

**Derby and Derbyshire CCG Governing Body Meeting in Public**  
**Held on**  
**5<sup>th</sup> March 2020**

**CONFIRMED**

**Present:**

Dr Avi Bhatia	AB	Chair
Dr Penny Blackwell	PB	Governing Body GP
Richard Chapman	RCp	Chief Finance Officer
Dr Chris Clayton	CC	Chief Executive Officer
Dr Ruth Cooper	RC	Governing Body GP
Jill Dentith	JD	Lay Member for Governance
Dr Robyn Dewis	RD	Acting Director of Public Health - Derby City Council
Dr Buk Dhadda	BD	Governing Body GP
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery
Sandy Hogg	SH	Executive Turnaround Director
Zara Jones	ZJ	Executive Director of Commissioning Operations
Andrew Middleton	AM	Lay Member for Finance
Dr Emma Pizzey	EP	Governing Body GP
Professor Ian Shaw	IS	Lay Member for Primary Care Commissioning
Brigid Stacey	BS	Chief Nursing Officer
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 Bruce Braithwaite	BB	Secondary Care Consultant
Gill Orwin	GO	Lay Member for Patient and Public Involvement
Ian Gibbard	IG	Lay Member for Audit
Dr Steven Lloyd	SL	Medical Director
Dean Wallace	DW	Director of Public Health, Derbyshire County Council

**In attendance:**

Dr Kath Bagshaw	KB	Deputy Medical Director
Dawn Litchfield	DL	Executive Assistant to the Governing Body / minute taker
Suzanne Pickering	SP	Head of Governance

Item No.	Item	Action
<b>GBP/1920/232</b>	<b>Welcome, Apologies &amp; Quoracy</b>  Dr Avi Bhatia (AB) welcomed members to the meeting.  Apologies were received from Dr Bruce Braithwaite, Gill Orwin, Ian Gibbard, Dean Wallace and Dr Steven Lloyd.  It was confirmed that the meeting was quorate.	
<b>GBP/1920/233</b>	<b>Questions from members of the public</b>  None received.	

<p><b>GBP/1920/234</b></p>	<p><b>Declarations of Interest</b></p> <p>AB reminded committee members and visiting delegates of their obligation to declare any interests that they may have on any issues arising at committee meetings which might conflict with the business of the CCG.</p> <p>Declarations declared by members of the Governing Body are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Governing Body or the CCG website at the following link: <a href="http://www.derbyandderbyshireccg.nhs.uk">www.derbyandderbyshireccg.nhs.uk</a>.</p> <p><u>Item 238 – Update on re-design of clinical pathways to support hospital discharge in Erewash</u> – Dr Emma Pizzey (EP) and Dr Kath Bagshaw (KB) raised a declaration of interest as they are partners in Erewash practices. EP and KB will leave the room when this item is discussed.</p> <p><u>Item 243 – Primary Care Commissioning Committee Assurance Report</u> – Dr Ruth Cooper (RC) raised a declaration of interest in the closure of the Pilsley branch surgery as she is a GP partner in Staffa Health. No action was required as the decision has been made elsewhere.</p> <p>No further declarations of interest were made and no changes were requested to the Register of Interests.</p>	
<p><b>GBP/1920/235</b></p>	<p><b>Chair's Report</b></p> <p>AB provided a written report, a copy of which was circulated with the papers. The report was taken as read and no questions were raised. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• A meeting has been held between the Chairs of each partner organisation across the system to discuss working more effectively together in support of patients and preventing duplication; this was a positive and constructive meeting. The Governing Bodies of the respective organisations will also become involved in taking the system working forward.</li> <li>• A Clinical and Professional Reference Group (CPRG) meeting was recently held. This group is the vehicle for coordinating and representing the professional and clinical voice through Joined Up Care Derbyshire (JUCD).</li> <li>• Gill Orwin (GO) is leaving her role of Governing Body Lay Member for Public and Patient Involvement at the end of March. AB thanked GO, on behalf of the Governing Body, for all her help over the past few years in the current CCG, moving from 4 Derbyshire CCGs to 1 CCG and at Hardwick CCG. GO has done a great job making the patient voice heard during her time with the CCGs.</li> </ul> <p><b>The Governing Body RECEIVED and NOTED the report</b></p>	

<p><b>GBP/1920/236</b></p>	<p><b>Chief Executive Officer's Report</b></p> <p>Dr Chris Clayton (CC) provided a verbal update confirming that the focus of his energies is reflected in today's agenda. He has been supporting the national team on the Coronavirus situation, following national guidance and policy; he thanked all his colleagues for their input on this. He has particularly focused on the current financial position, working with the system on the efficiency programme, operational performance, year-end / new year contractual mechanisms and system orientation.</p> <p><b>The Governing Body RECEIVED and NOTED the report</b></p>	
<p><b>GBP/1920/237</b></p>	<p><b>Relocation of inpatient services for older people with functional mental health conditions at London Road Community Hospital (LRCH) to Kingsway Hospital, Derby</b></p> <p>Zara Jones (ZJ) sought approval to launch a public consultation to relocate the inpatient services currently provided at LRCH for older people with functional mental health conditions to Kingsway Hospital.</p> <p>The paper outlined the background and previous service provision, advising that work has been undertaken to increase the community outreach offer to this patient group, to allow more patients to be treated in their own home. Since the implementation of the Older Adults In-Reach and Home Treatment Team the bed base of the LRCH mental health wards has reduced. The consultation is to consider relocating the current ward to Tissington House on the Kingsway site; there will be no changes to the service. The benefits of undertaking this relocation were outlined in the report and include the creation of greater link working with other wards, greater staffing resilience and the sharing of expertise and best practice.</p> <p>Prior to presentation to the Governing Body, this proposal has been considered by the Health and Scrutiny Committee, the Clinical and Lay Commissioning Committee and the Engagement Committee, all of which were supportive of the proposal and the undertaking of a 60 day consultation period commencing from 16<sup>th</sup> March 2020, if approved by the Governing Body today.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>NOTED the update for functionally mentally ill older adults who are currently receiving inpatient provision at LRCH.</b></li> <li>• <b>APPROVED the commencement of a public consultation with regard to the relocation of this inpatient function (currently met at LRCH) over to the Kingsway Hospital site.</b></li> </ul>	
<p><b>GBP/1920/238</b></p>	<p><b>Update on re-design of clinical pathways to support hospital discharge in Erewash</b></p> <p>Conflicts of interest were raised by EP and KB – both of whom left the room at this point, 9.30am.</p> <p>Following approval by the Governing Body in September 2019 for the proposed changes to the re-design of clinical pathways to support</p>	

	<p>hospital discharge in Erewash, ZJ provided the requested update.</p> <p>The following key messages were outlined:</p> <ul style="list-style-type: none"> <li>• More patients are now seen in a Pathway 2 facility than before the changes were made.</li> <li>• The capacity at Ladycross House has increased and the patient experience has been very positive.</li> <li>• The number of beds available in Ilkeston Community Hospital has met patient demand.</li> </ul> <p>This has been a positive foundation upon which to build but there is still further work to be done. Work is continuing with Joined Up Care Derbyshire to consider the changes in the wider context of Derbyshire county and Derby city, ensuring that all patients are commenced on the correct pathway.</p> <p>The update provided a summary of the flow of patients in each pathway of care in the Erewash area including:</p> <ul style="list-style-type: none"> <li>• The utilisation of beds for Erewash patients</li> <li>• Information on the achievement against Key Performance Indicators (KPIs) and outcome measures</li> <li>• An update on the patient experience project, illustrating patients' experiences of the changes</li> <li>• An overview of the impact of change and suggested recommendations of how to improve further</li> </ul> <p>There is currently a consultation underway, led by Derbyshire County Council (DCC), on the closure of some care homes across the County. It is important for the Governing Body to be aware that one of the proposed closures is Ladycross House. The CCG is working closely with DCC to understand the implications of the consultation's outcome ; if the proposed changes are enacted there will be a need to commission alternative Pathway 2 capacity elsewhere.</p> <p>A further update will be provided in 6 months' time.</p> <p>Concern was expressed around the potential closure of Ladycross House. ZJ provided assurance that continuity would be required and the CCG is working closely with DCC to prevent any unnecessary disruption.</p> <p>Discussion ensued on the provision of therapy services within the community, both from a social and health care perspective. Historically the community has struggled with therapy recruitment, resulting in longer waiting times for some services. Derbyshire Community Health Services NHS Foundation Trust and DCC are working together to address this issue and provide a long term solution. Training is being undertaken with carers to help them rehabilitate patients in their own home.</p> <p>Information was requested on the readmission rates of patients using these services; ZJ agreed to provide this information.</p> <p>Assurance was requested on how the system is using these different bed models. ZJ advised that occupancy rates were previously high prior to</p>	<p>ZJ</p> <p>ZJ</p>
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	<p>the changes however since the implementation, improvements have been seen. Although things are now moving in the right direction, there is still a lot more to be done around processes and cultures. Assurance was provided that Erewash is not being considered in isolation and work is ongoing across the system as a whole.</p> <p><b>The Governing Body SUPPORTED the recommended next steps to continue to improve discharge arrangements by:</b></p> <ul style="list-style-type: none"> <li>• <b>Continuing to monitor discharges to ensure patients are being discharged to the correct pathways and have all that is needed for their effective transfer from acute hospital to alternative pathways.</b></li> <li>• <b>Ensuring that Standard Operating Procedures which are being revised through system wide ‘Improving Flow’ work, are adopted across Derby and Derbyshire to support safe and efficient utilisation Community Hospital beds (P3), Community Support Beds (P2) and support at home (P1).</b></li> <li>• <b>Continuing to collect patient experience feedback across all 3 pathways.</b></li> <li>• <b>Regularly reporting progress through system wide Quality and Performance processes.</b></li> </ul> <p>EP/KB returned to the room at this point, 9.50am.</p>	
<p><b>GBP/1920/239</b></p>	<p><b>Finance and Savings Report – Month 10</b></p> <p>Richard Chapman (RCp) provided assurance that the CCG is reporting year to date and forecast positions in line with its plans, as at the end of Month 10. With 2 months of the year to go, the CCG is on course to achieve its deficit control total of £29m which will allow it to access Commissioner Sustainability Funding (CSF) and enable it to be compliant with its statutory duties.</p> <p>The CCG has a £3.3m contingency fund to mitigate activity/financial risks. Based on the current outturn at year-end, the CCG will deliver £48.3m savings against a target of £69.5m, an under performance of £21.2m.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>NOTED the year to date and forecast financial performance at Month 10</b></li> <li>• <b>NOTED the Month 10 savings position</b></li> <li>• <b>NOTED the level of risk to the outturn described within the report</b></li> </ul>	
<p><b>GBP/1920/240</b></p>	<p><b>2020/21 financial outlook and efficiency savings</b></p> <p>Sandy Hogg (SH) provided an update on the work being undertaken to prepare a Financial and Savings Plan for the CCG ahead of the new financial year for 2020/21. An update on the plan agreed in February 2019 and the CCG’s response was also provided.</p>	

Discussions were held in full at the CCG's Finance Committee last week, the feedback from which has been included in the paper provided.

The Medium Term Financial Plan was agreed with NHSE and presented to the Governing Body in February 2019. High level KPIs were implemented and a trajectory for improvement defined how the CCG would move from a £61m underlying deficit in 2018/19 to an underlying surplus position in 2022/23, as agreed with the Regulator. The CCG planned to return to delivering an in-year breakeven position without CSF in 2020/21. The Savings Plan for 2019/20 totalled £69.5m and the forecast savings requirement for 2020/21 is estimated at £71.8m. The CCG has agreed a planned deficit of £11.2m with NHS England/Improvement for 2020/21, with the assumption that, with this allowed deficit, the CCG will be able to breakeven.

Of the 2019/20 allocation settlement, a significant amount related to pass through funding, Provider Tariff uplifts and other technical changes. The CCG's net real term growth for 2019/20 was 0.16% which left the CCG in a challenging position last year.

A System Improvement Plan is being co-designed in Derbyshire to better understand inter-dependencies and maximise the benefits of partnership working; it is estimated that the 5 NHS organisations across Derbyshire will spend £181m more than available resources in 2020/21 without taking mitigating actions. Workshops are being held and a System Savings Group has been implemented to explore every possibility. Close working is being undertaken with System Delivery Boards, and the CPRG is providing clinical oversight to the development of any plans. A System Quality Committee has been established to provide oversight of all Quality Impact Assessments. The CCG's contribution is important to maximise organisational savings and reduce spend.

The Joined Up Derbyshire Partnership Board agreed that the System Improvement Plan should include 4 domains:

- Organisational savings plans
- System clinical transformation schemes
- System financial measures
- A system clinical prioritisation framework

It was also agreed that a key priority is the development of a robust System Demand and Capacity model for 2020/21 to support the agreement of an affordable level of capacity in the Health System.

There is a focus on the schemes coming through from 22 different transformation areas that are currently being worked up for approval. Difficult decisions will have to be made by Governing Bodies in the next few weeks in order to respond to this challenge, which cannot be delivered without system transformation. It will be impossible for any organisation to achieve financial balance alone; there is a requirement for collaboration. Discussions are being held with colleagues in other organisations to drive this forward, as without it the health economy will be unable to achieve long term sustainability.

CC considered that looking back, in the fullness of time, SH/RCp will consolidate the 2019/20 savings position. The report is correct in terms

SH/  
RCp

	<p>of the savings against plan, however the CCG has been strict about how it judged the savings and underscored its achievement in 2019/20, only counting the savings in the original plan. In previous years savings would have been included in the control total action plan. The plan for 2020/21 will be compared to 2019/20 like for like. Going forward the challenge must be recognised and everyone actively involved in it.</p> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>CONSIDERED the financial outlook for 2020/21 in the context of our Medium Term Financial Plan, agreed with NHS England in February 2019.</b></li> <li>• <b>NOTED that during March the Executive Team will finalise the proposed CCG’s Financial and Savings Plan for 2020/21 and triangulate this with the 2020/21 System Improvement Plan and Regulators.</b></li> <li>• <b>NOTED that the final 2020/21 CCG and System Efficiency Plans will be presented to the Governing Body on 26<sup>th</sup> March 2020, for approval, ahead of the new financial year; the CCG’s Finance Committee will assure the proposed plan on behalf of the Governing Body.</b></li> </ul>	
<p><b>GBP/1920/241</b></p>	<p><b>Finance Committee Assurance Report – February 2020</b></p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 27<sup>th</sup> February 2020. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• The Finance Committee is confident that the control total will be achieved and that mitigations are available to help with this.</li> <li>• Next year’s challenge is going to be critical.</li> <li>• There is a need to understand what provided delivery of the control total this year, what worked and what did not work.</li> <li>• There are a lot of positive and imaginative schemes being pursued; in some cases there was surprise that they were better than anticipated; the reasoning behind this needs to be understood by all.</li> <li>• The wake up point is the system architecture coming into place, through which there is a drive and senior level commitment in principle; however this is not always filtered down to the people making the decisions.</li> <li>• Assurance was gained from the predominately clinical-led redesign of pathways across the system.</li> <li>• Further detailed discussions are to be held in respect of the historical pass through of growth and whether this is the right way to do it.</li> <li>• There are signs of the system owning joint responsibility; this needs to be translated into meaningful actions by every organisation.</li> <li>• Providers need to develop to align capacity with affordability and make decisions to reconfigure accordingly, as current activity levels in some specialties are unaffordable.</li> <li>• In order to prevent potential harm to patients, a cap on realistic achievement of efficiencies in-year is required.</li> </ul> <p><b>The Governing Body NOTED this verbal update.</b></p>	

<p><b>GBP/1920/242</b></p>	<p><b>Quality and Performance Committee Assurance Report – February 2020</b></p> <p>Dr Buk Dhadda (BD) provided an update on the discussions held at the Quality and Performance Committee meeting on 27<sup>th</sup> February 2020. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>• <u>18 week Referral To Treatment (RTT) for incomplete pathways</u> – This target continues to be non-compliant at CCG-level at 79.7%. The Committee received assurance that Chesterfield Royal Hospital NHS Foundation Trust will achieve the required target however the University of Derby and Burton Hospitals NHS Foundation Trust is working with the Regulators to get as close as possible to compliance. Assurance was provided that there were no 52 week breaches in December 2019 or January 2020.</li> <li>• <u>Continuing Healthcare (CHC) Policy</u> – The Committee approved the CHC policy, noting the high risk Quality Impact Assessment; it was assured of the robustness of the governance process around the policy and recommended Governing Body ratification.</li> </ul> <p><b>The Governing Body:</b></p> <ul style="list-style-type: none"> <li>• <b>NOTED the key performance and quality highlights and the actions taken to mitigate the risks.</b></li> <li>• <b>FORMALLY RATIFIED the Continuing Healthcare Policy.</b></li> </ul>	
<p><b>GBP/1920/243</b></p>	<p><b>Primary Care Commissioning Committee Assurance Report – February 2020</b></p> <p>RC raised a conflict of interest in relation to the Staffa Health branch surgery at Pilsley. No action was required as the decision has been made at Primary Care Commissioning Committee.</p> <p>Professor Ian Shaw (IS) presented this report which was taken as read. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• <u>Closure of Staffa Health branch surgery at Pilsley</u> – The Committee approved closure of the GP branch surgery at Pilsley following a 60 day consultation period and consideration by the Health and Scrutiny Committee and Engagement Committee. 19 members of the public were in attendance for this agenda item. There is a proposed closure date of 1<sup>st</sup> April 2021 in order to facilitate a phased reduction of services and enable additional clinical space to be created at Tibshelf surgery.</li> </ul> <p><b>The Governing Body NOTED the report.</b></p>	
<p><b>GBP/1920/244</b></p>	<p><b>Risk Register Report – February 2020</b></p> <p>Helen Dillistone (HD) presented the Risk Register Report as at 28<sup>th</sup> February 2020. The report was taken as read and the following points of note were made:</p>	



	<ul style="list-style-type: none"> <li>No risks have increased in score last month.</li> <li>One risk has decreased in score since last month – Risk 030 – non-compliance of initial health assessments within statutory timescales for children in care due to the increasing numbers of children/young people entering the care system - this risk has decreased from 15 to 12 as the risk probability has reduced as a result of a multi-agency pathway being implemented.</li> <li>One new risk has been identified since last month – Risk 043 – Loss of service/savings delivery and reputational damage due to notice given on Toll Bar House prior to the finalising of alternative premises with adequate IT infrastructure in place for the South Medicines Order Line (MOL) team. The MOL team were due to move to other premises in Ilkeston however slippage of the timeframe is seen as a risk to projected savings. It is now likely that the team will be moved by the beginning of April. The Governing Body noted that this was still a risk and requested that a further update be provided.</li> </ul> <p>The Governance Committee has agreed to the transfer of Risk 036 – data protection officer’s role – to the Primary Care Commissioning Committee; the appendix will be updated accordingly.</p> <p>CC advised that risks in relation to the Coronavirus will start to emerge as they begin to appear and are worked through within the organisation.</p> <p><b>The Governing Body RECEIVED and NOTED the report</b></p>	
<b>GBP/1920/245</b>	<p><b>Ratified Minutes of Corporate Committees:</b></p> <ul style="list-style-type: none"> <li>Engagement Committee – 8<sup>th</sup> January 2020</li> <li>Primary Care Commissioning Committee – 22<sup>nd</sup> January 2020</li> <li>Quality and Performance Committee – 30<sup>th</sup> January 2020</li> </ul> <p><b>The Governing Body RECEIVED and NOTED these minutes</b></p>	
<b>GBP/1920/246</b>	<p><b>Minutes of the Joined Up Care Derbyshire Board Meeting held on 16<sup>th</sup> January 2020</b></p> <p><b>The Governing Body RECEIVED and NOTED these minutes</b></p>	
<b>GBP/1920/247</b>	<p><b>South Yorkshire and Bassetlaw Joint CCG Committee Meeting held on 29<sup>th</sup> January 2020 / Childrens surgery and anaesthesia final proposal – February 2020 / Integrated Care System Health Executive Group CEO report – February 2020</b></p> <p><b>The Governing Body NOTED the minutes, proposal and progress report</b></p>	
<b>GBP/1920/248</b>	<p><b>Minutes of the Governing Body meeting held on 6<sup>th</sup> February 2020</b></p> <p>The minutes of the above meeting were agreed as a true and accurate record.</p>	

<b>GBP/1920/ 249</b>	<b>Matters Arising / Action Log</b>  The action log will be updated and amended accordingly.	
<b>GBP/1920/ 250</b>	<b>Forward Planner</b>  Noted for information.	
<b>GBP/1920/ 251</b>	<b>Any Other Business</b>  An analysis of the most suitable venue in relation to travel time, accessibility and parking was requested in order to facilitate best use of member's time. It was suggested that non-face to face meetings should be the default.	<b>DL</b>
<b>DATE AND TIME OF NEXT MEETING</b>  Thursday 2 <sup>nd</sup> April 2020 – 9.15am – Confidential teleconference meeting		

Signed by: ..... Dated: .....  
(Chair)