Service

Use of the 24/7 helpline by children and young people was initially very limited; however, this has started to improve since when specialist CYP workers from Derbyshire Federation for Mental Health started answering the phones between 8am and 12 midnight. In May 2021 168 0-19 year olds used the helpline.

MH2K citizen researchers conducted 17 semi-structred interviews alongside activity based workshops to ask young people about how best to promote the helpline and to encourage CYP to use it. MH2K provided a really valuable report describing their findings with recommendions to improve communication and advertising e.g. targeting key adults, social media and not to rely solely on online advertising, to use posters too, to improve the associated website e.g make the website less complicated and less adult focused, and to offer an alternative text messaging helpline.

Intensive community support is available in Derbyshire, although not currently as robustly and consistantly as we would like. We have teams that can support CYP in the community with significant needs enabling them to stay with their family/home foster placements avoiding admissions which would not be in the young person's best interests.

Our Intensive Home Support Services across Derbyshire already provides an interface between T4 inpatients and Community Services and have demonstrated a significant impact by reducing our admissions to T4 CAMHS inpatient beds when compared to our regional neighbours. Table 1 shows the significant reduction in T4 admissions following the inception of the CAMHS EHSS in South Derbyshire, the North Derbyshire Intensive Home Treatment Team (IHTT) has delivered similarly impressive outcomes.

Table 4 Southern Derbyshire Tier 4 Admissions

	2015/16	2016/17	2017/18	2018 Apr-Nov	2018 Nov/ 2019 Apr	2019/20	2020/21	2021 Apr – May
Southern Derbyshire (statistics for 2015-Nov 2018 taken from Future in Mind: Derbyshire Sustainability and Transformation Partnership Nov 2018)	79	93	56	37	8	17	16	3
	No enhanced provision available				EHSS Operational			

A Strategic Coordinator role was put in place, as part of the initial temporary Covid response, to facilitate complex CYP discharges. This person conversed at a senior, strategic and system level to challenge agencies and partners to find routes to locate complex CYP the right care (these CYP were either at risk of admission or in paediatric units awaiting discharge) this post was valued across the system and seen as highly successful. Derbyshire has subsequently recruited a full time CYP Complex Case Strategic Coordinator for 12 months to continue and develop this role and to drive transformational system change by supporting implementation of agreed strategies through delivery of multi-agency care planning for complex cases.

Our CYP Crisis response plan is a development of the pre-covid urgent and emergency care mental health service implementation plan. In February 2020 a multi-agency workshop took place which brought together expertise from across CYP services to create a CYP urgent and emergency care action plan. This work set out the development areas for preventing escalation and responding to crisis which would support all Derbyshire CYP inclusive of mental health, learning disability, autism, eating disorder and complex behaviour. Additionally it integrates health and social care working. Elements of this work i.e. dynamic risk register have been progressed within our Transforming Care Programme (TCP) and Learning Disability & Autism (LD&A) work streams and the enhancement of the crisis response and intensive home treatment teams have been developed within the scope of the Community and Crisis Response working group. The Blue light services are well engaged with the all age urgent care steering group, this is the forum which is progressing the 24/7 helpline and Safe Haven. Police and ambulance services sit on this forum where they have oversight of the CYP crisis response programme. Increasingly as the CYP crisis response programme develops our police and ambulance collegues are being invited to join the development conversations.

Specialist Community workers and crisis day resource 3 years funding secured from the CAMHS Provider Collaborative to develop specialist community workers to provide a range of high intensity interventions – which may not be complex in themselves but will help build confidence and engage CYP in everyday activities, building personalised support incorporating reasonable adjustments for example pro-social activities, peer support, support eating, creative / wellbeing activities, education support or physical exercise. Additionally to develop a new day offer based on Crisis Café model offering a safe space in a non-clinical setting. This will offer alternative support and advice in times of crisis with access to specialist CAMHS assessment and care planning with specialist support staff and peer mentor involvement, phasing in education at the appropriate time.

There will be access to pro social activities, relaxation, respite and the opportunity for CYP to build routines. The offer will aid risk support and assist in helping the young person to become intervention or change ready. Any savings in inpatient expenditure realised from this model will be reinvested in the community system.

What we plan to do next and by when

We continue to develop the graduated response which meets all levels of CYP emotional distress and mental health crisis needs. In addition we continue to develop our crisis offer ensuring services are accessible for different groups of children and young people including thoses from BAME communities, young carers, with Learning Disability and Autism and people form LGBTQ+ communities by 2024.

- Immediate investment and development of the CAMHS Intensive Home Treatment Services across Derbyshire increasing staffing across disciplines.
- Immediate investment and development of specialist community workers and two day resources, one north and one south to enhance provision.
- As a temporary measure, whilst a better community solution is developed, to enhance support and upskill paediatric ward staff.
- Further develop the eating disorder pathway, to be responsive to increased demand and more severe presentations.
- To action the MH2K recommendations, to enhance the 24/7 mental health helpline offer making this more accessible to children and young people.
- Review the impact of our strategic / complex case coordinator in supporting system wide multi-agency care planning for complex cases and expand the model.
- To review the extension of the Derby Safe Haven to include 16 years upwards and develop the approach with the Chesterfield service being planned for 2021/22 to have 16 year remit from the beginning.
- Crisis prevention embedded in schools / CYP community, improve community triage / role of Specialist Community Advisors and capacity within early targeted interventions and specialist therapies.
- Upskill our workforce in trauma informed approaches and positive behaviour support.
- For providers to have a joint approach to workforce, including recruitment, training and some system wide roles.

Crisis Response

Ambition:

- To build our 24/7 crisis response and intensive home treatment offer and reduce the number of CYP placed on general wards or specialist tier 4 hospitals due to a mental health.

What CYP have told us is important to them:

- ‘Service being available 24 hours a day 7 days a week as depression and suicidal thoughts don’t stick to work hours.'
- ‘Self-referral, a lot of people struggle to tell their parents or parents don’t believe them when they tell them.’

Progress in 2020/21

- Investment plan agreed to expand Crisis, Liaison and Intensive Home Treatment Team
- System supported the introduction of a Strategic Complex Care Coordinator role
- Unified Derbyshire wide agreement to the approach to Crisis response model

Actions for 2021/22

- Recruit to expand the Crisis, Liaison, and Intensive Home Treatment Team
- Develop two crisis day resources, one north and one south and recruit to specialist community worker roles
- Agree specifications and contract arrangements for expanded and new services
- Improve communications to CYP about the 24/7 helpline and support service

KPIs / Critical success factors
• Reduce conversion from CED attendances to admission from 33.4% 20/21 to 11% (2018 baseline) by 2024. • We wish to reduce our GAU bed days to the levels of the best performing CCG in the East Midlands, form 255.96 per 10,000 to 232.02 (Nottingham and Nottinghamshire CCG) or lower. • Reduce PICU occupied bed days from 129.40 per 10,000 FY 19/20 to 94.18 (England average) or lower
Challenges
• Recruitment of specialist trained staff when there are limited CAMHS qualified staff available. We will look to recruit wider skilled workforce i.e. Youth workers providing training and professional development. • The system continues to operate in escalation due to the pandemic and all sectors of staff under pressure. By recruiting programme management support, we aim to facilitate development at pace.

Eating Disorders

We have two Community based Eating Disorder Services (CEDS), hosted by Chesterfield Royal Hospital Foundation Trust (CRHFT) and Derbyshire Health Care Foundation Trust (DHcFT), and two support services for eating disorders with First Steps and Freed Beeches (14 years+). The services aim to reduce the negative impact of eating disorders and work towards the recovery of a child or young person by providing effective interventions as early as possible. Eating Disorders (EDs) are severe mental illnesses with serious psychological, physical and social consequences, with Anorexia Nervosa (AN) having the highest mortality amongst all psychiatric disorders. People with eating disorders commonly experience additional mental health problems, particularly depression, physical illness, difficulties in intimate relationships and the interruption of educational and occupational goals. In the UK, over 1.6 million people are conservatively estimated to be directly affected by an ED with illnesses typically starting in adolescence and young adulthood.

Children and young people (CYP) can often be deterred from seeking help for an ED due to stigma. Furthermore, a recent worrying trend is emerging that is showing that children are starting to develop eating disorders younger that have the potential to have a lasting impact on their development as they get older. The number of hospital admissions across the UK for young people with eating disorders is rising.

In recognising the potentially highly damaging physical and mental effects of EDs, it is equally important to understand the large emotional and economic burden that can be placed on parents and carers when caring for someone with an ED. People with an ED can be ambivalent about treatment even in the face of a severe illness, placing families and carers in difficult situations. Evidencing this, carers of young people with anorexia have been seen to report that they themselves have shown signs of psychological distress.

In the treatment of an eating disorder, national guidance promotes early identification and intervention to allow swift access to effective, evidence based and outcome focused treatment as being of paramount importance to improve clinical outcomes and increase the cost-effectiveness of services. If untreated, eating disorders such as Anorexia Nervosa (AN) can become more severe and lessen the chance of recovery; with research showing that recovery is less likely if untreated for 3-5 years. In treating eating disorders, research has shown that family-based therapies are effective and promote excellent long-term outcomes. Evidencing this, the relapse rates for those people who have responded well to outpatient family therapy are significantly lower (5-10%) than those for people who have been in inpatient care.

In realising the ambitions for early identification and intervention, cooperation between key stakeholders is vital and requires good relationships between groups such as commissioners, CYP-eating disorder services, GPs and school staff. By cooperating, it is important that, wherever they present, CYP with potential eating disorders are supported by professionals to receive appropriate help and support. A lack of collaboration

causes confusion, adds to the burden of children and young people and their parents or carers, and has the potential to delay recovery.

Priorities

- For specialist and community providers to work together in a more joined up way to deliver effective, evidence-based care and support to better meet rising demand.
- A commitment to continue delivering the waiting and access standard to all CYP with a suspected eating disorder in need of treatment (95% routine referrals wait 4 weeks, 95% urgent referrals wait 1 week)
- Improve and expand support for children and young people with eating disorders in the community, offering earlier interventions.

What we have already achieved

During 2020/21 there has been significant investment in the CRHFT and DHCFT CEDS to recruit additional staff to increase capacity in the services. This has included staff for mental health nursing, paediatric nursing, clinical psychology, specialist eating disorder nursing, consultants, and play specialists. We already have an agreed Derby and Derbyshire-wide specification for eating disorder services to provide intensive home support and treatment, we will be enhancing this service offer. To support the increase in disordered eating presentations on our paediatric units during Covid we have invested in Play / Youth workers to support eating and purposeful occupation, recruited specific eating disorder nurses for the ward and increased dietician hours for the multi-disciplinary team.

There has been a significant increase nationally in eating disorders including anorexia nervosa and other food restrictive disorders, and this is reflected in Derby and Derbyshire. Referrals to (CEDS) and demand on the services in 2020 and 2021 has increased, including increasingly complex and high risk cases. Both CEDS have experienced a doubling of the most serious cases during the past year. Services are delivering notably higher levels of activity than in previous years. A rise in cases is also reflected in the increased number of CYP in paediatric wards, tier 4 beds and those waiting for beds.

In 2020-21 the Eating Disorder Services in Derby and Derbyshire met the national waiting and access standards for CYP with a suspected eating disorder in need of treatment to be seen in 1 week for urgent cases and 4 weeks for routine (Tables 5 and 6). Table 5

Derbyshire Urgent Cases: The number of patients started treatment by week since referral					
>0-1 week	**>1-4 weeks**	**>4-12 weeks**	**12 plus**	**Total number of completed pathways (all)**	**% within 1 week**
39	2	-	-	41	95.1%

Table 6

Derbyshire Routine Cases: The number of patients started treatment by week since referral					
>0-1 week	**>1-4 weeks**	**>4-12 weeks**	**12 plus**	**Total number of completed pathways (all)**	**% within 4 weeks**
32	69	4	-	105	96.2%

CAMHS Specialist Eating Disorders

- The CAMHS Eating Disorder services continue to work with the hospital inpatient wards for CYP who have been admitted with eating disorders, providing input and visits to the wards, including meeting parents. There are regular MDT meetings with paediatrics teams and the input from the Eating Disorder services is very valued within the hospitals.
- Our services are part of the East Midlands Clinical Network for Eating Disorders and have been accessing the training and development opportunities that are part of that programme.
- Monthly transition meetings have been established with adult services to ensure smooth transition in care.

First Steps

- First Steps ED provides professional one to one peer support to children and young people (5 to 17 years), and counselling and psychotherapy for adults (18+) including Maudsley Collaborative Skills workshops for parents and carers. Continuing Professional Development (CPD) training for professionals, body image and psychoeducation workshops in schools, college and universities and a comprehensive weekly Recovery self-help programme of peer led groups and creative therapy activities, for all ages including parents and carers.
- 795 Derby and Derbyshire professionals have attended one or more of five CPD accredited training sessions delivered by First Steps ED covering eating disorders all ages and genders, body image and perception, nutrition and mood, compulsive exercise, sport and steroid abuse.
- 5000 copies of a new research informed Children's Book on disordered eating were printed for Derby and Derbyshire Primary Schools.
- 2020/21 national campaign focused on eating disorders in boys and men resulting in a new training tool accredited by the Royal College of GPs.

FREED Beeches

FREED Beeches[1] provides one to one support for CYP 14 years and over. FREED Beeches offers a multi-disciplinary approach consisting of psychological intervention alongside Dietetic Support for those affected by an eating disorder. FREED Beeches also offers group interventions. There is support for carers and supporting others as well as family support. FREED Beeches provides eating disorder training and information sessions to professionals such as trainee GPs, Teachers and school nurses. FREED Beeches also has a schools coordinator who provides workshops on body image and self-esteem for school children from year 5 throughout primary school, secondary school and post 16.

What we plan to do during 2021/22

- We will build on the response to rising demand on services exacerbated during the Covid-19 pandemic, using additional investment to increase staffing capacity and for staff training.
- Working with our providers, analytics, and public health colleagues we aim to better understand the specific inequalities in access to eating disorders support across Derby and Derbyshire. We will be using estimates of prevalence of mental ill health in children and young people at small area geographies to inform eating disorder position.
- Continue delivery of the waiting and access standard for all CYP with a suspected eating disorder, 1 week for urgent referrals, 4 weeks for routine referrals.
- Further development of the CEDS intensive outreach and home treatment offer which will be integrated with our CYP crisis and liaison team.

[1] A member of the group chose the name FREED; she described her illness as like being in a cage with a locked door and she needed the key to be FREED.

- Improve our offer for CYP with an eating disorder who require urgent care. We will integrate our eating disorder crisis offer within our Crisis, Liaison and Intensive Home Treatment Team response.
- Paediatric inpatient support for ED will continue, including with specialist ED play therapy.
- Using additional funding to improve avoidant restrictive food intake disorder (ARFID) awareness, diagnosis and treatment. The CCG is investing in additional clinical hours and CPD accredited training for professionals in CYP services.
- Establish a written agreement between providers in CEDS, secondary care and primary care to ensure a consistent approach to physical health checks and medical monitoring for CYP with eating disorders.
- Ensuring access for Derby and Derbyshire CYP with eating disorders to Tier 4 beds, in parallel to improving preventative and more intensive support in the community.
- Engage with the East Midlands CAMHS Provider Collaborative to ensure pathway integration with specialist tier 4 inpatient services. To improve joint working and flow between specialist inpatient care and community teams to improve CYP outcomes and experience of care.
- First Steps ED and partner's 2021/22 campaign will be focused on obesity, diets, nutrition and physical activity in mental health settings.

Eating Disorders
Ambition: To maintain the 95% eating disorder waiting time standard (1 week urgent and 4 weeks routine) whilst enhancing our community offer for CYP with eating disorders and eating problems in order to prevent escalation to medical crisis.)
Progress in 2020/21 • Agreement to one Derbyshire wide CAMHS Eating Disorder service specification. • Increased staff capacity in both north and south CAMHS ED teams. • Towards end of the year, started to implement home treatment model (significantly delayed due to Covid). • The CAMHS ED continues to see the majority of CYP on a face to face basis.
Actions for 2021/22 • Ensure in patient paediatric units had adequate ED specialist support/training. • Develop and integrate the ED crisis response with the CYP Crisis & Liaison offer. • Fully implement the CAMHS ED home treatment model service specification. • Review community pathway and agree model for integration between CAMHS ED and FREED Beeches / First Steps.
KPIs / Critical success factors • Access standard being met for 95% of urgent and routine referrals
Challenges • Increases in number and severity of ED presentations. • Staffing and recruitment are ongoing challenges, with shortages in specialist eating disorder staff including dieticians, we will look flexibly at workforce opportunities.

Young Adults

Those aged 18 to 25 years face numerous challenges in their transition to adulthood, for example employment, leaving home (or not being able to leave home), managing finances, and concerns about the future. For some these challenges are further exacerbated by limited opportunities offered to them where they live (for example transport/job opportunities/crime) or because they are a young adult embarking on leaving care. For those who experience mental health problems moving from childhood to adulthood can be a very difficult time. We also know that for CYP transitioning to adult mental health services also face difficulties, facing what is known as 'a cliff edge of care'. This is recognised as a national problem and includes, lack of care continuity, lack of training and expertise in adult services regarding working with young

adults, different thresholds and concepts of what constitutes a mental health disorder between CYP and adult services and different intensity of care provided for young adults by adult mental health services. Our CYP citizen researchers identified this 'transition' into adulthood services as a difficult time for CYP: *'We feel there should be more support for those making transitions, such as a period of overlap'*. they also suggested peer mentoring as a support structure for CYP moving from children's services to adults (MH2k 2020). However, we are also aware that not all CYP will need to transition to adult mental health services and the transition may be to another type of support structure, but support in doing so is still of importance.

Young adults (YA) have been affected differently to CYP by the Covid-19 pandemic. For some, 6th form and university has not been the experience they imagined, and some will have been affected by job losses or furlough. It will have also affected young adults' ability to access services, and access to many of the support structures, such as schools, university, college, and social care services have been limited or not available during the pandemic.

Not all CYP who attend CAMHS will need to transfer to adult mental health services. Some will no longer need any additional support, for others there will be a need for ongoing support but not from a mental health service but there will be a number that do require ongoing support, and for those CYP transition should be smooth and not include gaps in service provision due to waiting times in adult services.

As of June 2021 we know that approximately 150 young adults remained in the care of CAMHS and that 298 young adults aged 18-25 years called the all age Mental Health and Support Helpline in the month of June (data is not available for 19/20 as the Helpline was not set up at that time). We are also aware that within Derby and Derbyshire young adults aged 20-24 are admitted to hospital because of self-harm in higher numbers than the national average.

Our vision for young adults is a person-centred, graduated approach which will offer prevention and early help interventions through to timely specialist support for more high-risk young adults. We will seek to improve YA mental health outcomes at the lowest possible level by continuing to offer self-help via access to digital mental health support, currently Kooth for under 26 year olds, access to our 24/7 mental health helpline and support service, and information via our Derby and Derbyshire Emotional Health and Wellbeing website. Our services delivering for young adults do so using the Thrive model and using trauma informed approaches. The Early Intervention in Psychosis Team works with young people from the age of 14 years to adults as part of the integrated approach.

Our aim for young adults is for them to experience a seamless transition between our CYP and adult services, supporting those young people who may need an extra helping hand to adjust to adulthood i.e. young people known to CAMHS, YOS or care leavers. Over time our locality MDT / Community Mental Health Teams (CMHTs) will work less in silo and be trained in the specific needs of young adults to be more proficient in approaches to supporting them i.e. trauma informed approaches, links to further education, employment etc. There will be new service protocols for YA, particularly focussed on transitions between CYP MH services and adult services / community offer (support will be based on need / risk, not age) and shared care opportunities will be reviewed. There is also the opportunity to develop Youth Social Prescribers or Youth Worker roles at a locality level as this rolls out into each area. We are upskilling our adult MH workforce to be better able to assist YAs. The approach will also support YAs who enter mental health services for the first time. This model supports the graduated approach to supporting YA across the Derbyshire ICS footprint and aligns to our Mental Health Community Plan (MHCP adults).

Our priorities are to:

- Better support our CYP to transition from CAMHS services to adult pathways / community support support YA with MH difficulties known to CYPMH services who do not meet adult service criteria
- Better support vulnerable YP as they move into adulthood i.e. socially vulnerable, safeguarding concerns, developmentally younger than their age
- Better support YP who are at higher risk of MH issues as they move to adult hood i.e. those with ASD / learning disabilities those who have been through YOS and YA experiencing gender dysphoria

Four high level priority groups of young adults have been identified as requiring key attention. There are also challenges of reach due to ICS geography (large rural areas). DHCFT CAMHS currently hold approximately 150 YA post 18 years where extra support is required and where transfer to suitable support is not currently possible which creates inequalities. These YA include:

1. YA with MH difficulties who do not meet adult service criteria and have borderline learning disability / learning difficulties

2. YA with a primary diagnosis ASD with social anxiety and / or other mental health disorders, our plans will develop in tandem with our Derbyshire Learning Disability and Autism Roadmap.

3. YA who are socially vulnerable, or have safeguarding needs but do not meet the threshold for adult services

4. YA on medication which requires ongoing medical responsibility, this includes for ADHD in over 18s

It will also focus on the needs of YA from rural communities, traveller communities, BAME communities, LGBT+, those with learning disabilities, YA leaving care and those known to YOS making reasonable adjustments within the offer to cater for their needs. Communications will reach specifically to these groups of CYP.

CYPMH commissioners attend the adult community mental health framework meetings and adult commissioners have been invited to the young adults task and finish group which has been set up specifically to improve transitions and tackle inequalities for those aged 18 to 25 years of age. We will also work closely with colleagues who are delivering the autism road map.

Young Adults
Ambition by 2024 To have a graduated approach of early help interventions through to timely specialist support for more high-risk young adults. To ensure there are seamless transitions from CYP to adult services with a focus on vulnerable groups (YOS/CIC/ASD/GD) and less silo working with appropriately trained workforce.
What CYP have told us is important to them: CYP have told us that the transitions from CYP to adult services is difficult.
Progress in 2020/21 2021/22 see Young Adults as a new area of focus in line with the Long Term Plan and Community Mental Health Plan ambitions in adult mental health.
Actions for 2021/22 • To ensure covid-19 recovery is on track – that we support our workforce and ensure our providers are able to focus on delivering services to young adults • To scope our young adult needs and develop plans through coproduction and partnership working • To provide training opportunities across our adult workforce for staff to better understand the needs of YA moving into adulthood and develop strategies for how to best support them. • To build on our Mental Health Community Plan YA link worker model, this has been initiated in our CMHP prototype area

• To build a young adult offer which will integrate CAMHS with the Mental Health Community Plan, including • Explore potential for peer mentoring opportunities / young adult social prescribers / link workers / Youth Workers to support the work (based on the EIP / YOS Wellbeing Youth Workers models)
KPIs / Critical success factors • Reduction in the numbers of young adults on CAMHS caseload • Evidence of co-production in our plans • Good transitions from CAMHS to adult MH pathway defined by CYP not having gaps in service due to transferring
Challenges • Changing statutory service cultures and approaches to young adults and their care

CYP Suicide Prevention

Within Derby and Derbyshire there is a multi-agency Derbyshire Self Harm and Suicide Prevention Partnership (DSSPP) led by public health, the strategy to prevent suicide is all age and as such includes CYP and young adults. This group has representatives from several key organisations, for example emergency services, CCG CYP MH, local authorities, safeguarding, transport, survivors, VCSE etc. There are robust links to crisis care and crisis helplines. This ensures a broad multi-sector joined up approach to suicide prevention.

As part of its remit, the group has a response to suicide clusters and in such circumstances '*Identifies vulnerable groups and individuals, to target prevention measures'.* Partners have developed and agreed the guidance document 'Identifying and Responding to Suicide Clusters: A Guide for Derbyshire County and Derby City' which partners adhere to. This is a key element of our suicide prevention approach. The DSSPP have a local version of real time suicide surveillance (RTSS) in place (since January 2021). In the period to 2 August there have been two deaths by suspected suicide in 10-19 year olds out of a total number of suspected suicides of 52. RTSS enables the partnership to respond quickly to any clusters or trends.

Where CYP are identified as a target group, our commissioned services will respond accordingly in close collaboration with the Derbyshire Self Harm and Suicide Prevention Partnership taking account of the inequalities that may impact.

We are aware that there are certain groups of young people who are more at risk of suicide than others, for example children in care and care leavers, females aged 15 to 17 years, LGBTQ+ and student populations (who show different risk factors for older and younger age groups – the younger being linked to bullying and academic pressures – the older age range being linked to work and financial worries). We are also aware of the links between self-harm and suicide and know that Derby and Derbyshire have higher than average hospital admissions due to self-harm 10 to 24 year olds (19-20 PHE Fingertips).

Our services and plans for children in care, our plans for improving services to young adults, our whole school approach plans and crisis plans all explicitly or implicitly contribute to suicide prevention.

We do not have data on the number of suicides and injury of undetermined event for CYP aged 10 to 19 years as the figures are so low they are repressed (please see Derbyshire Observatory – Life Expectancy and Mortality – Suicides for further details). As a result of the small data set there are no significant trends or characteristics which can be identified at a local level.

Training programmes are led through the DSSPP to ensure that those working with CYP and young adults are equipped to support CYP and know where to go for further help and advice.

In addition, the group analyses real time suicide surveillance data of suspected suicides which assists in the development of prevention plans and responses.

Suicide Prevention
Ambition: • To increase the numbers of people working with CYP and young adults who receive suicide prevention awareness training. • To respond to suicide clusters with a system approach.
Progress in 2020/21 • Suicide prevention training delivered in primary care • Suicide prevention training delivered • Mental health first aid training expansion • Support for media organisations reporting on suicide
Actions for 2021/22 • Following the completion of the Derbyshire Self-harm Review actions will be identified to take forward • CAMHS level 1 and 2 suicide awareness training across agencies including education settings
KPIs / Critical success factors • Number of education settings receiving suicide prevention training
Challenges No specific challenges are identified.

CYP Mental Health Services within Educational Settings

Since 2019 we have increased our early intervention offers to improve the emotional wellbeing and mental health of Children and Young People, parents, carers and guardians by providing an early response to emotional wellbeing and/or emerging mental health needs through low level, targeted or short-term. Partners across Education, Local Authority and VSCE partners we are delivering evidence based Targeted Early Intervention Services which provide specialist support for children and young people aged 0-17 (25 years for SEND) who are presenting with emotional and mental difficulties but do not meet the thresholds for more specialist services.

Interventions are offered face to face, group work or via digital methods. Promotion of these services is undertaken through newsletters, campaigns, social media and website signposting.

We have 6 Mental Health Support Teams (MHST) across Derby and Derbyshire, the Changing Lives service is provided by Action for Children. The MHST structure has been designed to provide opportunities for career progression and includes a Clinical Psychologist who provides supervision and developmental training to supervisors and senior clinicians strengthening the support whilst also upskilling the teams. The EMHP have the opportunity to not only progress into supervisor and other higher intensity training roles such as a Systemic Family Psychotherapist but as a system we are also working together to develop a strategic workforce plan which will enable EMHP to develop skill sets across different services and progress in further recruit to train roles within the wider system such as CAMHS which will strengthen and develop the Derbyshire workforce.

Supervision is provided via line management, and group and case management supervision. In addition the EMHP also receive case management and CPD from the internal Clinical Psychologist; this model provides a more diverse and substantive approach. Each school network has a non-case holding manager who builds and maintains relationships in schools, plans Whole School Approach activities and drives referrals.

The service works in partnership with the school community and other wellbeing services to develop a whole school approach to mental health and wellbeing. There are three key functions for the MHST are:

1. **To deliver evidence-based interventions for CYP with mild to moderate mental health problems.**

   The Education Mental Health Practitioners (EMHP) deliver mild to moderate interventions for the following

   - Training to teachers and parents to support interventions with children.
   - Brief interventions for low mood, stress and or other mood difficulties.
   - Support feelings around adjustment (i.e. managing transition, change).
   - Support for anxiety and worry – Panic, separation anxiety, Simple phobias.
   - Sleep hygiene support and advice.
   - Problem solving.
   - Auditing of school support for emotional wellbeing.
   - Consultation to school staff.
   - Offer brief parental support for behavioural difficulties.

2. **Supporting the senior mental health lead in each education setting to introduce or develop their whole school/college approach.**

   A whole school approach mapping tool has been developed to support schools (based on PHE evidence based whole school approach 8 principle to promoting emotional health and wellbeing in schools and college) to further develop how they promote the mental health and wellbeing of their pupils and the school community. The team work closely with the Designated Senior Mental Health Lead (DSMHL) in the Centre of Excellence and at each feeder school. A mapping exercise is completed to identify the principle the school would like to further develop, and the team complete an action plan and provide appropriate support to ensure the actions are effectively implemented, embedded, and sustained.

3. **Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.**

   Each Centre of Excellence has a Partnership steering group. Member representation includes school staff and LA, CCG and Voluntary services that sit within the locality of the Centre of Excellence and feeder schools and provide support for their CYP's mental health and wellbeing. The core purpose of the Changing Lives Partnership group is to deliver a joint working approach between services to provide better mental health and wellbeing support for the children and young people. The group operates as a non-statutory partnership arrangement and aims to establish a shared development agenda and explores key issues, such as:

   - The strategic vision for children's mental health and wellbeing including how the Changing Lives Trailblazer fits within this.
   - Shaping services to work more effectively together to achieve better mental health and wellbeing outcomes for children, young people and their families.
   - Sharing mental health knowledge and evidence-based practice
   - Sharing successes and challenges of practice

The Derby and Derbyshire model is a Whole System Approach which aligns to Public Health England 8 principles for promoting a whole school approach to emotional health and wellbeing and the Thrive model.

Priorities

- Continue to expand the whole school approach to prevention and early help across Derbyshire county.
- Review the impact and outcomes of the all centres of excellence.
- Expand the Mental Health Support Teams in line with NHSE investments, we expect three further teams in 2022/23 and two more in 2023/24.
- Review mental health support offer for schools in Derby in order to best meet need.
- Revisit the mental health pathway as a whole and give clear information to schools and localities regarding the offer of help.

What we have already achieved

- The Changing Lives service is accessible to 97 schools across the footprint
- Using the Emotional and Mental Health Wellbeing Audit from the Derbyshire Resource we have helped schools to review their current approach to Emotional and Mental Health, allowing them to identify strengths and areas for development. Schools considered the descriptors and recorded how they are currently meeting them. The self-assessed 'RAG' (red, amber, green) rating helped them to identify which areas need more attention in developing a whole school approach

What we plan to do next and by when

- Improve understanding, communication, partnership working and needs including Mental Health Services. Develop a pathway and policy guidance in partnership with health and education. Completed October 2021.
- Review Whole School Approach Mapping Tool in Derbyshire County. The process and model will be reviewed at the end of the year 2021 with steps to expand with Sports Development/ Active Derbyshire due to be launched Jan 2022.
- Changing Lives are working with HEE to obtain additional 12-month Recruit to Train and CWP training places to increase the skilled local workforce.
- Work in partnership with DDCCG, Public Health and Education to develop the Whole School Approach offer across the Derbyshire County footprint using evidence-based projects. Utilising funding received from Public Health which is across 4 years ensuring that the MHSTs are connected and ideas developed alongside.
- Work with partners across DDCCG, PHE, Derby City Education and Public Health teams to scope an appropriate support offer for City, prioritising schools with likely high levels of unmet need and risk factors for poor MH.

CYP Mental Health Services within Educational Settings (Changing Lives)
Ambition: • To learn from our trailblazer Mental Health Support Teams in schools to prepare for their expansion in 2022/23 • Ensure that CYP from all communities e.g. BAME, LGBTQ+ are accessing the MHST (for CYP with an MHST centre of excellence offer available)
What CYP have told us is important to them: • Face to face interventions are the preferred option • Engagement with the CYP to shape the service offer enhances their potential to access it
Progress in 2020/21 • Due to the pandemic, remote/blended offers of support are in place • Network meetings are in place which brings together system partners incuding education, VSCE and health for each school with a MHST • Targetted communications are being disseminated termly to parents/carers, CYP and professionals in collaboration with CYP

Actions for 2021/22 • Review the MHST model in anticipation of reprocurement and expansion • Work closely with education staff to identify their training needs and provide training via a Mental Health Lead Network • Increase the Whole School Approach to early interventions and connections to the wider CYPMH pathway • Work with partners across DDCCG, PHE, Derby City Education and Public Health teams to scope an appropriate support offer for City, prioritising schools with likely high levels of unmet need and risk factors for poor MH
KPIs / Critical success factors • Increase number of CYP accessing evidence based early interventions • Improvements in CYP self-reported emotional and mental health • Staff are supported with their CPD, career progression and existing staff are retained
Challenges • Recruitment to Supervisor posts due to insuffient EMHP training places Complexity of referals being received as a result of the pandemic

Whole School Approach

Recent research and evidence show that the whole school approach to promote mental health and wellbeing is one of the most effective ways to support children to improve mental wellbeing and prevent mental health problems. Whole school approaches to wellbeing are sustainable and positively impact the whole school community and many aspects of school life such as behaviour, relationships, attendance and attainment. A 'mentally healthy' school is one that adopts a whole-school approach to mental health and wellbeing. A whole-school approach involves all parts of the school working together and being committed. It needs partnership working between senior leaders, teachers and all school staff, as well as parents, carers and the wider community.

A whole-school approach is about developing a positive ethos and culture – where everyone feels that they belong. It involves working with families and making sure that the whole school community is welcoming, inclusive and respectful. It means maximising children's learning through promoting good mental health and wellbeing across the school – through the curriculum, early support for pupils, staff-pupil relationships, leadership and a commitment from everybody. Adopting a whole-school approach to mental health and wellbeing is a process, not a one-off activity. To describe a school as 'mentally healthy' involves both planning and ongoing evaluation.

As a key function to support schools with implementing the whole school approach, the Changing Lives Service has developed The Whole School Approach Mapping Tool. This is an evidence-based tool reflecting the key principles that underpin an effective whole school approach to promoting positive mental health and wellbeing. The process of auditing provides schools with an opportunity to reflect upon current provision, celebrate all the good practice already in place and consider which of the eight principles to develop further based on the self-assessment outcomes. The purpose of the tool is to provide a framework of quality standards so that schools can ensure practices are embedded and maintained in the ethos, pedagogy and culture. The tool can be used as part of a continuous journey so that wellbeing remains at the heart of the school community, helping to drive school improvement and change lives as a result.

As part of the whole school approach work, regular consultation with the Changing Lives schools helps to identify their needs and inform how best to meet the needs of the whole school community. During the first year of the trailblazer project, such consultation has informed the development of staff and whole school training resources such as mental health lead training, governor training, positive behaviour support and relationships training, anti-stigma training as well as resources such as guidance policies, newsletters for

each school phase, staff and parents/carers and workshops to provide information and support for parents/carers and families to manage their children's mental health and wellbeing.

Further Whole School Approach information including the mapping tool can be found in Appendix D.

Priorities

- Continue to work across the Derbyshire footprint, prioritising areas where there are inequalities and levels of unmet need.
- Work closely with education staff to identify their training needs and provide training via a Mental Health Lead Network.
- Continue to develop the Whole School Approach to early interventions and connections to the wider CYPMH pathway.
- Develop mental health family support materials for schools in Derby city and Derbyshire county.

What we have already achieved

- 155 Schools have bought into the PSHE Matters package and have received training. This means that schools are working in line with the new OFSTED framework and PSHE guidance for 2020 which has a strong emphasis on building relationships and health and wellbeing. Staff report feeling more confident to deliver lessons around these areas.
- 85 Schools have completed a school audit and have a named Senior Lead Teacher.
- All schools involved in Whole School Approach (WSA) are developing Mental Health policies. Schools report being more aware of the 5 ways to wellbeing and are starting to embed it into school life and promote as part of staff wellbeing.
- We have developed a peer educated training programme for Anti-stigma Ambassadors which is suitable for primary and secondary school pupils to enable them to feel confident to deliver messages around mental health and to be able to support themselves and their peers.
- We have held a School Council conference in collaboration with Derbyshire Youth Council to develop a youth mental health charter.
- This year 550 young people have been trained as Mental Health Ambassadors as part of the 'Be A Mate' programme to strengthen pupil voice.
- 25 schools including 95 young people and 30 staff attended the School Council Conference which was in collaboration with Derbyshire Youth Council which focused on improving pupil voice. The schools are currently developing Mental Health Charters with their School Councils and will report back in October so we can share ideas with other schools.
- 40 Fire Cadets have been trained to be Anti-stigma ambassadors.
- Working in partnership with Chesterfield Football Club, 25 coaches were trained as mental health ambassadors. This has raised the profile and as a result featured on ITV's Calendar news.
- An emotionally healthy schools website has been developed to provide schools with an online one-stop shop for all aspects of mental health: www.emotionallyhealthyschools.org.
- The University of Derby have created a new student placement pathway into schools, to share techniques with schools and staff to create an emotionally healthy environment. The students will come from a wide range of therapeutic programmes.

CYP Mental Health Services within Educational Settings (Whole School Approach)
Ambition: • To learn from our trailblazer Mental Health Support Teams in schools to prepare for their expansion in 2022/23 • Ensure that CYP from all communities e.g. BAME, LGBTQ+ are accessing the MHST (for CYP with an MHST centre of excellence offer available)

What CYP have told us is important to them: • Face to face interventions are the preferred option • Engagement with the CYP to shape the service offer enhances their potential to access it
Progress in 2020/21 • Due to the pandemic, remote/blended offers of support are in place • Network meetings are in place which brings together system partners incuding education, VSCE and health for each school with a MHST • Targetted communications are being disseminated termly to parents/carers, CYP and professionals in collaboration with CYP
Actions for 2021/22 • Review the MHST model in anticipation of reprocurement and expansion • Work closely with education staff to identify their training needs and provide training via a Mental Health Lead Network • Increase the Whole School Approach to early interventions and connections to the wider CYPMH pathway
KPIs / Critical success factors • Increase number of CYP accessing evidence based early interventions • Improvements in CYP self-reported emotional and mental health • Staff are supported with their CPD, career progression and existing staff are retained
Challenges • Recruitment to Supervisor posts due to insuffient EMHP training places • Complexity of referals being received as a result of the pandemic

Targeted Early Intervention

Targeted Early Intervention services are provided by a number of organisations who provide interventions to children with moderate mental health needs who are below the threshold of CAMHS but above the level of need which universal services can support. It is important that children and young people, however they first present with difficulties, are supported by professionals to receive appropriate help and support as soon as possible. The aim is to provide CYP with strategies to manage their mental health and wellbeing early which will reduce the likelihood of problems escalating and reduce the demand for statutory services late on.

The following key services form the Targeted Early Intervention offer in Derby and Derbyshire:

- Build Sound Minds
- Specialist Community Advisors (SCAs) CAMHS
- Changing Lives (Mental Health Support Teams in schools x 6 Centres of Excellence)

These services work collaboratively within the community to ensure that the offer underpins a whole system approach that links education, health and social care to improve outcomes by intervening earlier, preventing needs from escalating and reducing demand for high-cost support. We continue to focus on improving access to effective support using the ‘Thrive’ AFC–Tavistock Model for integrating services that are 'Place' based within localities.

The Future in Mind programme identified the need for a more graduated pathway of services and prioritised the commissioning of a targeted early intervention service. In June 2019 Build Sound Minds (BSM) commenced. BSM is delivered by Action for Children, the service supports children and young people aged 0-16 who are presenting with emotional and mental health difficulties but who do not meet the thresholds for more specialist services. For those aged 16 to 18 Action for Children deliver in partnership with the Derbyshire Federation for Mental Health.

The Build Sound Minds service offers the following types of support:

- Psychologically informed interventions with children/young people and families, which is focused and time limited and where a short-term intervention is indicated, as per the NICE guidelines
- Age appropriate group interventions with children/young people and parents
- Digital interventions for children and young people aged 8-14
- Individual psychological interventions (6-8 sessions)
- Telephone transition support for 16-17 year olds (who may not be able to engage with face to face)
- Access to a Family Clinic run by a Systemic Psychotherapist and a reflecting team
- Systemic Psychotherapy with individual families with a Systemic Psychotherapist
- The Blues Programme and Bouncing Back group work programmes
- Friends Resilience Train the Trainer programme for primary school staff.

The Specialist Community Advisors (SCAs) are a key element of support to professionals. The key aim of the service is to provide consultations from statutory, community and voluntary organisations, about the mental health and wellbeing of children and young people. Consultations involve the SCAs providing evidence-based, trauma informed mental health advice, ongoing appropriate support options, guidance, signposting and making on-ward referrals to targeted and specialist services. In addition, the SCAs offer free full and half day training sessions and bespoke related to Childrens mental health to empower and support professionals to extend their range of skills and knowledge in the area.

Changing Lives (Mental Health Support Teams in schools x 6 centres of excellence) and work with CYP and young adults with special educational needs up to age 25 or are a care leaver. The service works in partnership with the school community and other wellbeing services to develop a whole school approach to mental health and wellbeing. The service offers support to CYP who are experiencing any of the following mental health challenges:

- Low mood
- Anxiety
- Simple phobias
- Sleep problems
- Panic attacks
- Worries
- Managing stress
- Changing / transitioning schools
- Changing Lives also offer services to parents.

What have we already achieved

Since the inception of the Future in Mind plan we have strengthened the offer and invested into the system to ensure that there is a plethora of early targeted help as part of our graduated response.

Build Sound Minds have three multi-disciplinary teams that between them cover the whole county, one based in the North, one in the South and one in Derby city. Each team is well integrated into its local area and system, developing close relationships with the schools, Primary Care, CAMHS Specialist Community Advisors, Whole School Approach and the Derby Opportunity Area.

To ensure that there is not unnecessary duplication the BSM team does not deliver in the six educational settings that Changing Lives deliver in or their feeder schools.

The SCAs cover the whole of the Derby and Derbyshire footprint offering a range of training and / or support to the workforce, CYP and their parents and carers.

The aforementioned coverage is a significant change across our footprint, previous to the three services coverage there was a higher demand for CAMHS which was resulting in exasperation of symptoms and lengthy waiting times.

Since the inception of BSM, Changing Lives and the support of SCAs we have seen a shift in referrals to CYP mental health services. In the past GPs were the primary source for referrals, whereas now there has been a substantial increase in schools and parents making direct referrals. This suggests that CYP are receiving help earlier through our targeted, early intervention approach.

During 20/21, over 2400 children, young people and their families in Derbyshire received at least one session of support and over 1500 received at least two sessions of support from Build Sound Minds. Data has shown us that there has been a 28% increase in referrals from April 2020 March 2021.

Due to the three services working in schools, all have been impacted, and will continue to be impacted by the covid-19 pandemic. All services adapted quickly offering digital responses and also provided regular communications on how to support children and young people with managing the emotional health and wellbeing.

In addition to this, BSM worked closely with other providers to set up and staff the Targeted Intervention Community Triage (TICT) service which was set up as a response to the pandemic, utilising the expertise of our Psychologists to provide an online and telephone mental health support offer for children, young people, teachers and other school staff at a time of heightened anxiety and increasing demand compounded by decreasing capacity in CAMHS due to clinical staff self-isolating.

What we plan to do next and by when

- Ensure that BSM are supported to address increased waiting times as a result of the covid-19 pandemic.
- Review progress with the Build Sound Minds service.
- Revisits the mental health pathway as a whole and give clear information to schools and localities regarding the offer of help
- Seek to improve the community triage function across the footprint.
- Feedback and case studies from the service can be found in Appendix C.

Specialist Community Advisors

The Specialist Community Advisors play a pivotal role in early interventions, employed by CAMHS with extensive knowledge regarding the community offer. The role of the CAMH SCA is to act as an interface between early help/first contact services for children and families and Specialist CAMHS with the aims of:

- Supporting and strengthening the provision of early help through building capacity and capability within Community and Primary care staff (Health, Social Care, Education, Youth Justice and Non-statutory sectors), in relation to early identification and intervention with children's mental health need.
- Promoting the emotional health of children, young people and families in the community.
- Enhancing accessibility and equity for children and families, especially those who would not ordinarily have opportunity to seek help from statutory and non-statutory agencies.
- Identifying mental health problems early in their development, developing a coordinated response children's mental health between agencies, for example by developing a Single Point of Access.
- Facilitating appropriate access to Specialist CAMHS and other relevant provision according to level and nature of need.

- Provide face to face support for practitioners and parents, and for children and young people, by developing co facilitated group work programmes targeting social anxiety, keeping safe and cyber bullying, managing exam stress etc. according to the common needs of the children and young people in each locality.

They work closely with education services, other universal services and mental health providers to ensure that CYP have access to providers that can meet CYP aged 5-18 needs.

Targeted Early Intervention
Ambition: by 2022 • To understand how we can better meet the needs of CYP via targeted early intervention in all education settings (including universities – see links with young adults) building on previous year's work.
What CYP have told us is important to them: • CYP have told us that they want early help, when they have problems, with easy access (including digital access) in a non-stigmatising approach.
Progress in 2020/21 • Increased digital interventions and blended offer • Reduction in number of CYP accessing crisis care
Actions for 2021/22 • A review of needs and responses across targeted early intervention services (Build Sound Minds / SCA / MHSTs / Localities) • Updated service specifications for SCAs • Procurement for new early, targeted intervention services underway with a view for a provider in place on April 1st 2022.
KPIs / Critical success factors • Increase number of CYP accessing evidence based early interventions • Improvements in CYP self-reported emotional and mental health • Reduced numbers of CYP requiring crisis care
Challenges • The mental health system is complicated. Ensuring that we communicate access points and key individuals to assist education, primary care and community settings is challenging but important aspect of this work.

Digital

During 2020 /21 our digital offer has expanded as a consequence of the impact of the pandemic. Providers have expanded the availability of digital games and Apps i.e. (Luma Nova, Champions of Shenga), Kooth has seen an increase in activity hours including direct chats, therapeutic messages and non contact time i.e. case notes / clinical governance and safeguarding and all providers have delivered a blended approach with online 1 to 1 consultations and group interventions.

Priorities

- Universal access for all CYP to emotional health and wellbeing support via a digital offer
- Increase access to digital support for CYP who may not engage in other face to face offers

What we have already achieved

The CCG commissioned the Kooth service in March 2019 from Kooth PLC (as was Xenzone Ltd) on an initial proof of concept basis that would be available to all people across Derby and Derbyshire from the ages of 11-18 and up to the age of 25 for people in care.

Following the initial success of the service, this was then expanded to 11-25 for all young adults from April 2020 in recognition of the increasingly prominent all-age agenda that seeks to soften the traditional transition point that people experience moving from children's services to adult services at the age of 18.

The Kooth service contract runs until December end 2021, resulting in the need for a full procurement to take place in 2021. As demand for CYP MH support increases, it is essential that Derbyshire continues to provide a universal digital service which is easily available 24/7 to offer early interventions and support.

- Engagement and registrations with Kooth have continued to provide a hugely positive benefit to CYP in Derby and Derbyshire. Registrations can be seen in Table 7 below, and logins as one demonstrative aspect of engagement can be seen in Table 8 below.
- 2020-21 saw 3268 new registrations to the Kooth service.
- 2019-20 saw 3298 new registrations.
- There was a significant increase in logins in 2021 demonstrating an increase in usage by registered CYP.
- The feedback collected at the end of sessions regularly indicates over 90% of service users would recommend the service.

Table 7: Kooth April 2020 – March 2021

	Q1	Q2	Q3	Q4	Total/Average
New Registrations	808	639	881	940	3,268
Total Logins	7,626	6,238	7,198	10,113	31,175
Unique Young People	1,060	862	1,107	1,188	3,606
% of Young People Returning	78%	77%	78%	79%	78%
% of logins out of office hours (9am-5pm Monday- Friday)	65%	63%	71%	66%	66%
BAME	8%	7%	10%	13%	9%
% of Young People who would recommend Kooth to a friend	93%	98%	100%	98%	98%

Qwell

As well as Kooth, the CCG also commissioned the Qwell as a proof of concept from Xenzone since September 2019, a service that provides an equivalent service to Kooth for parents and carers. A key focus was on the prevention of mental ill health and the rationale behind the commissioning of the Qwell service was very much in line with that agenda. Therefore, the Qwell service seeks to ensure parents and carers can look after their own mental health and wellbeing to then be better positioned to look after the mental health of their child.

During 2021 engagement with parents and carers and a review of the project indicates that adults are accessing the service for their own mental health needs, rather than needs specific to being parents and carers. Further work is being undertaken to establish the need for an adult digital emotional wellbeing and mental health offer.

Table 8

	Q1	Q2	Q3	Q4	Total/Average
New Registrations	244	230	226	225	925
Total Logins	1,644	1,465	1,422	912	5,463
Unique Adults	266	269	256	258	N/A
% of Adults Returning	81%	76%	79%	69%	76%
% of logins out of office hours (9am-5pm Monday- Friday)	56%	52%	62%	60%	58%
BAME	9%	9%	5%	8%	8%

What we plan to do next and by when

For the current services, the focus is on continuing to ensure that young people are aware of the digital support offer available to them. This work is largely carried out by the Kooth Engagement Leads, whose role it is to provide presentations to young people and professionals, provide digital and physical promotional materials and network to ensure that the Kooth service is embedded in the local offer and network.

Since lockdown, the team have been adapting the method of promotional delivery via digital means in the most engaging manner over the lockdown period. As part of this, schools and services have been provided with time limited pre-recorded presentations that can be shown to staff and/or students at a time that suits the organisation. The time limit on the presentation means that access will only be granted for a period of weeks or months so that out of date information is controlled within the area and that CYP and adults are provided with the most up to date developments on the platforms.

Further work will be happening to engage the 18-25 population by engaging with Derby University, and those young people not in education, employment or training, through Food Banks and targeting male promotion through Fathers Groups, barbers, gyms and the Derby Team Talk project.

For procurement of the new digital CYP service, the contract award will take place in October, followed by the mobilisation stage and then the service will be live from January 2022.

Digital
Ambition: • To improve access to mental health advice, support and services through self-management apps, digital consultations and digitally-enabled models of therapy
What CYP have told us is important to them: • Accessible services aimed at CYP
Progress in 2020/21 • CYP digital mental health service available to all CYP up to 25 years • All providers have offered a blended approach to delivery
Actions for 2021/22 • Continuing to ensure that young people are aware of the digital support offer available to them • Procurement of a substantive universal digital offer for CYP, the successful digital service will start in January 2022
KPIs / Critical success factors • Increasing digital access and usage by CYP

• Choice available
Challenges • Integration with the rest of the pathway, that the digital service links robustly into the wider local offer

Health & Justice

Locally the Youth Offending Services in Derby and Derbyshire (YOS) report that CYP, who are known to them, often come with unidentified and undiagnosed health issues which include developmental issues, learning difficulties and mental health problems. It is not unusual for the multi-disciplinary team at the YOS to be the first professionals to pick up on these issues and respond. The Mental Health and Wellbeing Joint Strategic Needs Assessment highlights children and young people in the Youth Justice System as being at high risk of developing mental ill health and issues with emotional wellbeing. Evidence suggests that this group display a higher percentage of mental and physical health issues than the wider child population. Nearly a third of all 13 to 18-year-olds who offend have a mental health issue.

There is a comprehensive offer of support to CYP within YOS. There are currently three commissioned services providing emotional health and wellbeing/mental health support in our Youth Offending Services; this consists of two projects funded via the Health and Justice Board (Psychology Workers and Youth Wellbeing Workers) and CAMHS Nurses who are placed within the YOS. This provides an integrated pathway of support in the YOS with robust links to a range of other services including CAMHS and targeted early intervention services. The integrated approach has been disrupted this year due to Covid-19 as CAMHS Nurses were recalled back into core CAMHS.

The Psychologists work to an 'Enhance Case Management' (ECM) model, which is based on the Trauma Recovery Model, a seven-stage model that matches intervention/support to presenting behaviours and to underlying needs. Not all CYP at the YOS are eligible for the ECM as it is aimed at the most prolific offenders

The ECM model criteria is:

- Have committed 5+ offences in the past two years
- Have a minimum of 4 complex needs after the completion of the screening tool
- Ideally have at least 6 months remaining on their disposal

The Psychologists' focus is as follows:

1. Coordinate and deliver a brief programme of training to develop YOS colleagues' understanding of factors such as trauma and attachment and their potential relationship with offending behaviours.

2. Become part-time members of the YOS teams, offering formal consultation to YOS colleagues around specific cases and ways to approach their support package.

3. As appropriate, either signpost the avenues for direct clinical contacts or consider offering such contacts themselves when identified as being required through consultation.

The psychologist role is wider than YOS. Where a CYP consents to ECM, the psychologist will call a case formulation meeting inviting all professionals working with the CYP. This meeting is used to gather information about the young person to build a shared understanding within the professional network of the young person, to include how difficulties in attachment, trauma experiences, and neurodevelopmental difficulties may have shaped how the young person has developed, their behaviour and their views of themselves and others.

Such an understanding can aid the sequencing of interventions and identity who is best placed to deliver the work. Where YP does not consent case consultation is offerd to YOS colleagures.

The Youth Wellbeing Workers also support young people open to the YOS. These workers focus is on:

1. Building positive relationships with CYP and their families.
2. Enabling CYP to be involved in positive activities.
3. Have a clear focus on desistance for CYP.

The Youth Wellbeing Workers also support CYP post order.

Both aforementioned services work together to provide a holistic mental health support service to CYP who are known to the YOS. As a result, they contribute to improvements in quality and effectiveness of a whole system approach. Undoubtably the covid-19 pandemic has had an impact on the services; in 2021/22 work will take place the strengthen the interdependencies and MDT approach to their work as part of the recovery from the pandemic.

In 2020/21 the Psychology Project and Youth Wellbeing Workers between them show the following activity:

- 409 referrals
- 340 referrals leading to indirect case involvement
- 77 referrals leading to direct case involvement

The CAMHS Nurses provide specialist mental health input into Youth Offending Services, mirroring the Core CAMHS offer, in addition it provides consultation to the multidisciplinary team around the young person enabling YOS staff to provide the intervention required. The nurse supports the accurate identification and support of all YP open to the YOS who have a diagnosable mental health condition; this is via the mental health screening questionnaire.

The service provides in-reach to custodial settings and supports transitions to and from the secure estate, (and to adult services when required), and provides links to Forensic CAMHS and other specialist services, as required, based on the needs of CYP including the Liaison and Diversion Service which offers routine interventions and links to crisis care, if required, to every young person who attends custody (via arrest or voluntary attendance). If a child presents at sexual assault referral centres (SARC) or is referred to social care for concerns relating to child sexual exploitation (CSE) with mental health concerns identified, then referrals will take place in to CAMHS supported by consultation with the Specialist Community Advisors or CAMHS duty. The CAMHS nurse role includes liaison with other services and encourages YP to engage in pro-social activities.

Priorities

- A commitment to continue to embed links between Youth Offending Services (YOS) and community services; to ensure that young people known to YOS access effective local services to maintain and improve their emotional and mental health.
- Embed the MDT approach to mental health within the Youth Offending Services.
- Identify ongoing funding for the Psychology and Youth Wellbeing Workers to ensure that their work continues to compliment YOS.

What we have already achieved

- From April 2019 – March 2020, the cohort of young people involved with Health & Justice had a re-offending rate of approximately 14% which is significantly below the national reoffending rates for young people on community sentences. We hope to maintain or build on this but with the understanding that covid-19 may impact negatively on this ambition.
- Wellbeing Youth Worker Role April 2018 – March 2020: 143 young people across Derbyshire supported directly/indirectly by two workers.
- Psychological input to the YOS to provide interventions concerning traumatic experiences in conjunction with the CAMHS clinician.
- Continue to produce better assessments that incorporate the results of screening and learning around adverse childhood experiences (ACEs). Improved direct work with young people affected by ACE's. All YOS staff completed a post training evaluation which evidenced an increased understanding of the trauma recovery model.
- The addition of speech and language therapy interventions in County, YOS to work with the Psychology and Mental Health Clinicians, determining when difficulties are arising due to underlying developmental issues.

What we plan to do next and by when

- Funding is in place for the Psychologists and Youth Wellbeing Worker roles to continue across the Derbyshire footprint until October 2022. We aim to identify ongoing sustainable funding by April 2022 to continue this work.
- Review opportunities to widen the MDT across the footprint including the addition of Speech and Language Therapy to City and County YOS.
- Continue to review the projects on an ongoing basis (quarterly) to ensure robust service data and share this with the CYPMH Delivery Group and both City and County YOS Boards.
- Continue to upskill staff through training in ACES, LD and ASD.

Health and Justice
Ambition: • To continue to embed links between Youth Offending Services (YOS) and community services, ensuring that young people known to YOS access effective local services to maintain and improve their emotional and mental health.
What CYP have told us is important to them: • CYP have told us that they appreciate the Youth Wellbeing Workers input at the YOS which supports them in pro-social activities and emotional wellbeing.
Progress in 2020/21 • YOS CYP involved with the Health & Justice projects had a re-offending rate of approximately 14% which is significantly below the national re offending rates for young people on community sentences • YOS staff feedback that they felt better informed and able to deal with YOS CYP who had experienced trauma. • The YOS Youth Wellbeing Workers can evidence co-production with the CYP at the YOS they have supported.

- 417 cases worked with by the two Health and Justice projects.

Actions for 2021/22

- To ensure covid-19 recovery is on track and that services are supported to focus on work with CYP, the workforce is supported, that blended digital approaches are used going forward.
- To ensure that the three YOS MH Services work coherently in an integrated MDT approach.
- Identify ongoing funding for the Psychology and Youth Wellbeing Worker NHSE Health and Justice projects currently funded until October 2022.
- Evidence mental health outcomes MH for CYP at YOS.

KPIs / Critical success factors

- Maintain or increase the number of CYP at YOS receiving MH interventions.

Challenges

- There are challenges with CAMHS YOS nurse provision in the South of the county. There have been long gaps where the provision has not been in place.
- For the YOS there are challenges presented by having three different mental health provuiders who have different thresholds and services delivered across the County footprint.
- The Psychology and Youth Wellbeing Worker projects are evidencing positive impacts across agency remits, the challenge will be to agree a system approach to secure ongoing funding and evidencing, particularly for the psychologists, the mental health improvements given their consultation approach.

Emotional Health and Wellbeing Service for Children in Care and Care Leavers

Children in Care are at more risk of mental health disorders than those who are not in care. Children in care are **four times more likely** to experience mental health issues than their peers (Local Government Association). Within Derbyshire the expected prevalence is closer to 45%. (Children and Young People's Mental Health and Emotional Wellbeing Health Needs Assessment Produced by Derby City Public Health – Knowledge, Intelligence and Strategic Planning. November 2017). We also know that children in care are at risk of self-harm and suicide due to the higher risk of mental health problems, hence why this group is considered in our suicide prevention plans. Please see below for further details:

- Children in care generally have greater mental health needs than other young people, including a significant proportion that has more than one condition and/or serious psychiatric disorder.
- Children in care show significantly higher rates of mental health disorders than others (45%, rising to 72% for those in residential care, compared to 10% of the general population aged 5 to 15).
- Conduct disorders are the most common diagnosis, with others having emotional disorders (anxiety and depression) or hyperactivity and 11% are reported to be on the autism spectrum.
- While many children in care have developmental problems, two thirds have at least one physical health complaint, such as speech and language problems, bedwetting, coordination difficulties, and eye or sight problems.
- Further analysis of the ONS survey, also identified significantly higher rates of developmental disorders, such as autism and attention deficit hyperactivity disorder (ADHD), which may have gone previously undiagnosed - developmental and behavioural disorders and mental health problems in children are linked to an increased risk of placement breakdown.
- Locally we know that the percentage of looked after children in Derbyshire whose emotional health and wellbeing is a cause for concern in 19/20 was 52.7%, the England average is 37.4%. Within Derby the figure is so low that Fingertips supresses the data.

The Looking after Children longitudinal study of children and young people who remained in care for at least a year found that:

- 72% of those aged 5 to 15 had a mental or behavioural problem.
- Nearly 20% of children aged under 5 on entry into care showed signs of emotional or behavioural problems.
- Those with a higher number of risk factors may gain greater benefit from positive parenting than children with fewer risk factors.
- Children in care have greater difficulty in accessing mainstream Child and Adolescent Mental Health Services (CAMHS) because they may not have the more traditional ‘diagnoses’ which fit referral criteria, and a CAMHS review reported that there was a shortfall of professional staff with the skills and confidence to deal with mental health issues in relation to Looked After Children.

Considering the above, DDCCG, Derby City and Derbyshire County Council have co-commissioned a service to specifically meet the needs of children in care and care leavers, the Derbyshire Emotional Health and Wellbeing Service for Children in Care (DECC). The service, like all others across the footprint uses the thrive model and delivers at the 'getting more help' and 'getting risk support' levels (Appendix A). It also uses a trauma informed approach to supporting CYP and young adults.

The purpose of the DECC is to provide a high quality, evidence-based and integrated service for children, young people and their families and carers that promotes emotional health, wellbeing and resilience. Avoiding having to move from where they live is a high priority for our children and young people to ensure development and sustainment. The service is commissioned to include UASC - Unaccompanied Asylum Seeking Children, Children and Young People who have been Sexually Abused, Adopted, Care Leavers, young people displaying harmful sexual behaviour and Children on Special Guardianship Orders (SGOs). All these children will have experienced adverse childhood experiences (ACEs) and will therefore need trauma informed practitioners, who understand how to work with them most effectively. Some of these children and young people will also have additional needs such as autism or learning disabilities.

Not all the children in these cohorts will need the specialist provision that this service will offer. For some children, a lower level of mental and emotional wellbeing support will be sufficient to address their needs, and this service triages referrals according to need in order to ensure that each child or young person receives the support that they as an individual will find most beneficial. Where it is assessed that the child does not need such specialist interventions, the service will be responsible for providing supportive personalised referrals to whichever service is most appropriate.

This is an innovative service which meets the emotional health and wellbeing of children and young people who are in the care of Derby City Council or Derbyshire County Council, including work with carers to improve placement stability and to reduce the number of children in care who have to be cared for outside the area in specialist ‘therapeutic‘ homes or admitted to Tier 4 inpatients. Moving children away from their own community often has a detrimental impact on their mental and emotional wellbeing and makes it difficult for them to achieve good outcomes. This is particularly difficult for children with poor mental health and learning disabilities and/or autism.

We have close partnership working with our Local Authority colleagues in children's social care, safeguarding, the children in care team and designated nurses in order to ensure that children who are in care are nurtured. We are working with partners to improve SDQ scores for children in care and reduce the numbers of children who are placed outside the areas. We have a Joint Childrens Commissioning Strategy with Derby City Council and regularly report to the Children, Families and Learners Board.

Children in Care and Care Leavers
Ambition: by 2022 • To continue to improve the emotional health and wellbeing of children in care and care leavers
What CYP have told us is important to them: CYP have told us that that there should be specific services to meet their needs
Progress in 2020/21 • Excellent partnership working across the system during the covid-19 pandemic • Improvements in the number of Strengths Difficulties Questionnaire (SDQ) score being completed • Procurement and mobilisation of a specialist emotional health and wellbeing service for children in care and care leavers • Relevant training delivered to foster carers so that they are better able to meet the needs of their foster children due to increased understanding of ACE.
Actions for 2021/22 • To define and promote the wider emotional and mental health pathway offer available to children in care, families and carers • Establish robust pathways between DECC and other services to better integrate DECC within the Derby and Derbyshire system • To further develop the local support offer to placements, aiming to keep Derbyshire children in area • To deliver ACES / Trauma Informed practice training to practitioners and foster carers so they are better able to meet the needs of CYP
KPIs / Critical success factors • Improved SDQ scores for children in care bringing the Derbyshire average in to the normal range of 13 and below (Derbyshire average is currently16.8) • More children in care are getting the right emotional and mental health support at the right time in Derbyshire
Challenges • Increasing numbers of children going in to care and unaccompanied asylum seeking children arriving in Derbyshire who require care

Early Intervention in Psychosis (EIP)

The Early Intervention in Psychosis Team delivers to people aged 14 to 64 years who experience psychosis for the first time. The service offers NICE-recommended treatment promptly by practitioners who are trained in both CYP Mental Health and NICE recommended treatments.

The service employs youth workers, therapists and psychologists as part of its multidisciplinary staff team. In addition, the service has lived experience volunteers.

There is robust monitoring of the NHSE standards: i) waiting time (referral to treatment), ii) that the treatment provided is in line with NICE recommendations and iii) outcomes. The target is monitored daily within the service, all CYP are seen within two weeks. [National Standard 60% of people (14-65 years old) should start treatment with a NICE recommended/approved package of care with a specialist early intervention in psychosis service within two weeks of referral for a suspected first episode of psychosis.]

Pathway protocols are in place to ensure that the full range of specialist expertise in working with children and young people (aged under 18) with psychosis are available.

What we have already achieved

- The EIP services in Derbyshire have consistently met the national target for the last five years. The service was at Level 3 Compliance from April 2019.
- The service is compliant with all EIP Quality Statements.
- The EIP team workforce plan identified the training and development staff required to meet CYP needs. As a result of the plan staff have accessed training and there has been recruitment of peer lived experience workers (non-paid positions currently).
- There is clarity that for CYP experiencing psychosis the EIP Team take the lead in CYP care but work in conjunction with CAMHS.

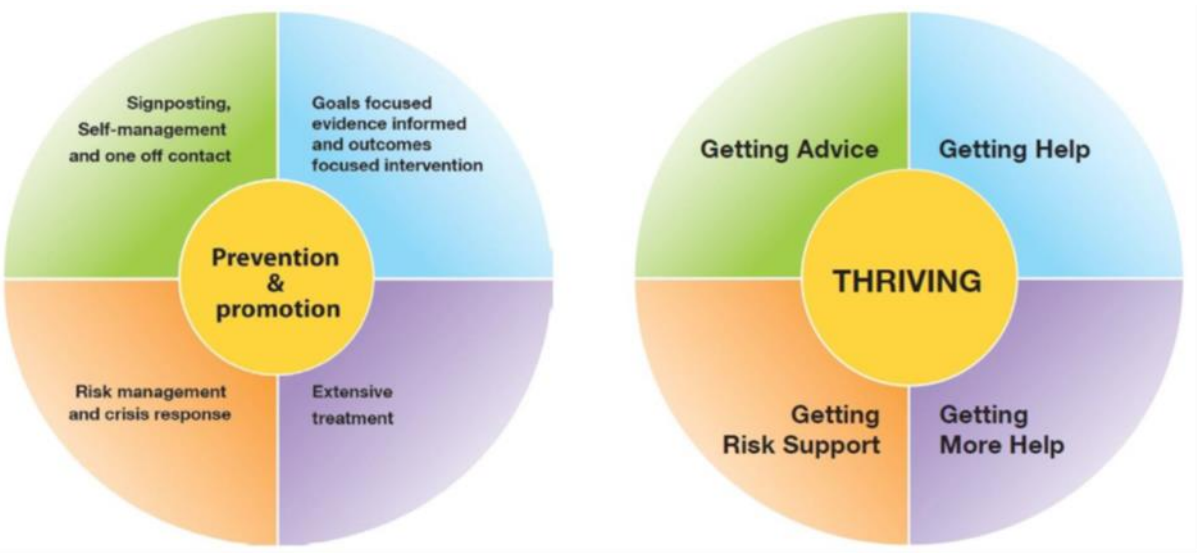
What we plan to do next and by when

- Plans are in place to ensure systm1 is in situ by December 2021, at which point SNOMED will be used.
- Look at how to pay the lived experience peer workers by March 2022.
- EIP and CAMHS are exploring how the pathway for CYP can be better supported, for example an EIP worker based in CAMHS. The outcomes of this work will be known by March 2022.

Early Intervention in Psychosis (EIP)
Ambition: • To deliver the Early Intervention in Psychosis standard focusing on 14 to 25 year olds - 60% of people (14-65 years old) should start treatment with a NICE recommended / approved package of care with a specialist early intervention in psychosis service within two weeks of referral for a suspected first episode of psychosis.
What CYP have told us is important to them: • CYP asked to be listened to and that the service meets their needs and supports them.
Progress in 2020/21 • Sustain the national target, the service was at Level 3 Compliance. • The service is compliant with all EIP Quality Statements. • Lived experience peer workers have been appointed.
Actions for 2021/22 • Plans are in place to ensure systm1 is in place by December 2021, at which point SNOMED will be used. • Move the lived experience peer workers from voluntary to paid positions • Further develop the EIP & CAMHS pathway to ensure CYP are better supported in CAMHS
KPIs / Critical success factors • Continue to meet the 2 weeks from assessment to treatment target
Challenges • There is currently a year's waiting list for staff to begin therapist training for those that wish to expand their skill set.

Appendix

Appendix A Thrive Model for CAMHS (Anna Freud Centre and Tavistock and Portman NHS, 2014)



Getting Advice: Within this grouping would be children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intervention is within the community with the possible addition of self-support. This group may also include, however, those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

Getting Help: This grouping comprises those children, young people and families who would benefit from focused, evidence-based treatment, with clear aims, and criteria for assessing whether aims have been achieved. This grouping would include children and young people with difficulties that fell within the remit of NICE guidance but also where it was less clear which NICE guidance would guide practice.

Getting More Help: This grouping comprises those young people and families who would benefit from extensive long-term treatment which may include inpatient care, but may also include extensive outpatient provision.

Getting Risk Support: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children and young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference, or who self-harm, or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.

Appendix B – Workforce and Training Feedback

From feedback data:

Accessiblity

82% identified that they prefered learning virtually

Time management

66% idenified that learning virtually was a better use of time

Sustainability/home environment

49% identified that they perferred virtual learning to support the above

Impact with examples

Reducing Parental Conflict sessions

Family Liaison Worker

Embark Federation

'As a result of your Early Help roadshow this week, it inspired me to contact our Trust Leaders at Embark and they are really supportive and agreed to have our first gathering tomorrow at Aldercar Infants for all of our workers employed in early help over the 12 schools to meet, share working practice and work as a team moving forwards. We have school health attending as I am keen to work on strong face to face relationships however this has not been possible due to Covid restrictions.'

Science of Happiness

Attendees knowledge of the skills and strategies to supoprt self and clinets with self regulation and emotional intelligence increased from an average rating of 2.77 to 4.19 at the end of the session, this is an increase of 1.42 rating

'*I came away very enthusiastic for how I can use these tips in real life and with my clients,'*

Foster Care Conference

'Fantastic conference, content was thought provoking and will make me consider a more person centred approach'

'Always look for the positves in a young person'

SENCo sessions – 5 sessions fortnightly attended – 75 schools attended

'Thank you, very thought provoking'

'I will share the learning with my colleagues back at school'

Acting Head of SEN Derbyshire

'I think they are really good. The balance of being brilliant, self-awareness, self-care and working with children with SEND and how this applied to them and their learning and brilliance is spot on for me. Disappointing that we have a number not attending but we found the same thing with free CPD. Good to see the number of attendees at session 2 was very similar to session 1 which is positive. Personally I liked the opportunity for a little group discussion in session 1 which was not in session 2 but that's a personal view.'

International Day Against Homophobia, Biphobia and Transphobia (IDAHOBIT) Session

'knowledge of mental health and the impact on LGBT children'

'Better understanding of the LGBT language and the use'

Holly House special school- Boost club - from attending emotional health and wellbeing sessions – this school has now initiated a monthly parent group for the school

Just a quick update from our first BOOST parents virtual session.

'We couldn't have wished for it to go any better. All the parents (5) were so thrilled to have the opportunity to take part in the introductory session. They all openly spoke about their feelings, hopes and wishes, and all were thrilled to feel wanted.'

Monthly Mindfulness sessions

For the last Friday in every month we have offered a mindfulness session – these have been very well attended with approx 70 attendees each

Art of Brilliance

'This training course is an absolute must for all foster carers , it has inspired me to be a more positive carer'

Early Years Worker

'What a brilliant hour! I've truly had quite a hard year work wise and personally and tonight genuinely made a difference for me. Its made me feel proud of myself for carrying on when I really felt like just giving up and has affirmed the changes I need to continue making to keep myself happy and healthy.'

Appendix C – Early Targeted Intervention Services Feedback and Case Studies

Feedback on the impact on our service has included the following

"A service which can save children's lives" Quote from young person.

"I'm 100% more happier than I was before starting the Blues programme. My confidence has risen and life feels a lot better. Before coming to these sessions I have been going through it but you have given me the tools to help me get through that. Thank you." Quote from young person.

"I have loved this programme. It has helped me with mental health issues, and made me feel stronger about myself as a person and not care what people think about me." Quote from young person.

"It's great! It helped me control my fears of failing." Quote from young person.

"I just wanted to say thank you for today and how welcome I have felt. I am glad it is you both doing this and I can't wait until next week. Being here has calmed me down and helped me understand my emotions." Quote from young person.

"When I got invited to this 10 week course, I truly thought it would be a waste of time. I believed there would be nothing I would get out of this course, nor would there be anything to learn from and use in my parenting. I have 3 children and was certain they would be teaching me to suck eggs. How wrong was I!! . I was very nervous as I'm sure other people were too but was soon made to feel at ease and quickly realised that I wasn't alone in my struggles as a mum.

I have honestly brought back and learnt so much from this course. It's made me think about my every day parenting methods and think from outside the box. Which is something I didn't even think i needed to do. My relationship with my 7 year old son has improved immensely in the short weeks I've been going and I can't wait to see what else I can take home from it.

I will genuinely be sad when the 10 weeks is up. Not only because it's completed, but its forced "me time" which as a mum of 3, very rarely happens. If you are in doubt about attending this course, please just give it a go. You will be amazed what you can learn, even if you're like me and believed it will be a waste of time. Plus the toast and cups of tea are worth it too!" - Feedback from a parent who attended our Solihull programme.

"Thanks again for the time you've spent talking to me today, it really has highlighted that I must be doing something right but my methods just need a few tweaks to give M the help that she needs ☺" Quote from a parent.

Case Study

We received a referral for a 14-year-old boy from an advance nurse practitioner. The referral explained that he was struggling with "school-based anxiety" which was in turn impacting him emotionally and academically, and his behaviour at home.

The triage assessment was completed with mum, who outlined the issues at school and explained there had been a breakdown in communication between the family and the school. The young person was diagnosed with ASD in 2017. He likes to be in control of his environment and doesn't always understand when he can't be, he struggles socially and calls his mum on a daily basis for reassurance. Mum wants him to have coping strategies to help him and them to cope with everyday life.

I completed a home visit where I met mum and the young person. Mum again explained that she would like her son to gain tools and have things in place for the future. She wants him to learn how to deal with different situations and be able to move on from things more easily.

Throughout our 1:1 sessions (which took place in school) the young person engaged well and took the strategies on board. The therapeutic relationship was vital as he took time to open up and trust me. Mum had explained that he hangs on your every word and takes everything literally so this was something I was

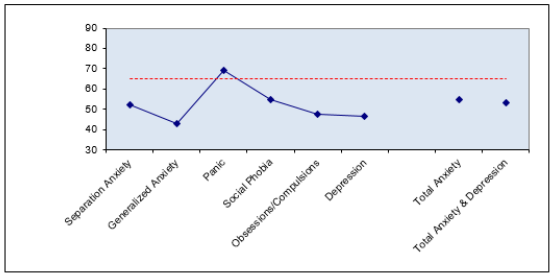
aware of. We initially looked at the link between our thoughts, feelings and actions. We then looked at strategies to change our negative thoughts and come up with a counter balanced new thought. He practiced this between sessions which helped. Communication between the family and school improved during our sessions too.

At the final home visit we reviewed his progress and discussed the progress seen on the RCADs (See below). Both the young person and his mum were very pleased with the progress he had made. On the feedback form mum commented on my friendly approach and the fact that I took the time to listen. The young person said they would recommend our service to a friend and that he had found it helpful.

Child Pre RCADs

Gender =	boy	(boy or girl)
Grade =	9	(3 - 12 only)

Scales	Raw Scores	T Scores
Separation Anxiety	3	52
Generalized Anxiety	5	43
Panic	10	69
Social Phobia	14	55
Obsessions/Compulsions	4	48
Depression	6	46
Total Anxiety	36	55
Total Anxiety & Depression	42	53



Appendix D - Whole School Approach

Whole School Approach

To develop a rolling programme giving schools the opportunity to apply for a grant of up to £1000 to develop and implement/further develop a whole school approach to identify and address children and young people's emotional and mental health needs.

What do we mean by a whole school approach?

A whole school approach involves planning and progressing aspects of emotional health and wellbeing across all areas of school life. Developments that are coherent, well-coordinated and embedded in school practices are more effective in bringing about change than those which focus on only one or two areas.
The eight principles of a whole school approach include:

1. Leadership and management that supports and champions efforts to promote emotional health and wellbeing.
2. An ethos and environment that promotes respect and values diversity.
3. Curriculum teaching and learning to promote resilience and support social and emotional learning.
4. Enabling student voice to influence decisions.
5. Staff development to support their own wellbeing and that of others.
6. Identifying need and monitoring impact of interventions.
7. Working with parents/carers.
8. Targeted support and appropriate referral.

(The eight principles of the whole school approach is taken from 'Promoting Children and Young People's Emotional Health and Wellbeing - a Whole School and College Approach' published by Public Health England and the Children and Young People's Mental Health Coalition March 2015.)

The Emotional and Mental Health Whole School Audit (pages 5-7 of the link below) was written to help schools to review their current approach to Emotional and Mental Health, allowing school leaders to identify strengths and areas for development.

The Emotional and Mental Health Resource for Schools (see link below) was developed alongside this audit tool to help support and develop an action plan.
https://www.derbyshire.gov.uk/images/DCC%20Emotional%20and%20mental%20health%20toolkit%20(2)_tcm44-286729.pdf

In December 2017, the Department of Health and the Department of Education published "Transforming Children and Young People's Mental Health Provision: A Green Paper" which suggests a whole school approach, with commitment from senior leadership and supported by external expertise, is essential to the success of schools in tackling mental health and suggests a member of staff from every school has mental health awareness training.

One hundred and eighteen schools applied for grants. The process involved was to audit their provision and in consultation with their whole school community develop an action plan.

The action plan was submitted and checked by a panel to ensure it included offers and up to date information from the local offer. For example, signposting to CAMHS Special Community Advisors and Mental Health First Aid Training etc. The first £500 was released.

‘I can’t believe we have the money to develop our outdoor space, physical activity and active learning is so important for our early years setting, this money will really help to develop our Forest Schools area and provision, thank you.’ Head teacher.

The schools worked on their actions for 6 months and then sent a progress report to highlight and identify what they had achieved and areas for further development. This was highlighted as Red, Amber or Green. The second £500 was then released.

What have we achieved?

The Gardening Project

Forging relationships, bringing a sense of belonging and great enjoyment

Grandparents and children

Reducing isolation and loneliness, increasing physical activity

Increasing student knowledge and practical skills, improving communication and interpersonal skills

Promoting active community involvement in school life

The Atlantis Room

Quiet, calming area

Time out during the school day

Personalised support from the school's learning mentor

Providing emotional support to aid better learning

"I was sad at the beginning but relaxed and felt happy at the end of my time in the Atlantis room." (Y5)
"It helps if you feel stressed or distracted." (Y6)

Empowering Student Voice

Established student Wellbeing Ambassadors

Addressing the barriers to wellbeing

Making the wellbeing messages meaningful to students

Providing more opportunities to 'connect' and 'keep learning'

Creating time away from social media, talking to each other; developing relationships

See the presentation on the link below for more examples of how Derbyshire schools have developed their practice as part of their whole school approach.
https://dnflorg.sharepoint.com/:v:/g/ICTcurriculumsupport/EY5HHjjldjFIiVIH3OboZiEB72hSNsNrIRT2GWcDYFf8KQ?e=T4yowJ

NHS
Derby and Derbyshire
Clinical Commissioning Group

MINUTES OF PRIMARY CARE COMMISSIONING COMMITTEE

PUBLIC MEETING

HELD ON

Wednesday 22nd September 2021

Microsoft Teams Meeting 10:00am – 10:30am

PRESENT

Ian Shaw (Chair)	**IS**	Lay Member Derby & Derbyshire CCG
Niki Bridge	**NB**	Deputy Chief Finance Officer, DDCCG (for CFO)
Jill Dentith	**JeD**	Lay Member Derby & Derbyshire CCG
Steve Lloyd	**SL**	Executive Medical Director Derby & Derbyshire CCG
Clive Newman	**CN**	Director of GP Development Derby & Derbyshire CCG
Marie Scouse	**MS**	AD of Nursing & Quality Derby & Derbyshire CCG (for CNO)

IN ATTENDANCE

Hannah Belcher	**HB**	AD GP Commissioning & Development Derby DDCCG
Kath Markus	**KM**	Chief Executive Derby & Derbyshire LMC
Jean Richards	**JR**	Senior GP Commissioning Manager DDCCG
Ged Connolly-Thompson	**GCT**	Head of Digital Development
Pauline Innes	**PI**	Executive Assistant to Dr Steven Lloyd DDCCG

APOLOGIES

Richard Chapman	**RC**	Chief Finance Officer
Judy Derricott	**JDe**	Head of Primary Care Quality Derby & Derbyshire CCG
Simon McCandlish	**SMc**	Deputy Chair, Lay Member, Derby & Derbyshire CCG
Abid Mumtaz	**AM**	Service Commissioning Manager Public Health, Derbyshire County Council
Brigid Stacey	**BS**	Chief Nurse Derby & Derbyshire CCG

ITEM NO.	ITEM	ACTION
PCCC/2122/132	**WELCOME AND APOLOGIES** The Chair (IS) welcomed Committee Members and members of the Public to the meeting. Apologies were received and noted as above. The Chair confirmed that the meeting was quorate.	
PCCC/2122/133	**DECLARATIONS OF INTEREST** The Chair informed members of the public of the committee members' obligation to declare any interest 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 Primary Care Commissioning	

	Committee are listed in the CCG's Register of Interests and included within the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk Dr Steven Lloyd Executive Medical Director and Clive Newman Director of GP Commissioning declared a conflict of interest with agenda item PCCC/2122/135 St Lawrence Road Surgery, PMS Contract Variation request. The Committee noted that Dr Steven Lloyd is a Partner at St Lawrence Road Surgery and Clive Newman's Spouse is the Chief Executive Officer, DCHS. The Committee agreed that Dr Lloyd and Clive Newman would withdraw from the meeting for this agenda item and return to the meeting once a decision has been taken. The Chair declared that the meeting was quorate.	
FOR DECISION		
PCCC/2122/134	**PRIMARY CARE COMMISSIONING COMMITTEE TERMS OF REFERENCE – MID-YEAR REVIEW** Ian Shaw (IS) provided an update from the shared paper. The Primary Care Commissioning Committee (PCCC) Terms of Reference are to be reviewed by members as part of their mid-year review. There have been two amendments to the document within paragraph 3 (Role of the Committee), which are shown in tracked changes: • the removal of paragraph 3.4, detailing the committee's responsibility for the Recovery and Restoration Plan, which has now been stood down; and • inclusion of paragraph 3.6, which details the role of PCCC in overseeing the transition of the committee to the Integrated Care Board. **The Primary Care Commissioning Committee NOTED, RECEIVED and APPROVED the Primary Care Commissioning Committee Terms of reference.**	
PCCC/2122/135	**ST LAWRENCE ROAD SURGERY - PMS CONTRACT VARIATION REQUEST** Hannah Belcher (HB) provided an update from the shared paper. The paper was taken as read and the following points of note were made. The Committee is requested to: • Receive an update on the patient and staff engagement following the agreement in principle at the July confidential meeting to the contract variation from 1st October 2021. • Note that all patients have been sent a letter to notify them of the changes to the contract (Appendix 1) • Confirm approval of the contract variation for the addition of new partner - Derbyshire Community Health Services (DCHS) to the St Lawrence Road Surgery PMS contract via a PMS contract variation with effect from 1 October 2021 following the patient and staff engagement.	

	• Note the change to the partnership model and DCHS plans to purchase the premises at St Lawrence Road on 1 October 2021. • Note that the current partners will stand down from the partnership, with Dr Steve Lloyd leaving the practice immediately. DCHS will then remain as the sole partner for the practice. HB reported that most of the comments has been around the sadness of the changes however with a understanding of the reasons why. Several comments focused on how staff would be affected nevertheless on the whole feedback received has been very positive. There are a few concerns that DCHS will need to address over the coming months to provide reassurance to patients around changes and that standards will not reduce in the service that has been provided.. A meeting has been arranged to take place on Thursday 23rd September 2021 which is being led by the Partners which patients have been offered the opportunity to join. There have only been a few patients that have shown interest to attend with several patients asking for information afterwards. . HB reported that an update will be provided in six months to provide the Committee with reassurance. Jill Dentith (JeD) supports the proposal stating that there is a need to ensure due process has been followed and that the patients are engaged with the process, which is positive noting that where comments are received, they are responded to. In terms of other partners and PCNs enquired how they are been kept engaged in the process. HB explained that DCHS are a member of that PCN therefore and one of the remaining partners will be the clinical lead and provide supervision to the GPs. The existing practice manager will continue to link with the PCN meetings. **The Primary Care Commissioning Committee NOTED, RECEIVED and APPROVED St Lawrence Road Surgery – PMS Contract Variation Request.**	
	FOR DISCUSSION	
	No Items for discussion	
FOR ASSURANCE		
PCCC/2122/136	**FINANCE UPDATE** Niki Bridge (NB) presented an update from the Month 4 Finance report shared paper. The paper was taken as read and the following points of note were made. Key points of interest: • The CCG achieved all its statutory duties for Month 4 including remaining within its allocations for Primary Care Co-commissioning • The position for the CCG showed an underspend of £400k and for the year end a breakeven position is expected • Reimbursement has been received for COVID expenditure and for the elective recovery monies to help support recovery • £2m of the £4.2m has had to be used which was set aside for part one of the financial year to ensure the CCG can balance the budget • There are two or three hotspots that are running through the position now which relate to CHC and fast tracks and to Section 117 and high-cost patients. Within the fast track the process is being reviewed due	

	to concerns with the discharge process being used inappropriately. It was noted that work is ongoing with partner colleagues to understand referral processes to address this concern. Further work is also being undertaken with Section 117 to understand some of the concerns around process and market management where there are very high expenditure packages. Jill Dentith (JeD0 referred to prescribing costs for primary care asking if we are ahead or is data still being closely monitored. NB explained that the team remain to keep a close eye on the data stating that a reduction has been seen in the cost of some of the CATm and CSO's. Ian Shaw (IS) referred to COVID-19 monies questioning if costs are being fully covered or are the organisation receiving a contribution. NB explained that within allocation for H1 there is a level of covid expenditure within the budgets not spending as much due to there being a lot of non-recurrent expenditure in 2020 as opposed to 2021. The other posts of monies received are around hospital discharge which is still in place whilst patients are being assessed. Monies are not been exceeded or alternatively being reclaimed. The Committee noted that the Month 5 financial position has not yet been reported to the Governing Body and so will be reported to the public session of the PCCC at the next meeting taking place on 26th October 2021. **The Primary Care Commissioning Committee NOTED and RECEIVED the update on the DDCCGs financial position for Month 4.**	
PCCC/2122/137	**RISK REGISTER EXCEPTION REPORT** Hannah Belcher (HB) presented an update from the shared paper. The paper was taken as read and the following points of note were made. **Risk 04A:** ***Contracting****: Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care –* ***Risk Score 16*** **Risk 04B:** ***Quality:*** *Failure of GP practices across Derbyshire results in failure to deliver quality Primary Care services resulting in negative impact on patient care.* ***Risk Score 20*** HB recommended to the Committee that there are no changes to the risks, whilst it is acknowledged that the risk in General Practice remains to be high around the COVID and flu vaccine stressing however this particular risk is being high and it is not recommended there are any changes to the scoring. Jill Dentith (JeD) stated that there is a need to ensure that this is the correct level of scoring. HB explained that both risks are regularly discussed in the Primary Care meetings stating that the actual risk has not altered due to there being no increase in requests for financial assistance and any additional support linked to the risk of practice closure, . **The Primary Care Commissioning Committee NOTED and RECEIVED the update on the two outstanding risks and:** • **AGREED that the scores remain unchanged** • **REQUESTED that the scores are reviewed monthly**	
FOR INFORMATION		

	There were no items for Information	
MINUTES AND MATTERS ARISING		
PCCC/2122/138	**Minutes of the Primary Care Commissioning Committee meeting held on 25th August 2021** The minutes from the meeting held on 25th August 2021 were agreed to be an accurate record of the meeting.	
PCCC/2122/139	**MATTERS ARISING MATRIX** There are no outstanding actions on the Action Matrix.	
PCCC/2122/140	**ANY OTHER BUSINESS** There were no items of any other business	
PCCC/2122/141	**ASSURANCE QUESTIONS** Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? **Yes** Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? **Yes** Were papers that have already been reported on at another committee presented to you in a summary form? **Yes** Was the content of the papers suitable and appropriate for the public domain? **Yes** Were the papers sent to Committee members at least five working days in advance of the meeting to allow for the review of papers for assurance purposes? **Yes** Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? **No** What recommendations does the Committee want to make to Governing Body following the assurance process at today's Committee meeting? **None**	
	DATE AND TIME OF NEXT MEETING	
Wednesday 27th October 2021, 10:00-10:30am via Microsoft Teams Meeting		

NHS
Derby and Derbyshire
Clinical Commissioning Group

MINUTES OF QUALITY AND PERFORMANCE COMMITTEE
HELD ON 30th SEPTEMBER 2021, 9AM TO 10.00AM
MS TEAMS

Present:		
Dr Buk Dhadda (Chair)	BD	Chair, Governing Body GP, DDCCG
Brigid Stacey	BS	Chief Nurse Officer, DDCCG
Jackie Carlile	JC	Head of Performance and Assurance -DDCCG
Alison Cargill	AC	Asst Director of Quality, DDCCG
Carolyn Green - for deep Dive into Mental Health pathway	CG	Chief Nurse, DHCFT
Dr Steve Lloyd	SL	Medical Director - DDCCG
Simon McCalandish	SMcC	Lay Member, Patient Experience
Sarah MacGillivray	SMacG	Head of Patient Experience, DDCCG
Andrew Middleton	AM	Lay Member, Finance
Nicola MacPhail	NM	Assistant Director of Quality (CHC, Care Homes, End of Life & Personalisation)
Suzanne Pickering	SP	Head of Governance- DDCCG
Dr Emma Pizzey	EP	GP South
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Phil Sugden	PS	Asst Director of Quality & Named Patient Safety Specialist
Dr Merryl Watkins	MWa	Governing Body GP, DDCCG
Helen Wilson	HW	Deputy Director Contracting and Performance - DDCCG
Martin Whittle	MW	Vice Chair and Governing Body Lay Member, Patient and Public Involvement, DDCCG
In Attendance:		
Jo Pearce (Minutes)	JP	Executive Assistant to Chief Nurse, DDCCG
Apologies:		
Laura Moore	LM	Deputy Chief Nurse, DDCCG
Zara Jones	ZJ	Executive Director of Commissioning Operations, DDCCG

Item No.	Item	Action
QP2122 /099	**WELCOME, APOLOGIES & QUORACY** Apologies were received as above. BD declared the meeting quorate.	
QP2122 /100	**DECLARATIONS OF INTEREST** BD reminded committee members of their obligation to declare any interest 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 Quality and Performance Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk <u>Declarations of interest from sub-committees</u> No declarations of interest were made. <u>Declarations of interest from today's meeting</u> No declarations of interest were made.	
	BD confirmed that the meeting will be conducted in a more abbreviated form. Some of the papers have been listed on the agenda for information only and Committee members were asked to submit questions relating to the papers before the meeting. Responses to the questions were circulated to the Committee members prior to the meeting and are included within these minutes. The questions are being collated for future reference if needed.	
QP2122 /101	**Deep Dive into the Mental Health Pathway** CG acknowledged that there have been questions from the Committee around waiting times and capacity and referred to the data that has been provided within the paper. CG then went through the pertinent points : o Adult community services is comparable to the rest of the country. There were some upsurges during lockdown, but intermittent changes are being seen.	

	○ Psychological surge is starting to increase. ○ Referrals are highlighting an increase in social deprivation, digital poverty, individuals with Autism fare less well and elevated rates of domestic and childhood violence. Significant levels relating to alcohol and extreme violence of people not open to MH services. ○ In terms of single point of access, the only area seeing an increase is the High Peak. This is in the crisis team and Primary Care. ○ There is a national increase in requests for autism assessments and neurodiversity assessments. This has been increasing for the last two years. ○ Funding for a new autism strategy will be used to manage the assessment waiting lists. CG would like to work collaboratively to negotiate the release of the funding before the expected date of April 2022. ○ Ongoing increases in children and young peoples eating disorders across the country. ○ Increase in births in the perinatal services. ○ Older people services are showing mixed activity and the memory assessment service has been reinstated. All assessments were completed virtually but there is still some recovery work to be completed. ○ Recruitment for older people's services is going well and it is hoped that the waiting list for dementia services can be recovered. ○ Mixed activity in CAMHS and Childrens services , referrals remain stable however the acuity is increasing. ○ The investment into Primary Care early help psychological intervention in CAMHS has paid dividends compared to the rest of the country. ○ It is expected that over the next 3 years there will be the need for more CAMHS services. The question raised is how quickly workforce can be increased and developed in knowledge to support this. ○ CQC colleagues were surprised at the psychology waiting lists being either maintained or reduced. This was due to retaining a large quantity of the workforce. ○ Crisis Team and crisis capacity remains stable. There has been investment into safe havens. There is evidence of their positive impact. ○ Some pilot work has been done around crisis houses for individuals with autism. ○ There are plans in place for a PICU on the Kingsway site which will have gender specific offers. The committee then raised the following comments / questions. MWa noted the difficulties in getting a patient referred to the Community MH Team who is neither low level nor in crisis, but somewhere in between. CG agreed to take an action and ask Derby City colleagues and the drug and alcohol team to look for any themes and then to feedback to MWa.	

	MWa raised concerns around children, with numerous patients waiting months, teenage girls in particular. EP made comment that IAPT is working well in Erewash, waiting lists are decreasing however it would be beneficial for some patient to have face to face appointments. The main concern for EP is around children, stating that she has not had success in referring a child to CAMHS in the last few years. CG noted this was an interesting comment as Derbyshire has the highest level of acceptance of CAMHS referrals in the country at 99%. MW referred to the transition from CAMHS to Adult services and asked about the offer in Derbyshire. CG replied to say that the offer has improved over the last 5 years. There has been a national aspiration to develop a 18-25 age group transition however this has not been mobilised. As capacity increases this area needs to be revisited. The segregation of services and multitude of providers does not help and has resulted in a disjointed model of care. It was agreed that CG would bring a further update back to the Quality and Performance Committee in either December 21 or January 22.	
QP2122 /102	**Integrated Report** The report was taken as read and there were no questions raised by the Committee members. **Activity Report** The paper was taken as read. HW noted that activity has continued at high levels over the summer months with challenges in ED and Urgent Care. Recently there has been a small number of cancellations for electives due to a surge in demand. Over the past two weeks there has been a decline in COVID-19 related admissions. It is thought that COVID occupancy will continue but at manageable levels. BD **APPROVED** the Integrated Report.	
QP2122 /103	**Update on Breast Pain Pathway** Feedback received from the Breast Pain Pathway team is around the disappointment in the numbers of patients flowing through the pathway. The service has been in place since 1st June 2021, and it is hoped that once embedded the numbers will improve. There has been a spike in breast referrals, but despite this both Trusts are achieving their 31-day first diagnosis to treatment targets and 28-day faster diagnosis targets. In terms of 62 day waits there	

	were 3 patients who waited over 72 days, 2 of the patients were due to patient choice and 1 patient was due to complexities. There was comment around the GP's awareness of the pathways and BD suggested circulating information on the pathway to the Clinical Directors of the Primary Care Networks. **ACTION** - It was agreed that the Breast Pain Pathway team would provide a further update to Quality and Performance Committee in 3-4 months' time – JP will add to the forward planner.	**JP**
QP2122 /104	**GBAF Q2** The paper was taken as read. The Quality and Performance Committee Task and Finish Group met on 21st September 2021. The group reviewed and challenged the updated Quarter 2 strategic risks 1, 2 and 6, and agreed the updates for presentation to the Quality and Performance Committee on 30th September 2021. The Committee noted the contents and approved the paper.	
QP2122 /105	**RISK REGISTER** The paper was taken as read. As of September 2021, Quality and Performance Committee are responsible for 15 quality and performance risks with 3 of these risks rated very high (red). There has been no movement on the risk rating this month. The Committee noted the contents and approved the paper.	
QP2122 /106	**SEND UPDATE** The paper was taken as read. This is the first annual report on SEND. It aims to provide assurance and inform senior leaders across Derby & Derbyshire about functions and accountability of the CCG in relation to children and young people 0-25yrs with Special Educational Needs and/or Disability (SEND), including the work that has taken place over the last year, the risks and mitigations. This includes progress against statutory functions of the CCG and other non-statutory activity. Challenges Identified 1. Preparation for the Joint Ofsted & CQC Local Area SEND Re- Inspection in Derby City 2. Adult service engagement with SEND statutory duties	

	3. Provider capacity for contribution to EHCP process as this continues to increase across both city and county local areas 4. Provider workforce capacity & skills to contribute to Single Route of Redress tribunals 5. Quality assurance of provider contribution to EHCP and Annual Review process Key Priorities 1. SEND Governance arrangements within the new ICS including arrangements for Glossop CYP, following the announcement of Glossop inclusion in Derby & Derbyshire ICS. 2. Identification of Executive leads for SEND within all provider organisations SEND **3.** Re- establishing provider reporting of SEND KPI data and quality measures flow. CCG BI capacity to draw together this data and CCG data into the Health SEND data dashboard. BS also informed Committee members that the CCG were subject to a joint CQC SEND inspection in 2018 where it was identified that significant improvements were required. CCG colleagues have been instrumental in the work to carry out the improvements and the CCG have been notified of a reinspection w/c 4th October 2021. The Committee noted the contents and approved the paper.	
QP2122 /107	**JUCD QEIA** The paper was taken as read. JUCD QEIA Panel activity has previously been reported to the System Quality and Performance Group. However, with the current move to formal ICS structures it was decided that, as an interim measure, reporting would be to this committee. This is intended to provide a robust and established formal reporting and escalation route until such time as terms of reference including the scope of role and remit of ICS committees are in place. The report includes a revised ToR and details of the business decisions made by JUCD QEIA Panel between 10.03.21 and 24.08.21. BS asked if all providers were engaging in the QEIA process. SM responded to say that the only ongoing challenge is with the Local Authority who have their own processes which focus more on the Equality Impact rather than the Quality Impact. Despite the challenges SM assured the Committee that she will continue to attempt to engage and build relationships with the Local Authority.	

	BS emphasised that the reason this paper is coming to quality and Performance is to have oversight during the transition to the ICS. Over the next couple of months conversations will be needed around the transition of the CCG Quality and Performance Committee. The Committee noted the contents and approved the paper.	
QP2122 /108	**FEEDBACK FROM VISITS TO UHDBFT AND CRHFT EMERGENCY DEPARTMENTS** The paper was taken as read. AC explained that the visits were conducted following the increased pressures and safety concerns in Emergency Departments at both Trusts. The main theme of the findings was staff fatigue and stress. AC emphasised that the staff are appreciative of colleagues and the CCG visiting to have oversight and understanding of the current situation. In terms of assurance the Trust boards are sighted on the current issues, staffing concerns and recruitment plans that are in place. MWa. and EP raised concerns around the following o Links between GP's and the Urgent Treatment Centre at UHDBFT. AC reported that the UTC will close its doors if there are staffing issues which impacts on ED. The Trust is working closely to look at how both departments support each other. o Patients presenting in ED stating they were unable to get a GP appointment. AC responded to say that this is a general theme, once patients present in ED the staff feel as though they must treat rather than refer back to the GP. o Bed Bureau process of admission is long winded. BD suggested this issue be escalated to the Urgent Care Delivery Board. o Simplifying the process of accessing healthcare for patients. AC noted the comment and confirmed that processes were not looked at in detail during the visit. BD suggested this issue be escalated to the Urgent Care Delivery Board and A&E Delivery Board. BS accentuated the purpose of the report is to provide assurance there are no quality and safety issues relating to quality and safety in A&E Departments and this will be reported back to SEC members. The Committee noted the contents and approved the paper.	

QP2122 /109	**UPDATE ON MATERNITY SERVICES IN SERBYSHIRE** The paper was taken as read. The paper follows on from previous discussion that were had in the confidential session of quality and performance. Primarily the discussions were around the closure of the home birth service and the social media attention that it attracted. In summary the home birth services were paused as staff were redeployed into the acutes to assist in the maternity units. All patients on the home birth programme were contacted and any concerns were dealt with appropriately. UHDBFT are still reviewing the home birth service and CRHFT have reopened. All patients are being informed of any changes to the service. GS asked if the CCG could provide further assurance on the % of pregnant women being vaccinated and if work was being carried out to encourage uptake of the vaccination. AC confirmed that both Trusts have vaccination programmes in place, uptake has increased and continues to improve. AM then asked if there was any specific damaging social media in relation to the COVID vaccine and pregnancy and could it be mitigated by the Comms team. AC confirmed that the Trusts have been working with their Comms teams and Midwives have changed their approach with patients. SL added there is a recognised national, regional, and local issue around pregnancy and the COVID vaccination. Early in the vaccination programme pregnant women were advised against the vaccination however this has now changed based on JCVI guidance. Work is ongoing around delivering a scripted message to this cohort of patients, analysing real time data on numbers of pregnant women who have received the vaccine and looking at the where the best intervention point would be to deliver the vaccine to increase uptake. BS asked the Committee to be mindful of the recent media interest in maternity units. In light of this BS asked AC to carry out a review of both Trusts maternity units with a formal report to come back to Quality and Performance Committee. BS assured the Committee that there were no concerns identified from the quality visits that were undertaken. CQC have also visited both units and CRHFT have been classed as low risk and the UHDBFT outcome is awaited. The Committee were asked to note the contents of the paper and the assurance provided. To review the system risk and support the system risk score.	

QP2122 /110	**INDEPENDENT INVESTIGATION INTO THE CARE AND TREATMENT OF MR A, A MENTAL HEALTH SERVICE USER IN DERBY** The paper was taken as read. PS explained that since the writing of the report by Niche, the forensic service which was initially missing has been commissioned by the CCG. Actions and recommendations will be monitored for implementation by quality groups and DHCFT. The Committee noted the contents of the paper.	
QP2122 /111	**CQC INSPECTION REPORT – CYGNET VIEWS** The paper was taken as read. Cygnet Views is a 10-bed unit which was inspected by CQC under their new inspection regime. The new regime has had a national impact with a number of providers being rated as requiring improvement or inadequate. In terms of The Views there are currently 8 patients in residence with no further patient being admitted. Monthly meetings with the CQC MH Lead are taking place as well as with NHSE. All patients have had safe and well checks carried out by the placing commissioners and there have been no concerns raised. The first meeting is beginning of October and monitoring will be done in conjunction with CQC, looking at implementations and actions. Meetings will continue until all organisations are assured. The Committee noted the contents of the report and the assurances provided on the quality and safety monitoring of the individuals currently residing in Cygnet - The Views.	
QP2122 /112	**CHC 360 AUDIT** The paper was taken as read. The CHC 360 Audit focused on the CCG contract Monitoring and budget monitoring arrangements in relation to CHC. Significant assurance was awarded with 3 low risk actions. 2 of the actions have already been completed and the 3rd action related to joint funding interim arrangements is in progress. BS expressed her thanks to NM and the CHC team noting the vast improvements that have been made over the past 3 years.	

	The Committee noted the contents of the report and there were no questions raised.	
QP2122 /113	**TERMS OF REFERENCE** The paper was taken as read. There have been two amendments to the document, which are shown in tracked changes: • inclusion of paragraph 2.1.19 to Section 2 (Roles and Responsibilities), which details the role of Quality & Performance Committee in overseeing the transition of the committee to the Integrated Care Board; and • the removal of paragraph 2.1.20, detailing the committee's responsibility for the Recovery and Restoration Plan, which has now been stood down. Committee members are asked to suggest any amendments or additions to the terms of reference. They will then be presented to Governing Body for final agreement. The Committee noted the contents of the report and agreed with the amendments that had been made.	
QP2122 /114	**CONTINUING HEALTH CARE (CHC)** The paper was taken as read. The Committee noted the contents of the report and there were no questions raised	
QP2122 /115	**IPC** The paper was taken as read. The Committee noted the contents of the report and there were no questions raised	
QP2122 /116	**CARE HOMES** The paper was taken as read. The Committee noted the contents of the report and there were no questions raised	

QP2122 /117	**MINUTES FROM SUB COMMITTEES** The Committee noted the minutes from the following sub-Committees. Derbyshire Prescribing Group Updated from Trust CQRG meetings.	
QP2122 /118	**MINUTES FROM THE MEETING HELD ON 26TH AUGUST 2021.** The minutes were approved as a true and accurate record.	
QP2122 /119	**MATTERS ARISING AND ACTION LOG** The action log was reviewed and updated.	
QP2122 /120	**AOB** There were no matters raised under AOB.	
QP2122 /121	**FORWARD PLANNER** The Forward Planner was reviewed. No updates were made.	
QP2122 /122	**ANY SIGNIFICANT SAFETY CONCERNS TO NOTE** None raised.	
	ASSURANCE QUESTIONS • Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes • Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes • Were papers that have already been reported on at another committee presented to you in a summary form? Yes • Was the content of the papers suitable and appropriate for the public domain? Yes • Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes	

	• Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? No • What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None	

DATE AND TIME OF NEXT MEETING
Date: 28th October 2021
Time: 9am to 10.30am
Venue: MS Teams

South Yorkshire and Bassetlaw Integrated Care System

Chief Executive Report

Health Executive Group

12th October 2021

Author(s)	**Lesley Smith**
Sponsor	

Is your report for Approval / Consideration / Noting

For noting and discussion

Links to the ICS Five Year Plan (please tick)

Developing a population health system

- ☑ **Understanding health in SYB including prevention, health inequalities and population health management**
- ☑ **Getting the best start in life**
- ☑ **Better care for major health conditions**
- ☑ **Reshaping and rethinking how we flex resources**

Strengthening our foundations

- ☑ **Working with patients and the public**
- ☑ **Empowering our workforce**
- ☑ **Digitally enabling our system**
- ☑ **Innovation and improvement**

Building a sustainable health and care system

- ☑ **Delivering a new service model**
- ☑ **Transforming care**
- ☑ **Making the best use of resources**

Broadening and strengthening our partnerships to increase our opportunity

- ☑ **Partnership with the Sheffield City Region**
- ☑ **Anchor institutions and wider contributions**
- ☑ **Partnership with the voluntary sector**
- ☑ **Committment to work together**

Where has the paper already been discussed?

Sub groups reporting to the HEG:	System governance groups:
☐ **Quality Group**	☐ **Joint Committee CCGs**
☐ **Strategic Workforce Group**	☐ **Acute Federation**
☐ **Performance Group**	☐ **Mental Health Alliance**
	☐ **Place Partnership**
☐ **Finance and Activity Group**	
☐ **Transformation and Delivery Group**	

Are there any resource implications (including Financial, Staffing etc)?

N/A

Summary of key issues

This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System provides a summary update on the work of the South Yorkshire and Bassetlaw health and care partners for the month of September 2021.

Recommendations

The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.

Chief Executive Report

SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM

Health Executive Group

12th October 2021

1. Purpose

This paper from the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) System Lead provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the month of September 2021.

2. Summary update for activity during August

2.1 Coronavirus (COVID-19): The South Yorkshire and Bassetlaw position

Covid case rates continue to remain high across SYB at between 400–600 (per 100,000 which is due to a range of factors, including the return of in-person teaching, regular and enhanced COVID-19 (Covid) testing and pre-pandemic levels of social mobility.

Regionally, SYB is now on a par with neighbouring West Yorkshire, but we are still seeing a comparatively higher number of cases than our counterparts in North Yorkshire/York and the North East.

The case rates among 12-15 year-olds remain the highest, followed by the under-12s and 16-17 year-olds. A consequence of the increased Covid rates within children and young people in SYB is starting to have a small effect on older populations, with some increases among 30-39 and 40-49 year-olds (parents/guardians/carers).

Our most vulnerable populations, particularly the over-70s, are also starting to show signs of very low-level increases in Covid-positive cases.

Work is now underway to offer Covid vaccine boosters across our communities in line with national guidance. There has also been encouraging results from new research which suggests that Covid jabs provide many months of high immunisation from Covid, as released by The Lancet showing '90% effective against hospitalisation for at least six months' (based on the Pfizer/BioNTech vaccine).

2.2 Regional update

2.2.1 Leaders meeting

The North East and Yorkshire (NEY) Regional ICS Leaders meet weekly with the NHS England and Improvement Regional Director. During September, discussions focused on the ongoing Covid response and vaccination programme, urgent and emergency care and winter resilience, planning and recovery and ICS development.

2.3 National update

2.3.1 COVID-19 (Covid) autumn and winter strategy

Over autumn and winter, the Government has set out its aims to sustain the progress made and prepare the country for future challenges, while ensuring the NHS does not come under unsustainable pressure.

The Government plans to achieve this by:

- Building our defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics.
- Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate.
- Supporting the NHS and social care: managing pressures and recovering services.
- Advising people on how to protect themselves and others: clear guidance and communications.
- Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

There are a number of variables including: levels of vaccination; the extent to which immunity wanes over time; how quickly, and how widely social contact returns to pre-pandemic levels as schools return and offices reopen; and whether a new variant emerges which fundamentally changes the Government's assessment of the risks.

2.3.2 2021/22 priorities and operational planning guidance: October 2021 to March 2022

In March NHS England and Improvement published the 2021/22 priorities and operational guidance setting out the priorities for the year. Since then the NHS has risen to the challenge of restoring and transforming services while continuing to meet the needs of patients with COVID-19 and dealing with increases in urgent and emergency care (UEC), primary and community care and mental health demand.

The updated guidance, published on 30th September, reiterates the six areas set out in March, which remain the priorities:

1. Supporting the health and wellbeing of staff and taking action on recruitment and retention.
2. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
3. 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.
4. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
5. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.
6. Working collaboratively across systems to deliver on these priorities.

Efforts will also continue to focus on the five priority areas for tackling health inequalities and redoubling efforts to see sustained progress across the areas detailed in the NHS Long Term Plan, including early cancer diagnosis, hypertension detection, respiratory disease, annual health checks for people with severe mental illness, continuity of maternity carer, and improvements in the care of children and young people. To support this, NHSE/I will be improving the quality and presentation of health inequalities data and will shortly set out further details of the approach. There is also an ask for all NHS Board performance reports to include reporting by deprivation and ethnicity.

The government has agreed an overall financial settlement for the NHS for the second half of the year which provides an additional £5.4bn above the original mandate. This includes, £1.5bn

funding (£1bn revenue and £500m capital) to support the continued recovery of elective activity and of cancer services. This reflects the challenges over the next six months: managing Covid, the growing backlog of care, and the significant UEC pressures areas are experiencing ahead of the usual seasonal peaks over winter.

2.4 Integrated Care System update

2.4.1 System Development

NHS England NHS Improvement (NHS E/I) has published four new framework documents as part of ongoing integrated care development guidance:

- Thriving places: the development of place-based partnerships as part of statutory integrated care systems
- Working with people and communities
- Effective clinical and care professional leadership
- Partnerships with the voluntary, community and social enterprise sector

These plans build on the foundations already set out in previous guidance, notably the ICS Design Framework and the three publications relating to integrated care guidance (HR framework, provider collaboratives and ICS people function) already published.

The guidance documents provide further clarity on effective leadership, clinical accountability and public engagement at a time when we are likely to see further developments gather pace until April 2022 when ICS' become NHS statutory bodies.

2.5 Funding announced for Community Diagnostic Centres for South Yorkshire and Bassetlaw

£3million of capital funding has been confirmed to develop two new Community Diagnostic Centres in South Yorkshire and Bassetlaw.

Two initial sites have been identified for the first year of funding, The Glass Works in Barnsley and Montagu Hospital in Mexborough, with bidding plans underway for future funding to develop further centres across South Yorkshire.

The Glassworks site is set to include Ultrasound, X-ray, Breast Screening (Mammography), Phlebotomy, echocardiography and DEXA scanning, while the Montagu Hospital site will include CT and MRI services to complement the diagnostics already delivered at the site along with phlebotomy, point of care testing and physiological measurement.

The funding has been secured as part of a national programme to help the NHS further accelerate diagnostic activity and recover services from the impact of the COVID-19 pandemic as quickly as possible. It is a share of a £350m national pot to create 40 new Community Diagnostic Centres announced by the Government and NHS. The new one-stop-shops for checks, scans and tests will provide a combined 2.8 million scans in their first full year of operation.

2.6 Support for mental and physical health through Green Social Prescribing

Voluntary and community organisations in SYB have the opportunity to bid for £400,000 of grants funding from national and local funding to demonstrate how they can support the Green Social Prescribing programme through existing activities to:

- Provide green or blue activities, eg linked to canals and waterways, fishing groups or local reservoir walks
- Support people with mental ill health

- Improve access to green social prescribing for those most impacted by Covid-19; Black and Ethnic Minority Communities, young people, people who are “Clinically Extremely Vulnerable” (people who were asked to shield during the pandemic) and people living in areas of deprivation

The South Yorkshire Community Foundation is supporting the grants process on behalf of the South Yorkshire and Bassetlaw Integrated Care System

2.7 QUIT update

SYB's QUIT programme, funded by Yorkshire Cancer Research, has successfully recruited more than 200 ‘QUIT Champions’ to help reduce smoking-related illnesses across the region.

Tobacco Treatment Advisers (TTAs) will provide the majority of specialist support and are being supported by the new QUIT Champions who help provide first-hand experience of having quit successfully - and how they did it.

QUIT is one of the first such stop-smoking programmes to launch across the UK, at scale, and has the potential to save up to 2,000 lives and 4,000 hospital readmissions every year. At its heart, QUIT recognises that smoking is an addiction – not a lifestyle choice - and should be treated like any other illness or chronic relapsing condition as part of routine hospital care.

2.8 NHS Communicate Awards 2021 Nominations for SYB

SYB was recognised in a number of categories in this year’s NHS Communicate Awards 2021.

South Yorkshire and Bassetlaw Integrated Care System was shortlisted in the ‘Use of insight and data for innovation in communications award’ thanks to the community-based approach that was used in the development of the revamped ICS website. South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) was also nominated in the same category in appreciation of an internal communications campaign to increase staff vaccinations - with a high proportion now fully vaccinated.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) was also nominated for two award categories; Working in Partnership and also the Best Behaviour Change or Public Health Campaign Award categories in recognition of their ‘Rethink your Drink’ campaign, which in its second year, overcame the barriers faced by alcohol-services during the pandemic across Doncaster.

While not winners, both the ICS and RDaSH were highly commended for their work.

2.9 Partner appointments

Sheffield Health and Social Care NHS Foundation Trust (SHSC) has appointed Sharon Mays as the new Chair of their board. Sharon succeeds Mike Potts, who completed his fixed-term appointment as Interim Chair at the end of September, and will join SHSC in October.

SHSC have also recently seen their Care Quality Commission (CQC) inspection (August 2021) improve to 'requires improvement', improving from its previous ‘inadequate’ rating (July 2021).

I would like to welcome Sharon and extend thanks to Mike for all he has done while at SHSC and also congratulate CEO Jan Ditheridge, the Board of Directors, the Council of Governors and all the teams involved in driving forward these service improvements.

3. Finance

The revenue surplus at Month 5 is £25.3m which is an increase of £1.9m since Month 4. The forecast has also increased from a surplus of £20m at month 4 to £22.5m at Month 5. The adjusted forecast capital spend is now in line with plan as the forecast now reflects slippage which will offset the additional £12.4m forecast spend at Doncaster Royal Infirmary this year following the critical incident.

Planning guidance has now been issued and work will be undertaken to agree a distribution of the system envelope and agree plans for the second half of 2021/22.

Lesley Smith
Deputy System Lead, South Yorkshire and Bassetlaw Integrated Care System

Date: 7h October 2021

South Yorkshire and Bassetlaw
Health Executive Group

Date: 12 October 2021

Subject: Progressing ICS governance

Report of: Will Cleary-Gray, Chief Operating Officer, SYB Health and Care Partnership

Sponsor: Pearse Butler, Chair SYB Health and Care Partnership, Chair Designate South Yorkshire Integrated Care Board

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SUMMARY OF THE REPORT

This report provides an update on progress made developing the governance arrangements in readiness for the establishment of statutory Integrated Care Systems (ICSs) on April 1 ,2021.

KEY MESSAGES

SYB Health and Care Partnership agreed a set of arrangements to take the partnership forward. A key group being the ICS Development Steering Group, whose membership is drawn from across all system partners and key ICS building blocks.

Guidance to support establishment of statutory ICS was published over August and September, including on the functions and governance of the Integrated Care Board (ICB) and Model Constitution of the ICB.

ICS leaders and designate ICB leaders are asked to proceed with preparations to implement ICB governance and leadership arrangements.

The chair designate is now in post and appointment to the chief executive designate is underway.

Initial discussions on the ICB guidance and arrangements took place at the 14 September ICS Development Steering Group.

Engagement with appropriate partners on key components of the Constitution are expected by 30 November 2021

PURPOSE OF THE REPORT

This report summarises progress, key guidance and indicative timetable for next steps. This includes engaging on key components of the ICB in developing governance arrangements, in readiness for the establishment of the Integrated Care System (ICS) as a statutory body from 1 April 2022

The Health and Care Bill: Developing our governance arrangements

Purpose

1. This report summarises progress and indicative timetable for next steps in developing our governance arrangements in readiness for the establishment of the Integrated Care System (ICS) as a statutory body from 1 April 2022.

Background and context

2. South Yorkshire and Bassetlaw agreed a set of arrangements to respond to NHS England and Improvement next steps to Integrating Care, and the White Paper ***"Integration and Innovation: Working together to improve integration and innovation for all"*** This included the establishment of an ICS Development Steering group involving all partners across the ICS including Local Authorities, VCSE, Providers, including Primary Care, Mental Health and Children's Services, Commissioners and reflecting the key building blocks of our ICS including all five Places, Partnerships and Collaboratives.

3. Subsequently, the Health and Care Bill was put before Parliament on 6 July 2021 and further guidance on the governance arrangements of ICSs have been published during August and September. This includes **guidance on the functions and governance of the Integrated Care Board and model constitution for the ICB.**

4. ICS leaders, and designate ICB leaders as they are appointed, are asked to proceed with preparations to design and implement ICB governance and leadership arrangements before April 2022 that fulfil the requirements set out in this interim guidance. CCGs are legally responsible for proposing the ICB Constitution to NHS England and Improvement and engaging with relevant partners. The four CCGs have agreed a collective approach through the JCCCG. Key components of the Constitution including the size and composition of the Board and the process for the ICB nomination and selection of partner members, will now be taken forward by the designate chair and designate CEO, once appointed. The next step to take this forward is to engage with partners on these specific issues to get their input to shape proposals - this is anticipated in the next couple of weeks and further details on this will follow.

   A summary of the timeline and key activities is attached at Annex, A

5. South Yorkshire and Bassetlaw partnership now has its Chair Designate for the Integrated Care Board and recruitment for the designate Chief Executive is underway with interviews taking place on 11 October 2021.

6. The ICS Development Steering Group and the Health Executive Group have been considering the published guidance and policy including the development of partnership governance arrangements at its monthly meetings and most recently at its meetings on 14 September 2021.

7. The transition approach with five key steps was set out and discussed at the September HEG, to enable a smooth transition to statutory ICS. Both the framework to work on functional design and undertake due diligence is underway.

Key elements of the Bill and guidance on establishing ICBs

8. A statutory ICS will be made up of a statutory NHS body – the Integrated Care Board (ICB) and a statutory joint committee - the Integrated Care Partnership (ICP) - bringing together the NHS, Local Government and partners.

A summary of the core components of ICB governance are attached in Annex B

9. The ICB will be directly accountable for NHS spend, commissioning and performance within the system. ICBs will bring partner organisations together in a new collaborative way with a common purpose. They will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place. Statutory functions, including those currently exercised by CCGs, will be conferred on ICBs from 1 April 2022, along with the transfer of all CCG staff, assets and liabilities (including commissioning responsibilities and contracts). In addition, NHSEI direct commissioning functions will be transferred or delegated starting April 2022 for Primary Medical Services with further delegation of other directly commissioned services from 2023 onwards.

A summary of the statutory functions of the ICB are attached at Annex C.

10. The core governance of the ICB will be an NHS unitary board and its membership, as a minimum, must include a chair and two further non-executives, the ICB chief executive and clinical and professional executive leaders, and partner members drawn from NHS trusts, primary care and local authorities within the ICS geography. Partner members are to be nominated and selected, as set out in the ICB Constitution, to ensure the board benefits from these important perspectives and the experiences these members will bring to enrich the leadership and decision-making of the Board. Partner members are not delegates or representatives of organisations. Other members may be determined locally.
A summary of the minimum membership of the ICB is attached at Annex D.

11. The Integrated Care Partnership is likely to be a wider group than the ICB and will develop an integrated care strategy to address the health, social care and public health needs of their system. The membership and detailed functions of the ICP will be up to local areas to decide as they form this joint committee. SYB has made significant progress co-producing its draft Health and Care Compact and a draft Terms of Reference for the refresh Health and Care Partnership, both of which have been consulted on with partners across the system and provide a good basis to build on now we have guidance from DHSC.

A summary of arrangements for ICPs are attached at Annex, E

12. A **duty to co-operate will** be introduced to promote collaboration across the healthcare, public health and social care system. ICSs, NHS England and NHS providers will be required to have regard to the '**Triple Aim**' of better health and wellbeing for everyone, better care for all people, and sustainable use of NHS resources. SYB spent some time co-producing a Compact between health and care partners which set out the share commitment to our **quadruple aim** for the people of South Yorkshire.

A summary of our commitment to the quadruple aim are attached at Annex Ei.

13. **ICBs will be able to delegate** significantly to place level and to provider collaboratives. Delegation can be internal or external and will require due diligence and delegation agreements or contracts where appropriate to give clarity and confidence of any delegation or delivery agreement.

14. **Guidance to support thriving places was published in September 2021.** Place-based arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange. The statutory ICB will work to support places to integrate services and improve outcomes. Health and Wellbeing Boards will continue to have an important role in local places. NHS provider organisations will remain

separate statutory bodies and retain their current structures and governance but will be expected to work collaboratively with partners.

Governance options for Place-based Partnerships are attached at Annex, F.

15. **Working together as scale: guidance on provider collaboratives was published in August 2021.** Provider Collaboratives are expected to be in place by April 22 for all trust providing acute and mental health services. They are expected to agree specific objectives with one or more ICBs. ICBs and Provide collaborative must also define their working relationships for how they will contribute to the delivery of the ICB strategic objectives.

Governance options for Provider Collaboratives are attached at Annex, G.

Key governance issues

16. **Inclusivity, values and behaviours** – strong and effective governance is as much about living our values as they are about formal arrangements and structures. Critical to our success will be that our new arrangements reflect, build on and strengthen our principles and behaviours and support the culture that we have strived to established as a partnership over the last 5 years. In particular, we will ensure that the arrangements reflect that which we know, our people are what make us successful and our focus is the people we serve. We continue to make real our commitment to equality, diversity and inclusive cultures. We are keen to continue to make progress in ensuring that our leadership and involvement in decision-making reflects the diversity of our communities and are exploring how we can take this forward. Equality impact assessments will play an important role in our new arrangements.

17. **Consistency of governance standards** – our principles of subsidiarity mean that places are developing arrangements that meet their local circumstances, within a common framework of good governance. The ICS Development Steering Group considered governance standards at its meeting in 14 September 2021 which it is proposed would apply across our system. The standards cover outcomes, values, transparency, citizen involvement, diversity, independent challenge and probity and can **be seen in Annex, H.**

18. **Subsidiarity and delegation** – under statutory arrangements, the vast majority of ICS capacity and resources will remain in our place teams. Places and are developing arrangements to fit local circumstances, within the context of our core governance standards and our place development matrix, the overall operating model of the ICS and governance of the ICB. This will bring to life the concept of one organisation, one workforce working in four place teams and support delegation.

19. **Considerations in each place arrangement are:**

- Health and Wellbeing boards continuing to play a key role in bringing partners together and setting strategy.
- Building on existing strong place arrangements and relationships to enable effective collaborative decision making
- The importance of clinical and profession leadership in decision-making
- Involving statutory and non-statutory partners and ensuring that the citizen voice is heard
- Ensuring that providers working across footprints are effectively represented without duplication and overlap.

20. **Our four places** have well established arrangements involving all partners. These are being reviewed in light of the published guidance and as part of the steps to establish

statutory ICSs and the ICB. Key next steps are: i) to agree priorities and the arrangements needed to work together to deliver these priorities and ii) the relationship and arrangements needed between these and the ICB to ensure we have thriving Places within a strong and vibrant ICS.

21. **Our system provider collaboratives**: Mental Health Alliance, Acute Federation and Primary Care Collaborative and Children and Young Peoples Alliance have established arrangements. These are being reviewed in light of the published guidance and the steps to establish statutory ICSs and ICB. Key next steps are: i) to agree priorities and the arrangements needed to work together to deliver these priorities and ii) the relationship and arrangements needed between these and the ICB to ensure we have strong and vibrant collaboratives within a strong and vibrant ICS.

22. **System arrangements** – the **Integrated Care Partnership** will be a statutory joint committee between partners. The ICS Development Steering Group put forward revised arrangements for our ICP together with a Health and Care Comact of our commitment to working together, to our Trust Boards, Governing Bodies and Councils earlier this year with a view to this new arrangement being in place for the 3rd Quarter 2021. Further consideration will be given to this at the ICS Development steering group on 12th October 2021 in light of guidance on the future ICP. The Partnership Board gave oversight to the development of our five-year plan, setting out our strategic direction and how we will work together as partners to improve health and wellbeing and reduce health inequalities. The Partnership Board focuses on the wider connections between health and wider issues including socio-economic development, housing, employment and environment. It takes a collective approach to decision-making and supports mutual accountability across our system. Our current arrangements mean that we are well placed to transition to a statutory joint committee and we will be reviewing the membership and terms of reference of the Partnership Board in line with the **national guidance on Integrated Care Partnerships, now published.**

23. Our Integrated Care Partnership will set the overall strategy for our ICS, it will be built from the four place-based strategies which in turn will have been signed off by Health and Wellbeing Boards and delivered through place-based partnership arrangements. This will ensure that the specific needs of all our populations will be met at the same time as having the benefit of working as a whole system where those needs can't be met in anyone place or where to achieve equality of access, outcome, standards and quality a system approach is required.

Integrated Care Board in South Yorkshire.

24. At the ICS Development Steering Group on 14 September key components of the national guidance on governance and functions of the ICB, including its minimum membership, were presented and discussed to inform initial work on the membership and working arrangements for the ICB board in South Yorkshire. We want our board to look, feel and function in the way that make sense for our system; one which aligns with the legislation, but not completely driven by it. Our system has developed significantly over the past 5 years with Places working in partnership and collaborations and providers being a central partner. The board will be built on principles of inclusivity, independent challenge and effectiveness and will reflect the scale and complexity of a diverse system which serves a population of 1.3 million and the core functions of an ICB. It will be part of a complex, decision-making framework, focused on delivery of our shared outcomes and with independent challenge built in at all levels and strong and consistent clinical and professional leadership. The executive portfolio will be developed to ensure that the CEO accountabilities are

appropriately delegated. The proposed roles will be part of the engagement of the whole board composition, to ensure it is effective and balanced. The ICB will be a statutory core member of the ICP Joint Committee. South Yorkshire will look to discharge the ICBs statutory duties in a way that aligns much more with our approach through Places and Collaboratives and will focus its operating model and one workforce, integrating in four places and across the system to achieve this for April 2022. This reflects, recognises and respects the importance and value in giving time for the new ICB to established as a legal entity on the April 1, 2022.

25. **Committees of the ICB**. The ICB will be required to establish two statutory committees – **audit** and **remuneration**. We will also need to establish other committees to focus on oversight and assurance and provide the IC board with assurance on the delivery of key functions, including how the four key purposes of an ICS, equality of access and outcomes, quality and finance. The Partnership already has a number of effective collaborative forums such as the Health Oversight Board, the Integrated Assurance Committee, the Health Executive Group, Quality Surveillance Group, Clinical Forum and Finance Forum and People Board. Development work is focusing on how the role, membership and ways of working of these groups may need to be adapted in line with new statutory arrangements or need to end as statutory arrangements take shape.

26. **Designate non-executive members of the ICB.** ICBs are required to have, as a minimum, two non-executive members. Recruitment of the two designate non-executive members of the ICB is a priority for South Yorkshire and the final composition of the board may include more non-executives than the minimum and this will be part of the engagement of the full composition of the ICB. It is anticipated that the national process to enable local recruitment to progress will be up and running week commencing 11 October 2021. South Yorkshire plans to progress its non-executive recruitment as soon as possible after that date.

Boundary changes and ICB naming convention

27. As part of the changes, we are proposing a name change for our ICS from April 2022 to South Yorkshire Health and Care Partnership. In addition, the naming convention approach for ICBs is anticipated. It's important to note that whilst Bassetlaw place will be part of the Nottingham and Nottinghamshire Health and Care Partnership (ICS), our work with Bassetlaw will continue both in terms of the strategic partnership with the Nottinghamshire and Nottingham ICS, Doncaster and Bassetlaw NHS Teaching Hospital Foundation Trust (and the work of the Acute Federation of Hospitals) and wider clinical and professional networks. Existing patient flows will be unaffected by this change to the boundary and this joint working is critical for the population of Bassetlaw.

Simplifying arrangements

28. Our **ICS Development Steering Group** has served as the working group for our work on Governance to date and this is chaired by our ICS lead. It has representation from across our places, providers and sectors including NHS commissioners, provider collaboratives, local authorities, voluntary, community social enterprise (VCSE). This group has enabled sharing across each of our places and system, advising on where consistency is helpful and on the linkages between place, ICB and ICP arrangement. It has also steered the co-production of key products including, the Health and Care Compact, revised terms of reference for the Health and Care Partnership and a development matrix for place-partnership development We want to simplify our arrangements as we move into the final six months to implementation of statutory

ICSs, to make it even easier for all key partners to engage in this important work. Two changes are proposed at this stage: i) Regular briefing to inform discussions into the weekly **Health and Care Management meetings**. ii) Amending the terms of reference of the **Health Executive Group** to reflect a renewed focus on ICS development and invite any regular remaining members from the Steering Group to join this group which has to date, taken place on the same day. It is proposed that this change takes place from November and therefore October will be the last meeting of ICS steering group as a separate meeting.

Recommendations:

The Health Executive Group is asked to:

- Note the progress and summary of the position
- Note and consider the key activities and timetable, Annex, A
- Consider the published guidance on the functions and governance of an ICS and key elements of the Bill, Annexes B- G
- Note the requirement to engage with partners on the ICB Constitution
- Note the step to engage with partners on specific issues relating to the constitution later in October
- Note the priority to recruit to the first two designate non-executive directors of the ICB
- Note boundary changes and name change of the Health and Care Partnership from 1 April 22
- Agree changes to simplify arrangements from November 2021

ANNEXES

Annex, A

Table 1: Areas, activities and timescales

Area	Activity	Timescales
Constitution	• Start the development of the ICB constitution, subject to discussions with the regional team. • The Bill sets out that CCGs will propose the constitution for the first ICBs[4] to NHS England and NHS Improvement, which will require confirmation that designate board members are supportive of its terms. • NHS England and NHS Improvement has developed a draft model constitution which system leaders and CCGs should use to guide the development of and consultation on their local version.	• Development of the constitution to take place throughout the year. • Board size and composition **by 17/11/21** • All other aspects including the nomination and selection process for partner members **by 30/11/21** • A final version approved **before the end of Q4** by NHS England and NHS Improvement.
Board recruitment	• Plan how the board of the ICB will be populated.	• Designate chief executive identified by the end of November • Designate finance director, medical director, director of nursing and other executive roles in the ICB, **before the end of Q4** • Designate partner members and any other designate ICB senior roles **before the end of Q4.**
Commissioning functions	• Confirm plans to ensure that commissioning functions are organised across the ICS footprint including apportioning between the ICB (system) level and 'place' level.	• Discussions with partners and decisions on commissioning arrangements at system and place to be finalised **by the end of Q3.**
Functions and decision map	• Develop a 'functions and decision map' showing the arrangements with ICS partners to support good governance and dialogue with internal and external stakeholders.	• Discussions and decisions on a functions and governance map to take place throughout the year. • A final 'functions and decision map' due **before the end of Q4** to be completed alongside the model constitution.

[4] CCGs will be legally responsible for the development of ICB constitutions, but we expect this process to be led by the designate ICS chair and CEO. System partners must be engaged in the development of the constitution.

Extract from Interim guidance on the functions and governance of the integrated care board

Annex, B

Table 2: Core components of ICB governance arrangements and expectations

Core component	Expectation
Integrated care partnership (ICP) ***statutory***	• Each ICS area will have an ICP (a committee, not a body) at system level established by the ICB and relevant local authorities as equal partners and bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population. • The ICP to have a specific responsibility to develop an integrated care strategy. • Each ICB will need to align its constitution and governance with the ICP.
Integrated care board ***statutory***	• ICBs will be established as new statutory organisations, to lead integration within the NHS. • The ICB will have a unitary board, responsible for ensuring the body plays its role in achieving the four purposes • Minimum requirements for board membership will be set in legislation. We have set further minimum expectations for board membership. • Each board will be required to establish an audit committee and remuneration committee • All ICBs will need to put arrangements in place to ensure they can effectively discharge their full range of duties and functions. This is likely to include arrangements for other committees and groups to advise and feed into the board, and to exercise functions delegated by the board.
Place-based partnerships	• ICBs will be able to arrange for functions to be exercised and decisions to be made, by or with place-based partnerships, through a range of different arrangements. The ICB will remain accountable for NHS resources deployed at place-level. • Each ICB should set out the role of place-based leaders within its governance arrangements.
Provider (may be at sub system, system or supra-system level)	• Provider collaboratives will agree specific objectives with one or more ICB, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together how this contribution will be achieved. • The ICB and provider collaboratives must define their working relationship, including participation in committees via partner members and any other local arrangements, to facilitate the contribution of the provider collaborative to agreed ICB objectives.

Annex, C

The Integrated Care Board

ICBs will bring partner organisations together in a new collaborative way with common purpose. They will bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place.

Table 3: Functions of the integrated care board

1	Developing a plan to meet the health and healthcare needs of the population (all ages) within their area, having regard to the Partnership's strategy.
2	Allocating resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). Financial rules will apply to ensure delivery of key national commitments, such as the Mental Health Investment Standard and the primary medical and community health services funding guarantee.
3	Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
4	Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.
5	Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities including: a) putting contracts and agreements in place to secure delivery of its plan by providers b) convening and supporting providers (working both at scale and at place) to lead[6] major service transformation programmes to achieve agreed outcomes c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships,

[6] It is expected that the ICB will be able to delegate functions to statutory providers to enable this.

	including through investment in PCN management support, data and digital capabilities, workforce development and estates d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care.
6	Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.
7	Leading system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.
8	Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes.
9	Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.
10	Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.
11	Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.
12	Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

Statutory CCG functions to be conferred on ICBs

Statutory functions, like those currently exercised by CCGs, will be conferred on ICBs from 1 April 2022, along with the transfer of all CCG staff, assets and liabilities (including commissioning responsibilities and contracts). Relevant duties of CCGs include those regarding health inequalities, quality, safeguarding, children in care and children and young people with special educational needs and (SEN) or disability.[7].

The full expected list of CCG functions to be conferred will be made available to NHS organisations via the NHS England and NHS Improvement ICS implementation hub.

Delegating direct commissioning functions to ICBs

It is the intention to delegate some of the direct commissioning functions of NHS England and NHS Improvement to ICBs as soon as operationally feasible from April 2022.

Our expectation is that from April 2022 ICBs will:

- assume delegated responsibility for Primary Medical Services (currently delegated to all CCGs, and continuing to exclude Section 7A Public Health functions)
- be able to take on delegated responsibility for Dental (Primary, Secondary and Community), General Optometry, and Pharmaceutical Services (including dispensing doctors and dispensing appliance contractors)
- establish mechanisms to strengthen joint working between NHS England and NHS Improvement and ICSs, including through joint committees, across all areas of direct commissioning (in systems where they are not already delegated).

By April 2023, all ICBs will have:

- taken on delegated responsibility for dental (primary, secondary and community), general ophthalmic services, and pharmaceutical services
- taken on delegated commissioning responsibility for a proportion of specialised services (subject to system and service readiness) with national standards and access policies remaining at a national level
- worked collaboratively with our organisation to determine whether some Section 7A Public Health services, and Health and Justice, Sexual Assault and Abuse

Service commissioning functions will be delegated, with decisions on the appropriate model and timescale.

Commissioning healthcare for serving members of the Armed Forces and their families registered with defence medical services, veterans' mental health and prosthetic services will remain with NHS England and Improvement.

[7] Further guidance will be developed to support the transition of functions to ensure ICSs deliver for babies, children and young people.

Extract from Interim guidance on the functions and governance of the integrated care board

Annex, D

Membership of the ICB board

We will expect every ICB to establish board roles as required to carry out its functions effectively, building on the minimum membership set out below in Table 4.

Table 4: Minimum membership of the unitary board of the ICB.

Type	Role	Appointment and expectations
Independent non-executive members	Chair	• appointed by NHS England and NHS Improvement (with Secretary of State approval). The chair must be independent and cannot hold a role in another health and care organisation within the ICB area.
	A minimum of two other independent non-executive members	appointed by the ICB and are subject to the approval of the chair • these members will normally not hold positions or offices in other health and care organisations within the ICS footprint
Executive roles	Chief Executive	• Must be employed by / seconded to the ICB
	Chief Finance Officer	• Must be employed by / seconded to the ICB
	Director of Nursing	• Must be employed by/seconded to the ICB
	Medical Director	• Must be employed by/seconded to the ICB
Partner members (a minimum of three)	At least one member drawn from NHS trusts and foundation trusts that provide services within the ICS's area	• We expect the partner member(s) from NHS trusts/foundation trusts will often be the chief executive of their organisation.

	At least one member drawn from the primary medical services (general practice) providers within the ICB area	• We expect the member drawn from primary medical services providers to engage and bring perspectives from all primary care providers, including primary care networks
	At least one member drawn from the local authority, or authorities, with statutory social care responsibility whose area falls wholly or partly within the area of the ICB.	• We expect this partner member will often be the chief executive of their organisation or in a relevant executive- level local authority role
*All members of the ICB *ICBs will be able to supplement the minimum board positions*	As listed above and additional members.	Each member of the ICB must: • By law be subject to the approval of the Chair (excluding the CEO, who is approved by NHS England and NHS Improvement). • Comply with the criteria of the "fit and proper person test[9] • Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles). • Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification. • Meet the eligibility criteria set out in the constitution of the ICB

The constitution of the ICB must set out board roles, the process of appointing the partner members and eligibility criteria that must be fulfilled. The constitution must be submitted to and approved by NHS England and NHS Improvement.

[9] We anticipate that regulations regarding the "fit and proper person test" will apply to ICBs when established. We expect that designate board member appointments will comply with these principles. These includes agreement that evidence of compliance will be shared with the relevant authority and a commitment to regular review of continued compliance.

Extract from Interim guidance on the functions and governance of the integrated care board

Annex, E

The ICP and the ICB

ICP guidance will be issued by the Department of Health and Social Care (DHSC). It will be jointly developed between DHSC, NHS England and NHS Improvement and the Local Government Association (LGA). The proposed legislation and ICS Design Framework set out that:

- The ICP will be established locally and jointly by the relevant local authorities and the ICB, evolving from existing arrangements and with mutual agreement on its terms of reference, membership, ways of operating and administration.
- Members must include local authorities (that are responsible for social care services in the ICS area) and the local NHS (represented at least by the ICB).
- The ICP will have a specific responsibility to develop an 'integrated care strategy'[5] for its whole population (covering all ages) using the best available evidence and data, covering health and social care (both children's and adult's social care), and addressing health inequalities and the wider determinants which drive these inequalities.
- The strategy must set out how the needs assessed in the Joint Strategic Needs Assessment(s) for the ICB area are to be met by the exercise of NHS and local authority functions. This will be complemented by the Joint Health and Wellbeing Strategy prepared by each Health and Wellbeing Board in the geographical area of the ICS.
- Each ICP should champion inclusion and transparency and challenge all partners
- to demonstrate progress in reducing inequalities and improving outcomes. It should support place-and neighbourhood-level engagement, ensuring the system is connected to the needs of every community it covers.

Key considerations to support system leaders as they develop local arrangements between the ICB and ICP including the development and delivery of the integrated care strategy can be found in section A, Annex 1.

[5] We expect the inaugural ICP strategy will be developed in 2022/2023

Extract from the Integrated Care Partnership: engagement document, September 21

Representatives and organisations for ICP membership and engagement

We expect the ICP to have a broad membership and engagement with the organisations and communities it serves. However, this membership should be managed appropriately to ensure that the operations of the ICP remain efficient and effective. This illustrative list for ICP membership and engagement should not be viewed as a box-ticking exercise but as a genuine way of ensuring the partnerships include people able to represent and connect with communities and the voluntary sector. We welcome perspectives on whether there are any other voices who should form part of this list. For example:

- voices for children & young people
- patients, service users, & public voices
- voluntary, charity and social enterprise sector
- voices from the Children's Board
- led by and for women's organisations
- Black and minoritised voices
- Healthwatch
- social care providers and workforce
- unpaid carers voices
- disability voices
- mental health providers and service users
- primary care (GPs, dental, eye care, pharmacy)
- NHS Trusts and Foundation Trusts (acute, mental health, community, ambulance)
- community care
- public health voices (e.g., Directors of Public Health)
- local Authority Officers (e.g., Director of Children's Services, Director of Adult Services)
- Acute Care
- housing voices
- Criminal Justice System agencies, including probation services
- offenders health and care voices
- alcohol and addiction services
- homeless services
- social prescribing services
- learning disabilities and autism providers and service users
- businesses
- Local Enterprise Partnerships
- armed forces
- police and crime commissioners
- employment support services (e.g., Jobcentre Plus)

Extract from the draft Health and Care Compact co-produced with all partner members of the ICS development steering group

Annex, Ei

Values and Principles for the ICS Partnership

The partners recognise that achieving the Shared Purpose will depend on their ability to effectively co-ordinate themselves in order to deliver an integrated approach to the provision of services across the ICS. This may include (if partners choose) combining expertise, workforce and resources and also a review of how the Health and Wellbeing Boards in each of the five Places can play a key role in the development and structure of the Partnership.

The partners also wish to support each other in the development of successful place based systems within the ICS for Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield, which will each work as an effective part of the wider system and key building block. Members will also deploy appropriate resource to support the Partnership (each member retains ownership of its resources and is solely responsible for decisions about how those resources are used).

The members will embrace the following values:

- The **'quadruple aim'** of 'better health and wellbeing for the whole population, better quality care for all patients and sustainable services for the people alongside the reduction of health inequalities
- Recognising the critical importance of the workforce, to work closely together to develop and support the wider workforce of the members operating across the system
- To play their part in social and economic development and environmental sustainability of the SYB region
- Committing to making decisions
- Always keeping citizens at the centre of everything the partners do
- Ensuring that the children's, young people and families agenda is a key element of this work
- Supporting each other and working collaboratively to take decisions at the most local level as close as possible to the communities that they affect whether that be system, place or neighbourhood (subsidiarity) and not to simply replicate what is at place in the ICS
- Developing collaborative leadership to deliver the Shared Purpose, and a culture and values to support transformation. All partners are respected and valued. They understand their own contribution and support the contributions of other partners to the Shared Purpose
- Strengthen the links between Place and ICS as well as other local representative structures such as Health and Wellbeing Boards and demonstrate inclusivity and shared ownership
- Making time and other resources available to develop the Partnership and deepen working relationships between partners at all levels
- Being transparent with each other and the people of SYB around decisions and appointments
- Using the best available data to inform priorities and decision-making
- Looking for simplicity and effectiveness in any Partnership structures and governance and follow the rule of form following function

- Acting with honesty and integrity and trusting that each other will do the same; This includes each member being open about the interesss of their organisation and *any* disagreement *they* have with a proposal or analysis. Partners will assume that each acts with good intentions: and
- Working to understand the perspective and impacts of their decisions on other parts of the health and social care system
- Decisions should be taken together at the right level to deliver the Shared Purpose and benefit the population of SYS. Decisions around resource at place should be made with the relevant partners at the place level and when decisions are taken together across the SYS system *they* should not adversely affect the outcomes or equity for populations within SYBICS

...together these are the 'Values'.

The ways in which the members will put the Values into practice include:

- Promoting and striving to adhere to the Nolan Principles of public life (selflessness. integrity. objectivity, accountability. openness, honesty and leadeship) including:
- Specifically being accountable to each other for performance of respective roles and responsibilities for the Partnership and the ICS, in particular where there is an interface with other members; and
- Communicating openly about major concerns. issues or opportunities relating to this Compact and adopting transparency as a core value, including through open book reporting and accounting. subject always to appropriate treatment of commercially sensitive information if applicable
- Having conversations about supporting the wider health and care system. not just furthering their own organisations' interests
- Undertaking more aligned decision-making across the partners and trying to commission and deliver services in an integrated way wherever reasonably possible
- Routinely using insights from data to inform dec ion making
- Positive engagement with other partners in other geographies in pursuit of the quadruple aim and effective planning and delivery including Clinical and Professional Networks
- Ensure that problems are resolved where possible rather than being moved around the system
- Acting promptly. Recognising the importance of integrated working and the Partnership and responding to requests for support from other partners
- Seeking to ensure that our organisations reflect the diversity of the population and that this is reflected in the governance and dec ion making groups for the system

...together these are the 'Principles'.

Extract from Interim guidance on the functions and governance of the integrated care board

Annex, F

Place-based partnerships and the ICB

The governance arrangements of place-based partnerships (PBPs) and their relationship to the board of the ICB should be agreed by the board of the ICB with place leaders. They will depend on the agreed functions and responsibilities that sit with PBPs, local relationships as well as existing structures.

Table 5 summarises the broad types of governance arrangements that could be established to support PBPs to make decisions between the appropriate partners to support the aims of the partnership, if the Bill is passed in its current form. Further consideration will need to be given to the decision-making arrangements of committees and agreed with statutory bodies where they relate to the delegation of statutory functions. For example, agreeing the approaches to managing disagreement in their terms of reference and whether a lead member of a committee is required.

Table 5: Governance options for place-based partnerships[11]

Consultative forum Helpful for engaging the widest range of partners to discuss and agree shared strategic direction together.	A collaborative forum to inform and align decisions by relevant statutory bodies, such as the ICB or local authorities, in an advisory role. In this arrangement, the decisions of statutory bodies should be informed by the consultative forum.
Individual executives or staff Helpful for engaging partners in the decision-making of statutory bodies, while retaining a single SRO for decisions.	Statutory bodies may agree individual members of staff to exercise delegated functions, and they may convene a committee to support them, with membership which includes representatives from other organisations. In this instance, the individual could become the SRO for the place in their body, enabling budgets to be defined for the committee and managed through their internal management and reporting arrangements. The individual director could be a joint appointment, between the ICB and local authority, or statutory NHS provider, and could have delegated authority from those bodies.

[11] The governance options are not mutually exclusive; places may draw upon multiple versions of the options for different sets of business and decision -making as appropriate and could use a single forum for multiple purposes. It may be possible to use and amend existing forums to support decision-making.

Committee of the ICB Helpful for making decisions of the ICB based on a range of views	A committee provided with delegated authority to make decisions about the use of NHS resources, including the agreement of contracts for relevant services. This committee could include members from outside the organisation. However, the decisions reached are the decisions of the ICB, in line with the organisation's scheme of delegation. The terms of references and scope are set by the ICB and agreed to by the committee members. A delegated budget can be set by the ICS NHS body to describe the level of NHS resources available to cover the remit of the committee.
Joint committee Helpful for making joint decisions between relevant partners	A committee established between partner organisations, such as the ICB, local authorities, statutory NHS providers or NHS England and NHS Improvement. The committee may appoint representatives of non-statutory providers to participate in the committee or attend meetings to take part in discussions without being members, but only where the convening statutory bodies consider it appropriate. The relevant statutory bodies can agree to delegate defined decision-making functions to the joint committee in accordance with their respective schemes of delegation. A budget may be defined by the bodies delegating statutory functions to the joint committee, to provide visibility of the resources available to deliver the committee's remit.
Lead provider Helpful for giving provider leaders greater ownership and direction around the delivery and coordination of services.	A lead provider manages resources and delivery at place-level, as part of a provider partnership, under a contract with the ICB and/or local government, having lead responsibility for delivering the agreed outcomes for the place (including national standards and priorities) for the defined set of services. The lead provider would sub-contract other providers within the scope of the place-based delivery partnership. They can agree how NHS resources are spent within the payment envelope agreed with the ICB, complying with the terms of the contract, and establish governance with partnering providers to support delivery.

Where place-based partnerships agree with statutory bodies (for example the ICB, NHS providers or local government) to take on delegated statutory functions for the place, the relevant bodies will retain accountability for these functions and must be satisfied the place-based partnership is able to manage the functions appropriately.

Annex, G

Providers and provider collaboratives

From April 2022 trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives. Community trusts, ambulance trusts and non-NHS providers (e.g. community interest companies, social care providers) should participate in provider collaboratives where this is beneficial for patients and makes sense for the providers and systems involved.

Provider collaboratives will agree specific objectives with one or more ICBs, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together how this contribution will be achieved.

The ICB and provider collaboratives must define their working relationship, including participation in committees via partner members and any supporting local arrangements, to facilitate the contribution of the provider collaborative to agreed ICB objectives.

We expect:

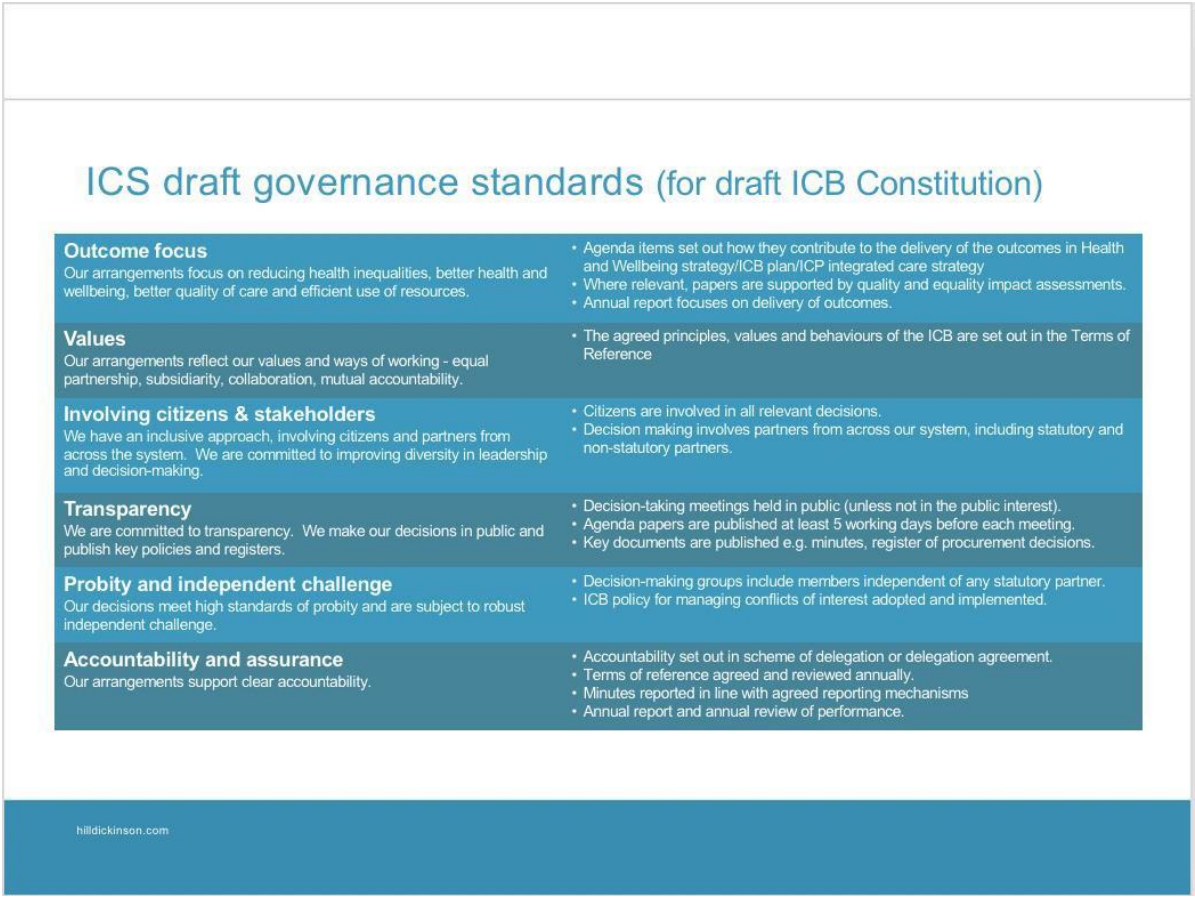
- The ICB could arrange for its commissioning functions to be delegated to one or more NHS trusts and/or foundation trusts, including when working as provider collaboratives (this would require a lead provider arrangement or for the delegation to be to all the trusts involved). ICBs will continue to be held to account for the way in which the function has been discharged. An ICB would have to continue to monitor how the delegation was operating and whether it remained appropriate.
- Another option would be for the ICB to arrange for its commissioning functions to be delegated to a joint committee of itself and another/other NHS trust(s) and/or foundation trust(s).

Further information on provider collaboratives can be found on the NHS England and NHS Improvement website

Annex, H

DRAFT ICS Governance standards

(Applicable to the ICP and ICB, joint committees, committees and sub committees with delegated authority from the ICB.)



NHS
Derby and Derbyshire
Clinical Commissioning Group

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
7th October 2021 via Microsoft Teams

UNCONFIRMED

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 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
Dr Emma Pizzey	EP	Governing Body GP
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:

Dr Chris Clayton	CC	Chief Executive Officer
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Dr Steven Lloyd	SL	Medical Director
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Dean Wallace	DW	Director of Public Health - Derbyshire County Council

In attendance:

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

Item No.	Item	Action
GBP/2122/142	**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/2122/143	**Questions received from members of the public** No questions have been received from members of the public.	

GBP/2122/144	**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/2122/145	**Chair's Report – September 2021** AB provided a written report, a copy of which was circulated with the meeting papers; the report was taken as read. The emphasis of the report was on the transition to the ICS and the ongoing pressures in the System. It was asked if there are any plans to meet with the Maggie Throup, MP for Erewash, on her appointment as Parliamentary Under Secretary of State (Minister for Prevention, Public Health and Primary Care), in order to enhance her understanding of the NHS. AB confirmed that the CCG, Erewash GPs and Providers hold regular meetings with Maggie. **The Governing Body NOTED the contents of the report provided**	
GBP/2122/146	**Chief Executive Officer's Report – September 2021** In Dr Chris Clayton's (CC) absence, Helen Dillistone (HD) provided an overview of his 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: • Excellent work is underway across Derbyshire on the delivery of the vaccination programme. A different phase of the programme is now being entered into with the COVID booster vaccination being provided. • The rollout of the COVID vaccination programme for 12-15 year olds has commenced and is being delivered by the School Age Immunisation Service. This is a good example of System working. • The influenza vaccination programme has also commenced, and people are being encouraged to take up the offer of a vaccination. • The NHS National Staff Survey was launched this week. All NHS staff are being urged to take the time to complete it; it is important to receive feedback from staff in order to build upon it and make improvements. • Work is underway with System partners to develop how the Derbyshire's Integrated Care Board (ICB) and Integrated Care Partnership (ICP) will operate going forward. CC's gratitude to all health and social care staff were reiterated by Governing Body members. **The Governing Body NOTED the contents of the report provided**	

GBP/2122/147	**Joined Up Care Derbyshire (JUCD) Board Report – September 2021** In CC's absence, AB provided an overview of his 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: • Selina Ullah, the recently appointed Chair of Derbyshire Healthcare NHS Foundation Trust, was welcomed to her first JUCD Board meeting; Selina has replaced Caroline Maley, who retired earlier this month. • John MacDonald has been appointed as the designate Chair of the anticipated NHS ICB. The recruitment process for the ICS CEO designate is progressing. It is anticipated that interviews will take place 13th October with confirmation of successful candidate by the end of October. Once the ICB is established it is anticipated that the CCG Governing Body will be undertaking shadowing work. • An update was provided on the extreme pressure currently being experienced across the Derbyshire System; this is a position which could be exacerbated with progression towards winter. • The Board held an in-depth conversation on the System's current financial status and ways in which the underlying financial deficit might continue to be addressed. • Updates were received on the work to develop collaborative Place Partnerships and Provider Collaboratives. **The Governing Body NOTED the contents of the report provided**	
GBP/2122/148	**Derbyshire Anchor Charter** HD advised that the System is striving to obtain the best use of the wider partnership arrangements by using all levers available to it. Working alongside other local organisations, the Anchor Partnership has a significant responsibility to enable and facilitate Community Wealth Building. By using the economic levers available to develop resilient, inclusive local economies within Derby and Derbyshire with more local spend and fair employment it will ensure that wealth is more locally owned and benefits all the residents of Derby and Derbyshire. The Derby/Derbyshire Anchor Partnership has therefore agreed to initially focus on Workforce and Access to Work and Procurement. The following questions were raised: • Local Authorities and other companies are part of the Enterprise Partnership; it was enquired to what extent this relationship is being fostered, and whether strategies for post-pandemic workforce upskilling are being developed. HD responded that it may present further opportunities to build on the Anchor approach by reaching out to the Enterprise Partnership. • The focus should be on the whole holistic arena of influences affecting health; the Anchor Charter places an emphasis on the workforce and access to work and procurement aspects. It may be difficult to chart a way through all of this and influence public policy alongside everything else; it was enquired whether this will result in duplication and ambiguity unless a clear route through is found. HD explained that the ICS will be seen as the umbrella organisation setting out the priorities; the Anchor Institute is the vehicle that will link partners together.	

	• Regular reviews will be required at ICS level in order to gain assurance that the Anchor Charter is working towards the collective goals. • It was enquired when other headings would be brought into the Charter, to prevent missed opportunities from occurring. HD clarified that the Charter has a far-reaching remit but provided assurance that the System is working on many other areas, including the sustainability agenda, which will all link into the broader agenda. **The Governing Body AGREED to adopt the Derbyshire Anchor Charter**	
GBP/2122/149	**DDCCG Corporate Committees' Updated Terms of Reference** As part of the Governing Body's six-month review of its Corporate Committees' Terms of Reference (TOR), HD presented the updated TOR which have been reviewed and agreed by the respective Committees during September. Amendments have been made to remove the Committees' oversight of the CCG Recovery and Restoration work and the receipt of assurance regarding progress, and to add in oversight of the transition of the Committees to the ICB. It is important that strong TOR are in place over the next 6 months in order to ensure that the Committees' work is taken forward when the CCG is closed down. The TOR functions will help to appropriately inform and shape the ICB structures and processes. The following questions were raised: • Due process has been followed with all Corporate Committees, with particular thought given to the transition arrangements. It is hoped that this will ensure that the CCG's Corporate Committees work effectively to support the development of the ICS Boards. • The updated TOR of the Remuneration Committee were presented to and approved by the Governing Body at its August meeting therefore they were not presented today. • It may be necessary to amend the Finance Committee TOR following discussions held at its last meeting. • This provides assurance for the CCG that its Committees are functioning as required and that the TOR reflect this. There may be a need for some Committees to move into the System space therefore it is important that the TOR are up to date and correct in order to commence the transition. **The Governing Body APPROVED the updated Corporate Committees' Terms of Reference**	
GBP/2122/150	**Developing the operating model for the ICS – Strategic Intent** Zara Jones (ZJ) provided a presentation, a copy of which was circulated prior to the meeting. For clarification ZJ outlined that Strategic Intent is the definition of the destination for healthcare in Derbyshire, whilst Strategic Commissioning is the setting/allocation of priorities to allow delivery and monitoring of progress towards Strategic Intent. The overarching function of Strategic Intent is to: • Support the ICP and ICB to set the right strategy for the ICS to deliver, through understanding the needs of our local population and the	

	requirements of national policy/regulatory requirements and then translating this into the strategic priorities for the ICS to deliver. • Assimilate the evidence base and strategic intelligence to inform the ICS strategy and in turn, steer and advise Delivery Boards, Place and Provider Collaboratives what needs to be delivered. • Provide assurance to the ICP and ICB as appropriate, that the strategic priorities are being delivered. The key to this will be setting out the public health and prevention interventions for all age groups, linked to our Health and Wellbeing Board strategies and driven by a comprehensive Joint Strategic Needs Assessment. There are 4 key functional areas in creating a Strategic Intent function: • Strategic Commissioning • Health Protection • Population Health and Clinical Strategy • Clinical Standards, Improvement and Innovation and Learning and Development The following points of note were made / questions raised in relation to the presentation: • It was enquired how the relationship between delivering all of this and waiting lists is seen. ZJ responded that this is where prioritisation will come into effect; the waiting list is currently probably the top priority. However, it was noted that people with exacerbated long-term conditions, that receive community-based interventions, may not need to be on a waiting list at all. It is a fine balancing act as to how much goes into treatment and how much goes into supporting people. • It needs to be ensured that Strategic Intent is aligned with the timescales when contracts are up for renewal. • The Scheme of Delegation for the new organisation needs to accurately reflect the functions that the ICB will retain and those delegated through other mechanisms i.e., joint commissioning arrangements. • Engagement with the System and patients is important as they need to be involved in agreeing the values which make the decisions on the headline priorities in order to get buy in. Good feedback has been received from the information events held to date. This will be a helpful driver in the new environment and is the right thing to do. • When Public Health went from PCTs to Local Authorities, the budget disappeared due to other pressures which were deemed more important; it was enquired how demand for immediate treatment and capacity to deliver, which exceeds resources, will be managed. ZJ confirmed that these conversations have been happening but are not as yet concluded. The October JUCD Board is to hold further discussions on this, which is not an easy problem to solve. There are things that can be done from a financial and effort perspective if organisations commit to doing them, although the immediate results will not be apparent. There is a need to protect this work and grow it over time. • The Place Board and JUCD Board have both discussed strategic intent. Consideration has yet to be given to the development of System leaders; system leadership is difficult, and Strategic Intent is a function that needs to be centrally considered in order to provide collective leadership experience. It was asked if there are any plans for System leaders to be further developed. ZJ responded that Organisational Development will	

	be responsible for picking up the development of System leaders which will be an ongoing issue embedded into the Organisational Development Plan. ZJ agreed to follow this up. **The Governing Body RECEIVED and NOTED the presentation provided**	**ZJ**
GBP/2122/151	**Finance Report – Month 5** Richard Chapman (RCp) provided an update on the financial position as at Month 5. The following points of note were made: • DDCCG has a Year-To-Date (YTD) favourable variance of £128k, after accounting for COVID reimbursement, and a favourable forecast of £193k. • All financial targets continue to be met. • The contingency of £1.356m YTD and £2.034m Forecast Outturn (FOT) required to breakeven at month 4 is not now required to achieve breakeven. • The CCG had received a non-recurrent allocation £2.312m relating to long COVID. • There will be no hard closedown of accountability period H1 therefore the small surplus will be carried forward to H2, which will be helpful. • The overspend in Continuing Health Care (CHC) costs relates to Fully Funded Adult CHC, Fast Track and Joint Funded CHC. The arrangements implemented to reduce fast track packages continue. • The Derbyshire System FOT is expected to be a £2.2m surplus. **The Governing Body NOTED the following:** • **Allocations have been received for H1 at £1.036bn** • **The YTD reported underspend at month 5 is £0.128m** • **Retrospective allocations received for Quarter 1 Covid spend on the Hospital Discharge Programme were £2.697m further expected funding is £1.569m relating to month 4 and 5** • **The Elective Recovery Fund has been reimbursed £0.680m for April, May and 90% June** • **H1 is forecast to conclude at a £0.199m underspend**	
GBP/2122/152	**Finance Committee Assurance Report – September 2021** Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 30th September 2021. The following points of note were made: • AM assured the Governing Body that RCp's account of the financial situation accurately represents the current position in these extremely abnormal times. • Prior to the COVID pandemic, there was a £180m System gap between spend and what could be afforded from the allocation. This gap has not gone away and could be even greater than 8% of the system's resource; there is still a need to understand the exact size of the issue. Transformational dialogues are required to enable questions to be asked. The new Secretary of State for Health is implying that the 3% per year efficiency gains will be implemented sooner rather than later. The System needs to focus on all financial aspects in order to keep the deficit under control.	

	• CCG finance teams are assessed periodically against their performance on the integrated single finance system. At its previous assessment three years ago, DDCCG was rated 147/192 CCGs. The Committee was delighted to note that, at a recent re-assessment, the CCG was rated 8/109 CCGs. This is an impressive performance which bodes well for the transition of expertise into the ICS. **The Governing Body NOTED the verbal update provided for assurance purposes**	
GBP/2122/153	**Audit Committee Assurance Report – September 2021** Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 16th September 2021. The following points of note were made: • The Committee noted the substantial assurance of the Conflicts of Interest report and the significant assurance of the Contracting for Continuing Health Care report. • No recommendations were made in the Stage 1 Head of Internal Audit Opinion report. • The Counter Fraud 2020/21 Annual Report and Counter Fraud Progress Report were received and noted. • The Committee received and noted the KPMG External Audit Technical Update for September 2021. The report highlighted the main risks facing the Health Sector in 2021/22, including best practice opportunities for climate change. It is expected that this will be a requirement of the Statement of Governance in future. **The Governing Body NOTED the contents of the report provided for assurance purposes**	
GBP/2122/154	**Clinical and Lay Commissioning Committee (CLCC) Assurance Report – September 2021** IG provided an update following the CLCC meeting held on 9th September 2021. The report was taken as read and the outcomes of discussions were noted. The Committee ratified the following clinical polices: • Fitting/Removal of Intra-uterine Contraceptive Devices and Levonorgestrel Intrauterine Systems in Secondary Care Policy • Oraya Therapy for the Treatment of Wet Age-related Macular Degeneration (AMD) Position Statement The Committee virtually approved the ADHD Guidance and noted the separate work underway. **The Governing Body NOTED the contents of the report provided for assurance purposes**	
GBP/2122/155	**Derbyshire Engagement Committee Assurance Report – September 2021** Martin Whittle (MWh) provided an update following the Derbyshire Engagement Committee meeting held on 21st September 2021. The report was taken as read and the following points of note were made:	

	• System Engagement Model and Governance Guide – The Committee received a draft of the updated System Engagement Model, which has been refreshed in line with recent NHS England guidance on public and community engagement in the future ICS bodies. The guide will align with the transformation and PMO processes emerging across the System and act as a key control in mitigating the risk of challenge in service change programmes. The model will be used to further inform the Governance Guide on engagement and involvement • Place engagement approach – A discussion has been held on how to maximise community engagement in the work of Place Alliances. A pilot approach will commence in Amber Valley aimed at putting the voice and lived experience of communities at the heart of Place, promoting a culture of listening, learning, and acting, through a continuous conversation. The work with the King's Fund has identified the use of 'concepts of integration' to prompt conversations with local people to ascertain what works well. • ICS Governance requirements – A working group has been formed to review and interpret the guidance received from NHS England and develop a proposal on the governance and assurance roles on public engagement, for review by the Engagement Committee in October. **The Governing Body NOTED the contents of the report provided for assurance purposes**	
GBP/2122/156	**Governance Committee Assurance Report – September 2021** Jill Dentith (JD) provided an update following the Governance Committee meeting held on 23rd September 2021. The report was taken as read and the following points of note were made: • The Committee approved the revised Flexible Working Policy. Revisions to Section 33 of the NHS terms and conditions of service (TCS) handbook were also agreed. The improvements are designed to support a cultural change towards ensuring flexible working is available to all NHS staff. • The HR Performance Report for Quarter 1 was noted. An update was provided in relation to vacancy levels, leavers, sickness absence and equality data. The Committee also received an update on the current COVID vaccination levels (90%+) for CCG staff. • The Committee held an Extraordinary confidential meeting on the 10th September to agree to the new operating model for the gradual return of staff to the CCG's offices. The new hybrid working model commenced on the 20th September 2021. **The Governing Body NOTED the contents of the report provided for assurance purposes**	
GBP/2122/157	**Primary Care Commissioning Committee (PCCC) Assurance Report – September 2021** Simon McCandlish (SM) provided a verbal update following the PCCC meeting held on 22nd September 2021. The following point of note was made:	

	• Feedback was received from patients and staff and confirmation of approval of the contract change from St Lawrence Road to DCHSFT, with effect from 1st October 2021, was provided. **The Governing Body NOTED the verbal update provided for assurance purposes**	
GBP/2122/158	**Quality and Performance Committee (Q&PC) Assurance Report – September 2021** Dr Buk Dhadda (BD) provided an update following the Q&PC meeting held on 30th September 2021. The report was taken as read and the following points of note were made: • A deep dive on Mental Health commissioning was undertaken by the Committee. Caroline Green attended to provide an update on the level of provision of mental health services in Derbyshire. The System-wide approach taken by the Trust was commended and a good level of assurance / reassurance of provision was taken. Concerns were rasied around access to children and young people's services and the Transformation Plan, which will shortly be available in the public domain. A further update will be provided in 3 months' time. • The Committee was assured by the first SEND Annual Report. A joint CQC and Ofsted inspection in Derby City raised concerns; however, significant progress has been made against these concerns and a further inspection is planned for this week. The Committee will receive a update at its next meeting. • The Committee received the Continuing Health Care 360 External Audit, which was delayed due to the pandemic. The outcome of the audit resulted in significant assurance, with three minor issues, all of which have been addressed. Brigid Stacey and her team were congratulated on this achievement. **The Governing Body NOTED the paper for assurance purposes**	
GBP/2122/159	**CCG Risk Register – September 2021** HD advised that this report highlights areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 30th September 2021. All risks in the Register are allocated to one of the CCG's Corporate Committees which reviews them on a monthly basis. The following request was made: • Risk 30 - There is an ever-present risk of fraud and cybercrime; the likelihood of which may increase during the COVID emergency response period - It is recommended that this risk be closed and transferred to the CCG ICB Transition Risk Register due to the potential risks of cyber-attack in transition to the ICB. **The Governing Body RECEIVED and NOTED:** • **The Risk Register Report** • **Appendix 1 as a reflection of the risks facing the organisation as at 30th September 2021** • **Appendix 2 which summarises the movement of all risks in September 2021** • **The decrease in risk score for risk 09 relating to sustainable digital performance for CCG and General Practice due to threat of**	

	cyber-attack, network outages and the impact of migration of NHS Mail onto the national shared tenancy **And APPROVED the closure of risk 30 relating to fraud and cybercrime with this risk being transferred to the CCG Transition to the Integrated Care Board (ICB) Risk Register**	
GBP/2122/160	**Governing Body Assurance Framework – Quarter 2** HD presented the Governing Body Assurance Framework (GBAF) for Quarter 2. The GBAF provides a structure and process that enables the CCG to focus on the strategic and principal risks that might compromise it in achieving its corporate objectives. It also maps out the key controls that should be in place to manage those objectives and associated strategic risks and provides the Governing Body with assurance on the effectiveness of the controls. This process is managed and supported through the CCG's Corporate Committees. The following strategic risks were decreased in score during Quarter 2: Risk 7 - CCG staff retention and morale during the transition will be adversely impacted due to uncertainty of process and implications of the transfer to the ICS, despite the NHSEI continuity of employment promise - The risk score was decreased from a high 8 to a moderate 6 by the Governance Committee as a result of the HR Framework being published by NHSEI and the various HR Briefings and Health and Wellbeing sessions offered to all staff in the transition to the ICB. Risk 8 - If the CCG is not ready to transfer its functions or has failed to comprehensively and legally close down the organisation, or if the system is not ready to receive the functions of the CCG, the ICS operating model cannot be fully established - The risk score was decreased from a very high 20 to a very high 16 by the Governance Committee as result of various ICS documents being published to support the closedown of CCGs and due diligence and readiness to operate as an ICB. It was enquired if there is any evidence that key staff are being lost to retirement or competition. HD responded that the CCG is positively losing some staff through promotion to new System roles; it is positive that the knowledge staff have gained during their time with the CCG has stood them in good stead for the future. A few staff have left to join provider organisations, where some individuals feel their future will be more certain; whilst there is an employment commitment for all CCG staff, they do not know as yet what their actual role will be in the ICB. A few staff have notified of their intention to retire in the next few months. It was confirmed that there is no recruitment freeze and that there will be a lift and shift of the whole establishment, as a strong resource base will be required. As a large public, organisation it was asked if the CCG is planning to continue its commitment to apprenticeships. HD confirmed that the HR Team is working on how to further develop apprenticeships. Existing apprenticeships will be carried forward into the ICB. **The Governing Body AGREED the 2021/22 Quarter 2 (July to September 2021) Governing Body Assurance Framework**	

GBP/2122/ 161	**Joined Up Care Derbyshire Board – confirmed minutes 15.7.2021** **The Governing Body RECEIVED and NOTED these minutes**	
GBP/2122/ 162	**Ratified Minutes of DDCCG's Corporate Committees:** • Audit Committee – 25.5.2021 • Derbyshire Engagement Committee – 17.8.2021 • Governance Committee – 15.7.2021 • Primary Care Commissioning Committee – 25.8.2021 • Quality and Performance Committee – 26.8.2021 **The Governing Body RECEIVED and NOTED these minutes**	
GBP/2122/ 163	**South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – September 2021** **The Governing Body RECEIVED and NOTED the report**	
GBP/2122/ 164	**Minutes of the Governing Body meeting in public held on 2nd September 2021** **The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held**	
GBP/2122/ 165	**Matters Arising / Action Log** <u>Action Log – September 2021</u> Item GBP/2122/123 - Discussion to be held at the November meeting on the findings of the Britain Thinks Report – Item Closed	
GBP/2122/ 166	**Forward Planner** **The Governing Body NOTED the Planner for information purposes**	
GBP/2122/ 167	**Any Other Business** None raised	
DATE AND TIME OF NEXT MEETING – Thursday 4th November 2021 – 9.30am to 11am via Microsoft Teams		

Signed by: ……. Dated: ……
(Chair)

NHS
Derby and Derbyshire
Clinical Commissioning Group

GOVERNING BODY MEETING IN PUBLIC
ACTION SHEET – October 2021

Item No.	Item title	Lead	Action Required	Action Implemented	Due Date
2021/22 Actions					
GBP/2122/054	Joined Up Care Derbyshire Board Update – May 2021	Helen Dillistone	It was requested that a Governing Body Development / Transition 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.	To be scheduled in for the December Session	**December 2021**
GBP/2122/123	Chair's Report – August 2021	Martin Whittle	It was requested that the Britain Thinks Report be presented to the Governing Body to consider the findings in full.	Discussion to be held at the December meeting on the findings of the Britain Thinks Report	**December 2021**
GBP/2122/130	Derbyshire Engagement Committee Assurance Report – August 2021	Martin Whittle	It was enquired whether there is any evidence which captures the fact that services have improved, and not deteriorated, when changes being made to them.	The evidence available to demonstrate that more people are being discharged to the to the places that will best meet their needs is currently being collated	**December 2021**
GBP/2122/150	Developing the operating model for the ICS – Strategic Intent	Zara Jones	Consideration has yet to be given to the development of System leaders and their development. ZJ responded that Organisational Development will be responsible for picking up the development of System leaders	A System leadership development programme has been implemented, working in partnership with Deloittes, that will start to explore the Systems' leadership, culture and behaviours	**Item complete**

			which will be an ongoing issue embedded into the Organisational Development Plan.		

NHS
Derby and Derbyshire
Clinical Commissioning Group

Derby and Derbyshire CCG Governing Body Forward Planner 2021/22

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM / ISSUE												
WELCOME/ APOLOGIES												
Welcome/ Apologies and Quoracy	X	X	X	X	X	X	X	X	X	X	X	X
Questions from the Public	X	X	X	X	X	X	X	X	X	X	X	X
Declarations of Interest • Register of Interest • Summary register of interest declared during the meeting • Glossary	X	X	X	X	X	X	X	X	X	X	X	X
CHAIR AND CHIEF OFFICERS REPORT												
Chair's Report	X	X	X	X	X	X	X	X	X	X	X	X
Chief Executive Officer's Report	X	X	X	X	X	X	X	X	X	X	X	X
FOR DECISION												
Review of Committee Terms of References		X					X					
FOR DISCUSSION												
360 Stakeholder Survey												X
Mental Health Update								X				
CORPORATE ASSURANCE												
Finance and Savings Report	X	X	X	X	X	X	X	X	X	X	X	X
Finance Committee Assurance report	X	X	X	X	X	X	X	X	X	X	X	X
Quality and Performance Committee Assurance Report • Quality & Performance Report • Serious Incidents • Never Events	X	X	X	X	X	X	X	X	X	X	X	X
Governance Committee Assurance Report • Business Continuity and EPRR core standards • Complaints	X		X		X		X		X		X	

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM / ISSUE												
• Conflicts of Interest • Freedom of Information • Health & Safety • Human Resources • Information Governance • Procurement												
Audit Committee Assurance Report	X	X	X				X		X		X	
Engagement Committee Assurance Report	X	X	X	X	X	X	X	X	X	X	X	X
Clinical and Lay Commissioning Committee Assurance Report	X	X	X	X	X	X	X	X	X	X	X	X
Primary Care Commissioning Committee Assurance Report	X	X	X	X	X	X	X	X	X	X	X	X
Risk Register Exception Report	X	X	X	X	X	X	X	X	X	X	X	X
Governing Body Assurance Framework	X	X		X		X		X			X	
Strategic Risks and Strategic Objectives		X		X	X							
Annual Report and Accounts			X			X						
AGM						X						
Corporate Committees' Annual Reports					X							
Joined Up Care Derbyshire Board Update	X		X		X		X		X		X	
FOR INFORMATION												
Director of Public Health Annual Report											X	
Minutes of Corporate Committees												
Audit Committee	X	X	X				X		X		X	
Clinical & Lay Commissioning Committee	X	X	X	X	X	X	X	X	X	X	X	X
Engagement Committee	X	X	X	X	X	X	X	X		X	X	X
Finance Committee	X	X	X	X	X	X	X	X	X	X	X	X
Governance Committee			X		X		X		X		X	
Primary Care Commissioning Committee	X	X	X	X	X	X	X	X	X	X	X	X
Quality and Performance Committee	X	X	X	X	X	X	X	X	X	X	X	X

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
AGENDA ITEM / ISSUE												
Minutes of Health and Wellbeing Board Derby City	X		X		X				X		X	
Minutes of Health and Wellbeing Board Derbyshire County	X		X		X				X		X	
Minutes of Joined Up Care Derbyshire Board	X		X		X		X		X		X	
Minutes of the SY&B JCCCG meetings – public / private	X	X	X	X	X	X	X	X	X	X	X	X
MINUTES AND MATTERS ARISING FROM PREVIOUS MEETNGS												
Minutes of the Governing Body	X	X	X	X	X	X	X	X	X	X	X	X
Matters arising and Action log	X	X	X	X	X	X	X	X	X	X	X	X
Forward Plan	X	X	X	X	X	X	X	X	X	X	X	X
ANY OTHER BUSINESS												

Derby and Derbyshire
Clinical Commissioning Group

Governing Body Meeting in Public

4th November 2021

Item No: 187

Report Title	Business As Usual Capital Finance Plan – November 2021
Author(s)	Jill Savoury – Assistant Chief Finance Officer
Sponsor (Director)	Richard Chapman – Chief Finance Officer

Paper for:	**Decision**	x	**Assurance**		**Discussion**		**Information**	
Assurance Report Signed off by Chair								

Recommendations

The Finance Committee considered the Business As Usual Capital Finance Plan at its meeting on October 28th 2021 and recommended that the Governing Body:

1. **RATIFIES** the planned use of a £2.11m Business As Usual (BAU) capital allocation that NHSEI has made available for the CCG to use for GPIT, corporate IT and GP premises.

2. **NOTES** the Finance Committee's ratification of the urgent approval of spend against the draft Capital Plan by the Chief Finance Officer and Medical Director, and the methodology in seeking approval in the absence of the Accountable Officer.

Report Summary

Planned use of the £2.11m BAU Capital Allocation:

Colleagues from the finance, primary care and digital teams have worked together to prioritise projects to ensure the most effective use of the funding available.
The plan approved by NHSEI comprises:

Category of spend	Plan £'000
BAU GPIT	1,360
BAU primary care premises	600
BAU corporate IT	150
Total	***2,110***

Urgent approval of capital expenditure:

Urgent approval was required on the 19th October 2021 for spend of £95k against the GPIT element of this capital plan.

Per the CCG's Constitution, non-clinical capital spend up to £250k should be approved by the Finance Committee. However, in urgent cases, joint approval by the Accountable Officer and Chief Finance Officer is permitted.
Are there any Resource Implications (including Financial, Staffing etc)?
As above
Has a Privacy Impact Assessment (PIA) been completed? What were the findings?
Not applicable
Has a Quality Impact Assessment (QIA) been completed? What were the findings?
Not applicable
Has an Equality Impact Assessment (EIA) been completed? What were the findings?
Not applicable
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below
Not applicable
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below
Not applicable
Have any Conflicts of Interest been identified/ actions taken?
Not applicable
Governing Body Assurance Framework
Which of the CCG's objectives does this paper support? 1. To reduce our health inequalities and improve the physical health, mental health and wellbeing of our population. 2. To reduce unwarranted variation in the quality of healthcare delivered across Derbyshire. 3. To support the development of a sustainable health and care economy that operates within available resources, achieves statutory financial duties and meets NHS Constitutional standards.
Identification of Key Risks
As noted in the report

Business As Usual Capital Finance Plan – November 2021

Aim of the Paper

To ask the Governing Body to:

1. **RATIFY** the planned use of a £2.11m Business As Usual (BAU) capital allocation that NHSEI has made available for the CCG to use for GPIT, corporate IT and GP premises.

2. **NOTE** the Finance Committee's ratification of the urgent approval of spend against the draft Capital Plan by the Chief Finance Officer and Medical Director, and the methodology in seeking approval in the absence of the Accountable Officer.

Background:

In April 2021, the CCG submitted a capital plan to NHSE/I Midlands for BAU GPIT, GP premises and corporate IT improvements totalling £2.11m. Operational pressures due to the financial year-end and covid response meant that the CCG was not able to submit a fully worked up plan within the timescales to NHSEI. Instead, it was agreed to submit a plan splitting the allocation 50:50 between IT and GP premises as assurances had been received from NHSEI confirming that the planned spend could be moved between categories at a later date.

A revised plan was submitted to NHSEI in June 2021 to coincide with the completion of PIDS for GPIT and corporate IT. The plan and PIDS have now been approved by the regional and national NHSEI teams.

Planned use of the £2.11m BAU Capital Allocation:

Colleagues from the finance, primary care and digital teams have worked together to prioritise projects to ensure the most effective use of the funding available.

The plan approved by NHSEI comprises:

Category of spend	Plan £'000
BAU GPIT	1,360
BAU primary care premises	600
BAU corporate IT	150
Total	***2,110***

The GPIT and corporate IT allocations will be used for the purchase of laptops, licenses, network development and hardware such as monitors. Appendices 1 and 2 are extracts of the PIDS approved by NHSEI, setting out a description of the purchases and the strategic need.

The primary care premises allocation will be used following the prioritisation of requests from practices for small building works, such as restructuring of buildings to create additional clinical space, that can be completed within the financial year. A PID must be submitted to NHSEI for each scheme rather than an overarching PID as is the case for IT. The CCG will complete due diligence on each scheme PID and associated revenue implications prior to submission to NHSEI for approval.

Urgent approval of capital expenditure:

Urgent approval was required on the 19th October 2021 for spend of £95k against the GPIT element of this capital plan. This was to ensure the CCG could secure network switches stock available at a provider (CDW) following a tender process. Other providers were not able to deliver within the financial year (a minimum 252 day lead-in time was cited), and submitted higher tender bids. To secure the stock, NECS were required to raise a PO with CDW by the end of Wednesday 20th October. Approval was granted following joint authorisation by the Chief Finance Officer (CFO) and Medical Director on 19th October 2021.

Per the CCG's Constitution, non-clinical capital spend up to £250k should be approved by the Finance Committee. However, in urgent cases, joint approval by the Accountable Officer and Chief Finance Officer is permitted. On 19th October, the Accountable Officer was on leave, therefore approval was sought from the CFO and Medical Director; the latter chosen due to the knowledge and ability to challenge such spend within primary care IT. Whilst not duly aligned to the Constitution, on the basis that this spend is in line with GPIT BAU PID approved by NHSEI, this approach was considered pragmatic to ensure there was no delay in delivering the capital plan and hence risk to patient care.

Recommendation:

Governing Body are asked to:

1. **RATIFY** the planned use of a £2.11m Business As Usual (BAU) capital allocation that NHSEI has made available for the CCG to use for GPIT, corporate IT and GP premises.

2. **NOTE** the Finance Committee's ratification of the urgent approval of spend against the draft Capital Plan by the Chief Finance Officer and Medical Director, and the methodology in seeking approval in the absence of the Accountable Officer.

Appendix 1 – Extract of the GPIT PID:

8. DIGITAL TECHNOLOGY SCHEME DESCRIPTION Please specify what equipment is being purchased and for what site(s). Include a description of the scheme, which should include, but need not be limited to: • scope and content • objectives and benefits – these may be financial and/or non-financial • location and distribution (where appropriate) • wider stakeholders and their interest e.g. potential users of the technology • indicative scheme value for approval purposes	The first scheme is the replacement of 20% of the laptop and desktop allocation within Primary Care – covering both GP Practice and PCN colleagues as appropriate. While there was an extensive deployment of laptop devices through the COVID response, persisting issues with the supply chain has meant that a number of devices were recalled, upgraded to Windows 10 and re-deployed back into Primary Care to allow the Practices to be compliant with the directives around removal of Windows 10. We therefore need to recall any devices which were not replaced last year along with this year's allocation in addition to supporting additional the ARRS within PCNs and other workforce expansion. As in previous years, we are continuing to upgrade monitors across Primary Care – introducing devices incorporating speakers, webcams and USB hubs to reduce the amount of space required and reduce the need for additional peripheral devices. Similarly, we require a number of devices to allow Primary Care to continue in the event of hardware failure and to meet outstanding requests for additional devices through modified working practices, where sites are looking to reconfigure their estate footprint in order to make the best use of available space. Some of this will require the replacement of patch cables, ethernet cables, etc and hence an allocation has been identified to pick up these costs, but at the point of writing we do not know specific costs until the work is underway. The increased levels of staffing will require additional investment in Microsoft Office (N)365 licences which has been reflected in the PID. These are multi-year and hence able to be capitalised. We also intend to maintain our secondary remote access solution, allow users to make use of personal devices to securely connect back to managed equipment within the GP Practice or PCN. This has been to safeguard against issues over the last financial year and is ongoing this year, with the availability of hardware, and for individuals who are shielding and do not have access to portable devices within their usual role. Finally, we are working with our colleagues within Primary Care to understand how patient information and check-in functionality will change since the recent pandemic. We are licencing the systems again for a further year, but over the course of the 12 months will be looking at other options which may include UYOD for patients to check-in and be called remotely. This will limit the number of patients within waiting rooms and reduce the risk of transmission, while also freeing up space at Reception desks for patients who require additional support or for who digital is not a current option.

9. STRATEGIC NEED Please describe the need for capital investment and what measurable benefits the capital investment will provide. Confirm the strategic drivers and justification for the scheme. Please describe how the investment links in and aligns with the Local Digital Road Map (LDR), STP, national priorities and other strategies as appropriate	Continued investment in the network infrastructure is required to ensure that all networking devices are appropriately patched and updated as part of the cyber security around the clinical systems and associated networks. Due to cost pressures from previous years, we have been unable to complete the full upgrade programme within the last financial year and instead focussed upon the replacement of the wireless access points which provided WiFi coverage to colleagues and the public alike. This financial year, we will be completing the deployment of updated network switches into the remaining GP Practices to improve resilience, but also increase capacity where a need is identified. This is in line with investments being made from GP resilience funding to upgrade links into Primary Care sites, especially those within rural areas where use of high bandwidth digital services may be greater given the remoteness of some patients.

Appendix 2 – Extract of the Corporate IT PID:

8. DIGITAL TECHNOLOGY SCHEME DESCRIPTION Please specify what equipment is being purchased and for what site(s). Include a description of the scheme, which should include, but need not be limited to: • scope and content • objectives and benefits – these may be financial and/or non-financial • location and distribution (where appropriate) • wider stakeholders and their interest e.g. potential users of the technology • indicative scheme value for approval purposes	The first scheme is the replacement of laptops which were unable to be renewed last financial year due to pressures within other areas and/or which are now at the end of their usable period through issues of performance. We intend to replace around 10% of the current estate with additional devices left over for break/fix and any new starters. Similarly with monitors, with extended home working we are receiving requests from colleagues for additional screens or to provide monitors which have integrated video cameras, sound and USB ports. This helps to reduce the amount of equipment which the employee needs to have connected to their workstation and allows us to hold stock for any break/fix issues. The third scheme is the investment in additional add-on functionality to the Microsoft Office (N)365 environment primarily around applications such as Microsoft Project, Microsoft Visio, etc. Where possible, we are replacing perpetual licences linked to a single device to a more flexible model which will allow us to more easily move licences between individuals depending upon the requirements of their post and allowing the CCG access to better tools for project planning and other associated uses. We are also seeking to expand our use of PowerBI to improve the toolset available to our Business Intelligence team and looking to work with our CSU to move some of their core reporting into this application to reduce overheads in other areas and make best use of our investment within the NHS shared tenancy. Finally is the need to replace a number of switches within HQ buildings to ensure these remain covered by support contracts and warranties. Also, that they continue to be patched and have security updates applied to allow us to avoid any potential cyber security issues or exploitation of any vulnerabilities.
9. STRATEGIC NEED Please describe the need for capital investment and what measurable benefits the capital investment will provide. Confirm the strategic drivers and justification for the scheme. Please describe how the investment links in and aligns with the Local Digital Road Map (LDR), STP, national priorities and other strategies as appropriate Please identify any other possible sources of funding that have been considered. For the more complex and substantial schemes, please provide any contextual information which if missing can delay the approval process while additional information is sought.	This year will see more investment in Corporate IT than last financial year. Last financial year, the focus was very much upon allowing Primary Care to continue to operate within a rapidly changing environment, coping with stock levels of equipment and movement of resources and equipment around the system to support remote working. This year, we therefore need to complete the end of last year's Corporate IT equipment refresh programme to ensure all devices operate to the required levels of performance while also allowing for new starters. Investment in the network switches is essential to reduce any vulnerabilities within our infrastructure. The growth in use of Microsoft Office 365 will allow us to leverage more of the functionality available through the NHS shared tenancy while improving access to project planning, mapping and other tools which have previously been too expensive to provide based on a per seat licencing model.