

**Derby and Derbyshire CCG Governing Body Meeting in Public**  
**Held on**  
**7<sup>th</sup> October 2021 via Microsoft Teams**

**CONFIRMED**

**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
<b>GBP/2122/142</b>	<b>Welcome, Apologies &amp; Quoracy</b>  Dr Avi Bhatia (AB) welcomed members to the meeting.  Apologies were received as above.  It was confirmed that the meeting was quorate.	
<b>GBP/2122/143</b>	<b>Questions received from members of the public</b>  No questions have been received from members of the public.	

<p><b>GBP/2122/144</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>No further declarations of interest were made, and no changes were requested to the Register of Interests.</p>	
<p><b>GBP/2122/145</b></p>	<p><b>Chair's Report – September 2021</b></p> <p>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.</p> <p>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.</p> <p><b>The Governing Body NOTED the contents of the report provided</b></p>	
<p><b>GBP/2122/146</b></p>	<p><b>Chief Executive Officer's Report – September 2021</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The influenza vaccination programme has also commenced, and people are being encouraged to take up the offer of a vaccination.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>CC's gratitude to all health and social care staff were reiterated by Governing Body members.</p> <p><b>The Governing Body NOTED the contents of the report provided</b></p>	

<p><b>GBP/2122/147</b></p>	<p><b>Joined Up Care Derbyshire (JUCD) Board Report – September 2021</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 13<sup>th</sup> 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Updates were received on the work to develop collaborative Place Partnerships and Provider Collaboratives.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided</b></p>	
<p><b>GBP/2122/148</b></p>	<p><b>Derbyshire Anchor Charter</b></p> <p>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.</p> <p>The following questions were raised:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>	

	<ul style="list-style-type: none"> <li>Regular reviews will be required at ICS level in order to gain assurance that the Anchor Charter is working towards the collective goals.</li> <li>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.</li> </ul> <p><b>The Governing Body AGREED to adopt the Derbyshire Anchor Charter</b></p>	
<p><b>GBP/2122/149</b></p>	<p><b>DDCCG Corporate Committees' Updated Terms of Reference</b></p> <p>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.</p> <p>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.</p> <p>The following questions were raised:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>It may be necessary to amend the Finance Committee TOR following discussions held at its last meeting.</li> <li>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.</li> </ul> <p><b>The Governing Body APPROVED the updated Corporate Committees' Terms of Reference</b></p>	
<p><b>GBP/2122/150</b></p>	<p><b>Developing the operating model for the ICS – Strategic Intent</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>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</li> </ul>	

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

	<p>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.</p> <p><b>The Governing Body RECEIVED and NOTED the presentation provided</b></p>	<b>ZJ</b>
<p><b>GBP/2122/151</b></p>	<p><b>Finance Report – Month 5</b></p> <p>Richard Chapman (RCp) provided an update on the financial position as at Month 5. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• DDCCG has a Year-To-Date (YTD) favourable variance of £128k, after accounting for COVID reimbursement, and a favourable forecast of £193k.</li> <li>• All financial targets continue to be met.</li> <li>• 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.</li> <li>• The CCG had received a non-recurrent allocation £2.312m relating to long COVID.</li> <li>• There will be no hard closedown of accountability period H1 therefore the small surplus will be carried forward to H2, which will be helpful.</li> <li>• 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.</li> <li>• The Derbyshire System FOT is expected to be a £2.2m surplus.</li> </ul> <p><b>The Governing Body NOTED the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Allocations have been received for H1 at £1.036bn</b></li> <li>• <b>The YTD reported underspend at month 5 is £0.128m</b></li> <li>• <b>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</b></li> <li>• <b>The Elective Recovery Fund has been reimbursed £0.680m for April, May and 90% June</b></li> <li>• <b>H1 is forecast to conclude at a £0.199m underspend</b></li> </ul>	
<p><b>GBP/2122/152</b></p>	<p><b>Finance Committee Assurance Report – September 2021</b></p> <p>Andrew Middleton (AM) provided a verbal update following the Finance Committee meeting held on 30<sup>th</sup> September 2021. The following points of note were made:</p> <ul style="list-style-type: none"> <li>• AM assured the Governing Body that RCp's account of the financial situation accurately represents the current position in these extremely abnormal times.</li> <li>• 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.</li> </ul>	

	<ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>The Governing Body NOTED the verbal update provided for assurance purposes</b></p>	
<b>GBP/2122/153</b>	<p><b>Audit Committee Assurance Report – September 2021</b></p> <p>Ian Gibbard (IG) provided an update following the Audit Committee meeting held on 16<sup>th</sup> September 2021. The following points of note were made:</p> <ul style="list-style-type: none"> <li>The Committee noted the substantial assurance of the Conflicts of Interest report and the significant assurance of the Contracting for Continuing Health Care report.</li> <li>No recommendations were made in the Stage 1 Head of Internal Audit Opinion report.</li> <li>The Counter Fraud 2020/21 Annual Report and Counter Fraud Progress Report were received and noted.</li> <li>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.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided for assurance purposes</b></p>	
<b>GBP/2122/154</b>	<p><b>Clinical and Lay Commissioning Committee (CLCC) Assurance Report – September 2021</b></p> <p>IG provided an update following the CLCC meeting held on 9<sup>th</sup> September 2021. The report was taken as read and the outcomes of discussions were noted. The Committee ratified the following clinical policies:</p> <ul style="list-style-type: none"> <li>Fitting/Removal of Intra-uterine Contraceptive Devices and Levonorgestrel Intrauterine Systems in Secondary Care Policy</li> <li>Oraya Therapy for the Treatment of Wet Age-related Macular Degeneration (AMD) Position Statement</li> </ul> <p>The Committee virtually approved the ADHD Guidance and noted the separate work underway.</p> <p><b>The Governing Body NOTED the contents of the report provided for assurance purposes</b></p>	
<b>GBP/2122/155</b>	<p><b>Derbyshire Engagement Committee Assurance Report – September 2021</b></p> <p>Martin Whittle (MWh) provided an update following the Derbyshire Engagement Committee meeting held on 21<sup>st</sup> September 2021. The report was taken as read and the following points of note were made:</p>	

	<ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided for assurance purposes</b></p>	
<p><b>GBP/2122/156</b></p>	<p><b>Governance Committee Assurance Report – September 2021</b></p> <p>Jill Dentith (JD) provided an update following the Governance Committee meeting held on 23<sup>rd</sup> September 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>• The Committee 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.</li> <li>• 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.</li> <li>• The Committee held an Extraordinary confidential meeting on the 10<sup>th</sup> 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 20<sup>th</sup> September 2021.</li> </ul> <p><b>The Governing Body NOTED the contents of the report provided for assurance purposes</b></p>	
<p><b>GBP/2122/157</b></p>	<p><b>Primary Care Commissioning Committee (PCCC) Assurance Report – September 2021</b></p> <p>Simon McCandlish (SM) provided a verbal update following the PCCC meeting held on 22<sup>nd</sup> September 2021. The following point of note was made:</p>	



	<ul style="list-style-type: none"> <li>Feedback was received from patients and staff and confirmation of approval of the contract change from St Lawrence Road to DCHSFT, with effect from 1<sup>st</sup> October 2021, was provided.</li> </ul> <p><b>The Governing Body NOTED the verbal update provided for assurance purposes</b></p>	
<p><b>GBP/2122/158</b></p>	<p><b>Quality and Performance Committee (Q&amp;PC) Assurance Report – September 2021</b></p> <p>Dr Buk Dhadda (BD) provided an update following the Q&amp;PC meeting held on 30<sup>th</sup> September 2021. The report was taken as read and the following points of note were made:</p> <ul style="list-style-type: none"> <li>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 raised 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.</li> <li>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.</li> <li>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.</li> </ul> <p><b>The Governing Body NOTED the paper for assurance purposes</b></p>	
<p><b>GBP/2122/159</b></p>	<p><b>CCG Risk Register – September 2021</b></p> <p>HD advised that this report highlights areas of organisational risk recorded in DDCCG's Corporate Risk Register as at 30<sup>th</sup> 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:</p> <ul style="list-style-type: none"> <li><u>Risk 30</u> - 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.</li> </ul> <p><b>The Governing Body RECEIVED and NOTED:</b></p> <ul style="list-style-type: none"> <li><b>The Risk Register Report</b></li> <li><b>Appendix 1 as a reflection of the risks facing the organisation as at 30<sup>th</sup> September 2021</b></li> <li><b>Appendix 2 which summarises the movement of all risks in September 2021</b></li> <li><b>The decrease in risk score for risk 09 relating to sustainable digital performance for CCG and General Practice due to threat of</b></li> </ul>	

	<p><b>cyber-attack, network outages and the impact of migration of NHS Mail onto the national shared tenancy</b></p> <p><b>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</b></p>	
<p><b>GBP/2122/160</b></p>	<p><b>Governing Body Assurance Framework – Quarter 2</b></p> <p>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.</p> <p>The following strategic risks were decreased in score during Quarter 2:</p> <p><u>Risk 7</u> - 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.</p> <p><u>Risk 8</u> - 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.</p> <p>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.</p> <p>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.</p> <p><b>The Governing Body AGREED the 2021/22 Quarter 2 (July to September 2021) Governing Body Assurance Framework</b></p>	

<b>GBP/2122/161</b>	<b>Joined Up Care Derbyshire Board – confirmed minutes 15.7.2021</b> <b>The Governing Body RECEIVED and NOTED these minutes</b>	
<b>GBP/2122/162</b>	<b>Ratified Minutes of DDCCG’s Corporate Committees:</b> <ul style="list-style-type: none"> <li>• Audit Committee – 25.5.2021</li> <li>• Derbyshire Engagement Committee – 17.8.2021</li> <li>• Governance Committee – 15.7.2021</li> <li>• Primary Care Commissioning Committee – 25.8.2021</li> <li>• Quality and Performance Committee – 26.8.2021</li> </ul> <b>The Governing Body RECEIVED and NOTED these minutes</b>	
<b>GBP/2122/163</b>	<b>South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) CEO Report – September 2021</b> <b>The Governing Body RECEIVED and NOTED the report</b>	
<b>GBP/2122/164</b>	<b>Minutes of the Governing Body meeting in public held on 2<sup>nd</sup> September 2021</b> <b>The minutes of the above meeting were agreed as a true and accurate reflection of the discussions held</b>	
<b>GBP/2122/165</b>	<b>Matters Arising / Action Log</b> <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	
<b>GBP/2122/166</b>	<b>Forward Planner</b> <b>The Governing Body NOTED the Planner for information purposes</b>	
<b>GBP/2122/167</b>	<b>Any Other Business</b> None raised	
<b>DATE AND TIME OF NEXT MEETING – Thursday 4<sup>th</sup> November 2021 – 9.30am to 11am via Microsoft Teams</b>		

Signed by: .....Martin Whittle.....  
(Vice Chair)

Dated: ...4.11.2021