

Derby and Derbyshire CCG Governing Body Meeting in Public
Held on
5th August 2021 via Microsoft Teams

CONFIRMED

Present:

Dr Avi Bhatia	AB	Clinical Chair
Dr Bruce Braithwaite	BB	Secondary Care Consultant
Richard Chapman	RCp	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer
Dr Ruth Cooper	RC	Governing Body GP
Jill Dentith	JD	Lay Member for Governance
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Ian Gibbard	IG	Lay Member for Audit
Zara Jones	ZJ	Executive Director of Commissioning Operations
Dr Steven Lloyd	SL	Medical Director
Simon McCandlish	SM	Lay Member for Patient and Public Involvement
Andrew Middleton	AM	Lay Member for Finance
Dr Emma Pizzey	EP	Governing Body GP
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 Penny Blackwell	PB	Governing Body GP
Dr Robyn Dewis	RD	Director of Public Health - Derby City Council
Dr Buk Dhadda	BD	Governing Body GP
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
Linda Garnett	LG	Workforce and OD Lead, Joined Up Care Derbyshire (part meeting)

Item No.	Item	Action
GBP/2122/096	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/2122/097	Questions received from members of the public One question was received from Keith Venables as follows:	

	<ul style="list-style-type: none"> • What is the position with regard to GP data being sold off to private companies? There have been many contradictory statements and I am unsure of the current situation. <p><u>Response:</u> It has been confirmed by our Governance Team that this is not a subject where the CCG has a decision-making role. A link was provided to the national position, which advises that the data collection is paused until further engagement has been undertaken.</p> <p>GP Data for Planning and Research: Letter from Parliamentary Under Secretary of State for Health and Social Care to general practices in England - 19 July 2021 - NHS Digital</p>	
<p>GBP/2122/098</p>	<p>Declarations of Interest</p> <p>AB reminded Committee members and visiting delegates of their obligation to declare any interests that they may have on any issues arising at Committee meetings which might conflict with the business of the CCG.</p> <p>Declarations declared by members of the Governing Body are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Governing Body or the CCG website at the following link: www.derbyandderbyshireCCG.NHS.uk</p> <p>No further declarations of interest were made and no changes were requested to the Register of Interests.</p>	
<p>GBP/2122/099</p>	<p>Presentation – NHS People and Culture Development</p> <p>Linda Garnett (LG) attended the meeting for this item only in order to provide an update on the work being undertaken by the people and culture programme across Joined Up Care Derbyshire (JUCD); a copy of the presentation provided was circulated in advance of the meeting. A request was made by the Governing Body for an update on this matter as concerns had been raised in relation to the People and Culture Oversight Group's ability to deliver in a System wide setting. LG advised that there are clear lines of accountability for the People and Culture work, which is being driven System wide, with HR Director representation from each partner organisation, in order to ensure that the key issues are acted upon collaboratively and in a timely manner.</p> <p>The following questions were raised in relation to the presentation:</p> <ul style="list-style-type: none"> • Although 'one NHS workforce' is the ultimate desirable goal, there are currently greater, more essential immediate challenges to be faced i.e., finding locum doctors, the high turnover of staff in adult social care and recruiting NHS staff in general. A reality check on Organisational Developmental type of issues is required; although they are beneficial and essential in the long-term strategy, doctors and nurses to treat patients need to take priority, as notwithstanding COVID-19, there is not enough supply to meet demand. It was enquired how the new ways of working have improved services for patients. LG responded that the biggest differences in terms of staff and patient experience have been where person centred care and approaches have been delivered. 'Quality Conversations' is an initiative which equips staff at all levels to have person centred conversations with people on 'what matters to 	

	<p>them' rather than 'what is the matter with them'. This has had an impact on staff delivering high quality services, by focusing on the right areas and freeing them up from non-essential tasks.</p> <ul style="list-style-type: none"> • It was enquired how many additional nurses and doctors have been put in place in Derbyshire over the last 2 years, nett of retirement. LG agreed to provide feedback on actual numbers. The workforce has grown significantly; according to the latest System Dashboard; the growth between pre-COVID-19 and now is significant. • It was queried how a local recruitment focus will be maintained by JUCD to grow for the future in Derbyshire over the next few years. LG responded that workforce planning is one of the areas that has been a struggle, as the different elements needed to achieve it are held in different parts of the System. The test has been finding a clear sense of what the training pipeline is, what the short, medium and long term service requirements are and what the options are for supply. The challenge now is about bringing a collaborative and strategic lens to the task. The workforce is growing well, and Derbyshire is comparable to other areas. • As the Primary Care Workforce Steering Group has now been dissolved, it was asked if another group will be focusing on Primary Care staffing. LG is involved in the production of the Terms of Reference for a new group. There is a need to strike a balance between engaging with Primary Care Networks (PCN) and not over burdening them. • It was asked how having a single workforce is going to work practically across 112 practices, all of which are small businesses, and all doing different things. LG has fed this issue up to national team. There is currently good primary care representation on the People and Culture Board. Although the 'one workforce' label is a good ambition, there needs to be more thought as to what this means, and not to assume that all parts of the System want to be 'one workforce'. Further exploration to understand what Derby and Derbyshire would like it to mean is needed. <p>The Steering Group was originally stood down as the money moved over to PCNs; it was asked whose responsibility it is to lead on this, whether it should be the CCG or the providers as a collective, facilitated by the CCG. The GP Taskforce has done incredible work to support junior doctors; this should not be underestimated. Health Education Derbyshire needs to start working as part of the System and raise its profile. This will need to be part of the transition into the ICS.</p> <ul style="list-style-type: none"> • The broader contrast of what makes a happy, productive workforce seems to be within the NHS as a whole, whereas the things that affect NHS workers are what the patients and press are doing. Some doctors are working 12 to 13 hour days and yet the press reports that General Practices and hospitals are not doing enough, which is negative publicity. There is a need to present a positive picture of the fantastic work being done in the NHS. There must be a cultural change to get the public and press to value the NHS more. LG advised that the Communications Team work hard to get positive messages out. The Joined Up Careers website and social media put forward positive stories. The Trusts focus on recognition and try to show staff in many different ways that they are appreciated. The System needs to constantly build resilience, be supportive, show recognition and thanks for what staff do whilst managing outwards to publicise good news stories. 	<p>LG</p>
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	<ul style="list-style-type: none"> • The presentation has provided some reassurance on the work being undertaken by the People and Culture programme across the System. It was queried if there is a dotted or solid line from the Strategic Oversight Group into the JUCD Board. LG confirmed that there is a solid line between the two Groups. • There are a number of parts of the System now feeding into the People and Culture agenda; the Governing Body requested assurance that there will be a smooth transition for CCG staff into the ICS and how this will operate. • The issue of primary care recruitment and retention was raised at the last PCCC meeting and will be picked up as a risk by that Committee to oversee. • Concern was expressed as to whether there is engagement from the Royal College of Nursing, the Royal College of Surgeons, the Royal College of Physicians, Health Education England (HEE) and the people who set the tone for the education and training of doctors, as this is where a lot of the issues come from. LG confirmed that there is good engagement with HEE, with representation on the People and Culture Board; however, there is not as much representation from the other professional bodies at System level; this is an area that could be built upon. • It was enquired if there are any plans to think differently. There are people in their 40s and 50s who want to join the NHS but are only able to come in at Healthcare Assistant level and are blocked from moving into higher roles because they do not have the required registration, even though they are quite capable of undertaking more responsibility. They subsequently leave as they cannot move forward any further. LG responded that the main emphasis is on the apprenticeship route however this is not always suitable for everyone; this is an area which could be done better. A better approach to talent management is being worked upon which provides staff with opportunities for career progression. <p>The Chair thanked LG for providing the very informative update.</p> <p>The Governing Body NOTED the presentation provided</p>	
<p>GBP/2122/100</p>	<p>Chair's Report – July 2021</p> <p>AB provided a written report, a copy of which was circulated with the meeting papers; the report was taken as read and no questions raised.</p> <p>The Governing Body NOTED the contents of the report provided</p>	
<p>GBP/2122/101</p>	<p>Chief Executive Officer's Report – July 2021</p> <p>Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the meeting papers. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Health and Social Care Bill has now progressed through parliament, and after the summer will go through the committee stages. • A decision has been made by the Secretary of State on the Glossop boundary; in due course the transition arrangements will be set out for DDCCG and the Derbyshire Integrated Care System (ICS). 	

	<ul style="list-style-type: none"> • There has been a change in the national leadership of the NHS with Lord Simon Stevens leaving his role and Amanda Pritchard being appointed as his replacement of what will become the Head of NHS England (NHSE), following the merger of NHS England and NHS Improvement once the Bill is approved. • Section two provided examples of the meetings attended by Dr Clayton during the past month on behalf of the Governing Body and ICS. • Section three described national developments, research and reports. • Section four described local news and developments <p>The Governing Body NOTED the contents of the report provided</p>	
<p>GBP/2122/102</p>	<p>Joined Up Care Derbyshire Board Update – July 2021</p> <p>Dr Chris Clayton (CC) provided a written report, a copy of which was circulated with the meeting papers. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • Details of the discussions held at the JUCD Board were provided for information. • A patient story was presented to the Board; CC emphasised how important these stories are to Board members to highlight the things that are happening on the ground. • A reflection on System operations and performance was provided to the Board for information. The rising COVID-19 position has, in the last few days, started to stabilise, particularly in the hospital setting however the General Practice and community setting remains busy. There has been a non-COVID increase in terms of demand in health and care, with notable increases in 111 and 999 service requests over recent weeks. • An update was provided on statutory changes and developments with an explanation provided as to how the issues will be worked through. • Updates were received from the sub-committees reporting into the JUCD Board. The people and culture presentation, as discussed at the start of today's meeting, was received by the Board in to explain how it fits into the governance approach. • The context of an Anchor Institution approach is being progressed; this is a way in which JUCD can make a difference by operating collectively to tackle the wider determinants of health. • There are ongoing developments in terms of data and digital, which is an important area. Progress is being made on the Shared Care Records and in the development of a decision support unit for the System of a shared business intelligence function which will be significant. <p>The following questions were raised:</p> <ul style="list-style-type: none"> • It was asked if the Anchor Charter is available for circulation as yet. CC advised that this is not as yet complete. The Governing Body will be requested to provide agreement to this Charter in due course. • The Governing Body requires assurance around the smooth transition of the Glossop boundary situation; an overview of the issues and how they are being tackled was requested. CC agreed to provide a formal report in September. • A question was raised around the COVID-19 situation and the shifting focus on the younger demographic. Government policy has shifted regarding how the messaging and vaccination programme for students will be handled. One of our Anchor Institutions is the University of Derby. 	<p>CC</p>

	<p>Assurance was requested that work is being undertaken to shift messaging towards the younger demographic and that any issues are being picked up in partnership. Brigid Stacey (BS) responded that the colleges and university are part of the Health Protection Board. Throughout the pandemic there have been constant communications on how to support them in testing and targeting. They are active members of the Board in both the County and the City; reassurance was provided that there is good engagement.</p> <p>The Governing Body NOTED the contents of the report provided</p>	
GBP/2122/103	<p>Remuneration Committee – Updated Terms of Reference</p> <p>Helen Dillistone (HD) presented the updated Terms of Reference (TOR) of the Remuneration Committee for consideration and approval. On a 6 monthly rolling cycle, all Corporate Committees' TOR are reviewed to ensure that their work remains in line with requirements and any changes required are reflected. Two amendments have been proposed for the purposes of transparency:</p> <p>Section 1.3 – Clarifies that the Remuneration Committee is accountable to the Governing Body.</p> <p>Section 5.7 – An addition was made to clarify that the Lay Members' remuneration is discussed and agreed by the Governing Body.</p> <p>The Governing Body APPROVED the amendments to the Remuneration Committee's Terms of Reference</p>	
GBP/2021/104	<p>Finance Report – Month 3</p> <p>Richard Chapman (RCp) provided an update on the financial position as at Month 3. The following points of note were made:</p> <ul style="list-style-type: none"> • There is a Year To Date (YTD) favourable variance of £113k after accounting for expected reimbursement for the hospital discharge programme of £2.7m and the elective recovery fund of £448k. • A forecast outturn of breakeven is expected after receipt of £2.6m of the H1 contingency reserve of £4.2m; 60% of the reserve is now committed. The position includes reimbursement of incurred and assumed expenditure relating to the hospital discharge programme of £4.6m and assumed elective recovery funding of £1.6m, which offsets an expenditure overspend on Community Health Services for ophthalmology activity in excess of the Elective Recovery Fund threshold by the independent sector. This expenditure is expected to be incurred in months 4 to 6. • There are planned investments relating to the Mental Health Investment Standard (MHIS) on top of the existing expenditure run rate. • There is expected to be a seasonal variation in prescribing to the Quarter 1 run rates; the rates are usually lower in July to September than they are in April to June. Up to £5.1m additional expenditure could be absorbed and still allow the forecast position to be delivered. • Three key risks were described in the report: 	

	<ul style="list-style-type: none"> • The increasing fast track activity for Continuing Health Care (CHC); however, cases are now starting to reduce as a result of the actions taken starting to take effect. • Emerging cost pressures for Section 117 – The national mental health planning guidance stated that Section 117 activity should not be above 2020/21 outturn; consequently, the CCG was only allowed to apply an uplift of 1.71%. This is contradictory with local trends. The System has invested in additional case management capacity; although this will provide additional knowledge, it is not expected to bring it in line with budget. When signing up to the System Operational Plan, the Mental Health, Autism and Learning Disability Delivery Board recognised this risk and accepted that it was their responsibility to manage. • Spa Medica is an independent ophthalmology provider in Derby, at present the activity is within the scope of the Elective Recovery Fund. This is an issue that would previously have seen an offset in acute provider activity, however as block contracts are now in situ this will not occur. This is a financial pressure on the System. The financial controls and access criteria are being considered; however, the additional expenditure will be covered by the Elective Recovery Fund. • All financial control targets have been met. • The System deficit has now improved from a £600k deficit to a £200k deficit. There is no major cause for concern that the System will not deliver a breakeven position. <p>The Governing Body NOTED the following:</p> <ul style="list-style-type: none"> • Allocations have been received for H1 at £1.017bn • The YTD reported underspend at month 3 is £0.113m • Retrospective allocations expected for COVID-19 spend on the Hospital Discharge Programme is £2.697m • The Elective Recovery Fund has a YTD estimated £0.448m and H1 forecast of £1.579m which is expected to be reimbursed • H1 is forecast to conclude at a breakeven position 	
<p>GBP/2122/105</p>	<p>Finance Committee Assurance Report – July 2021 / Annual Report</p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 29th July 2021. The following points of note were made:</p> <ul style="list-style-type: none"> • AM corroborated RCp's report as correct in terms of the balance and forecast outturn position however, at the System Finance and Estates Committee (SFEC) meeting this week it was confirmed that the underlying System challenge is in the region of £180m, as estimated before the pandemic. The System is in dialogue with NHSEI to achieve a breakeven run rate over a period of years. Although this is a huge challenge, the SFEC is working on a partnership principle and philosophy and there is joint ownership of and solutions to the challenge. • It is comforting that the System Efficiencies Team has now been reformed. Between the collective goodwill of the System, there is a good chance of achieving this challenge through the use of pathway redesign and more efficient and effective ways of working. Hope was provided that with the right people on the case this will be possible. 	

	<ul style="list-style-type: none"> • It was confirmed that the CCG is discharging all of its statutory duties. • The Annual Report was noted for information. <p>The Governing Body NOTED the verbal update provided for assurance purposes and NOTED the Annual Report provided</p>	
<p>GBP/2122/106</p>	<p>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – July 2021 / Annual Report</p> <p>Dr Ruth Cooper (RC) provided an update following the CLCC meeting held on 8th July 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The CLCC approved the updated Position Statement on Epidurals for all forms of Sciatica (Lumbar Radiculopathy). The CCG does not commission this procedure. • The CLCC noted the progress to date regarding the EB12 Interventions and ratified the following policies/position statements which have been updated to reflect the EB12 proposals: <ul style="list-style-type: none"> • Lumbar Discectomy • Fusion Surgery for Mechanical axial low back pain • Injections for Non-specific Back Pain • The CLCC noted the following EB12 interventions that are covered by existing policies/position statements to remain unchanged: <ul style="list-style-type: none"> • Removal of adenoids for glue ear • Low Back Pain Imaging • Cholecystectomy • Repair of minimally symptomatic Inguinal Hernia • The Annual Report was noted for information <p>The Governing Body NOTED the contents of the report provided for assurance purposes and NOTED the Annual Report provided</p>	
<p>GBP/2122/107</p>	<p>Derbyshire Engagement Committee Assurance Report – July 2021 / Annual Report</p> <p>Martin Whittle (MWh) provided an update following the Derbyshire Engagement Committee meeting held on 20th July 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Sinfin Health Centre development is in the early stages – a briefing will be received by the Committee on the engagement next month. • A briefing was received on the St Thomas Road surgery engagement plan which was well thought through; the Committee was assured that it is meeting the expected standards. • The Committee wanted to be more systematic and mythological in measuring how the engagement function is being carried out to support the Engagement Strategy, which was approved in May. The Committee reviewed the first draft of a range of metrics that could be used and measurements that could provide a more objective view of what is being undertaken in wider engagement. Monthly reports will be received by the Committee to measure how well it is doing. • The Committee received the log of completed engagement assessment forms (S14Z2 forms) for assurance that programmes are now re-commencing following the pandemic; this enabled the Committee to 	

	<p>understand the breadth of programmes being assessed and to highlight where a deep dive might be required.</p> <ul style="list-style-type: none"> • The Annual Report was noted for information. <p>The Governing Body NOTED the contents of the report provided for assurance purposes and NOTED the Annual Report provided</p>	
GBP/2122/108	<p>Governance Committee Assurance Report – July 2021 / Annual Report</p> <p>Jill Dentith (JD) provided an update following the Governance Committee meeting held on 15th July 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The Governance Committee approved the following policies: <ul style="list-style-type: none"> • Freedom of Information • Standards of Business Conduct and Managing Conflicts of Interest • Gifts and Hospitality • Procurement • The Recovery and Restoration closure report was discussed, and it was agreed that any outstanding actions would form part of business-as-usual arrangements. • A report was received on HR performance which overall was positive. • A report was received on the CCG's Gender Pay Gap. The actions being taken to reduce the gap were highlighted, including strengthening work around equality, and promoting flexible working options. • Procurement decisions in the ICS transitional arrangements were discussed and it was agreed that the Governance Committee would be the overseeing Committee for procurement decision-making processes and ensuring that Conflicts of Interest are managed appropriately. • The Annual Report was noted for information. JD thanked Fran Palmer, the CCG's Governance Manager, for drafting the Annual Reports on behalf of the Committee Chairs. <p>The Governing Body NOTED the contents of the report provided for assurance purposes and NOTED the Annual Report provided</p>	
GBP/2122/109	<p>Primary Care Commissioning Committee (PCCC) Annual Report</p> <p>The Annual Report was noted for information.</p> <p>The Governing Body NOTED the Annual Report provided</p>	
GBP/2122/110	<p>Quality and Performance Committee (Q&PC) Assurance Report – July 2021 / Annual Report</p> <p>Andrew Middleton (AM) provided an update following the Q&PC meeting held on 30th July 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> • The breadth of expertise and passion with which the Quality and Performance teams address most issues successfully is phenomenal. • A deep dive and challenge session was held with the cancer leads from the two Derbyshire Acute Trusts; this was positively received. • AM was pleased to hear that BS is involved with the Tameside and Glossop matter, helping to ensure a smooth transfer. 	

	<ul style="list-style-type: none"> Quality and Performance is working more and more in a whole System manner; BS was requested to explain how it will be ensured that nothing gets lost in translation from CCG to System working. BS confirmed that there is now a robust quality architecture in place; the Regional Team is assured by the progress made and the plans going forward. BS chairs the System Quality Group, which reports into the System Quality Assurance Committee (SQAG). Certain elements which the CCG would normally gain assurance from within its own Q&P, i.e., complex children in the Emergency Department, are a System issue rather than a CCG one. The CCG is gaining assurance from the SQAG which prevents duplication and also ensures that nothing gets lost. CC advised that there is a statutory being in place now (the CCG) and a new one coming in (the ICS) and a transition between the two. One of the suggestions is to use the joint mechanism of the SFEC or SQAG to provide mutual assurance to both the CCG and ICS. Something similar was utilised when the Derbyshire CCGs merged. This is an important principle, and it was suggested that it be brought back for further discussion in mid to late Autumn before the last quarter of the financial year. <p>AB advised that this will be worked through by the Transition Working Group and Transition Assurance Sub-Committee, however the CCG has statutory responsibility until the end of March 2022; there is a need to remain cognisant of this and the Governing Body needs to be assured that things are happening.</p> <p>The Governing Body NOTED the key performance and quality highlights and the actions taken to mitigate the risks and NOTED the Annual Report provided</p>	Agenda item
GBP/2122/111	<p>CCG Risk Register – July 2021</p> <p>HD advised that this report highlights areas of organisational risk recorded in DDCCG’s Corporate Risk Register as at 31st July 2021. All risks in the Risk Register are allocated to one of the CCG’s Corporate Committees which reviews them monthly. Approval was requested for the closure of risk 28 on the increase in safeguarding referrals following the lifting of lockdown. This is being monitored through the appropriate committees. Due to close working partnerships and processes, the predicted increase in referrals has not materialised therefore it is proposed that this risk be closed.</p> <p>AM attended the modular training on domestic abuse and considered it be excellent. Although designed for front line staff, it was a good experience for Governing Body members who do not have front line experience to see what the staff on the front line are doing. BS was asked if there is any evidence to suggest that there will be more domestic abuse concerns and cases after the pandemic than there were before. BS confirmed that the number of safeguarding referrals has not increased, therefore the Committee was assured that the risk could be closed. In terms of domestic abuse, it is one of those things that is hidden and does not always come to the fore as people are embarrassed to raise it. The training was provided to raise awareness of domestic abuse. 160 people attended the training sessions, following which a small number of members of staff came forward for confidential support; mechanisms have now been implemented for those individuals. Domestic abuse is one the most under-reported areas of safeguarding; the CCG continues to work with stakeholders to raise awareness of it.</p>	

	<p>The Governing Body RECEIVED and NOTED:</p> <ul style="list-style-type: none"> • The Risk Register Report • Appendix 1 as a reflection of the risks facing the organisation as at 31st July 2021 • Appendix 2 which summarises the movement of all risks in July 2021 • One new risk has been added - Risk 40 relating to the extension of contracts • Risk 06 relating to the demand for psychiatric intensive Care Unit beds (PICU)has been increased <p>The Governing Body APPROVED:</p> <ul style="list-style-type: none"> • The closure of Risk 28 relating to an increase in safeguarding referrals once lockdown was lifted 	
GBP/2122/112	<p>Joined Up Care Derbyshire Board – ratified minutes – May 2021</p> <p>The Governing Body RECEIVED and NOTED these minutes</p>	
GBP/2122/113	<p>Derby City Health and Wellbeing Board meeting – ratified minutes – March 2021</p> <p>The Governing Body RECEIVED and NOTED these minutes</p>	
GBP/2122/114	<p>Ratified Minutes of DDCCG’s Corporate Committees:</p> <ul style="list-style-type: none"> • Derbyshire Engagement Committee – 15.6.2021 • Governance Committee – 20.5.2021 • Primary Care Commissioning Committee – 23.6.2021 • Quality and Performance Committee – 24.6.2021 <p>The Governing Body RECEIVED and NOTED these minutes</p>	
GBP/2122/115	<p>South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – July 2021</p> <p>CC advised that this is a routine report which will cease at the end of March from which point a new way of interacting with SYB will be found.</p> <p>AM advised that Bassetlaw will in future be part of greater Nottinghamshire ICS and not included the South Yorkshire ICS; he asked if this would make a difference in terms of the collaborative relationship. CC considered that this question links to the paper which will be presented in September on the boundary changes for Derbyshire, as there will be similarities for Bassetlaw and Glossop. The Secretary of State decided to move the boundary for Bassetlaw into the Nottinghamshire System. Patient flows into secondary care services are unlikely to change immediately. There will be a transition to understand the requirements. One of the key objectives operationally is the concept of Place and thinking about the interactions between Place and the Glossop area, and that of the PCN infrastructure, in order to understand the relationships and partnerships that will need to be created.</p> <p>The Governing Body RECEIVED and NOTED the report</p>	

GBP/2122/ 116	Minutes of the Governing Body meeting in public held on 1st July 2021 The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held	
GBP/2122/ 117	Matters Arising / Action Log Action Log – July 2021 – There are no outstanding action items	
GBP/2122/ 118	Forward Planner <ul style="list-style-type: none"> • An update on the Derbyshire ICS boundary to include Glossop will be provided at the next meeting. • The Annual Report and Financial Accounts will be presented at the September meeting. <p>The Governing Body NOTED the Planner for information purposes</p>	
GBP/2122/ 119	Any Other Business None raised	
DATE AND TIME OF NEXT MEETING – Thursday 2 nd September 2021 – 9.30am to 11.15am via Microsoft Teams		

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

Dated:2.9.2021.....