

INAUGURAL MEETING OF THE GOVERNING BODY

1.00pm Tuesday 7 April 2020

THE MEETING TOOK PLACE BY VIDEO CONFERENCE

Due to the exceptional circumstances linked to the Coronavirus, the meeting was not held in public.

CONFIRMED MINUTES

Present:

Andrew Atkin	AA	Lay Member
Nicola Bailey	NB	Chief Officer
Sarah Burns	SB	Joint Head of Integrated Strategic Commissioning
Dr James Carlton	JCa	Medical Director
Joseph Chandy	JCh	Director of Commissioning Strategy and Delivery
Dr Stewart Findlay	SF	Chief Officer
Richard Henderson	RH	Chief Finance Officer
Feisal Jassat	FJ	Lay Member – Patient and Public Involvement
Dr Chris Markwick	CM	Elected Health Care Professional (GP)
Dr Neil O'Brien	NO'B	Accountable Officer/Clinical Chief Officer
Dr Jonathan Smith	JS	Clinical Chair (Chair)
Dr Ian Spencer	IS	Secondary Care Clinician
John Whitehouse	JW	Lay Member, Audit and Governance

In Attendance:

Mike Brierley	MB	Director of Commissioning Strategy and Delivery
Margaret Coyle	MC	Executive Assistant (minutes)
Chris Cunnington-Shore	CS	Patient Reference Group Chair, Sedgefield Locality
Dr Ian Davidson	ID	Medical Director
Dr Rushi Mudalagiri	RM	GP Clinical Lead – Easington
Angela Seward	AS	PRG Chair, Durham Dales Locality

Apologies:

Denise Elliott	DE	Head of Commissioning – Adult and Health Services, Durham County Council
Gill Findley	GF	Director of Nursing and Quality
Amanda Healy	AH	Director of Public Health, Durham County Council

ITEM NO		ACTION
GBiC/ 20/1	<p>APOLOGIES FOR ABSENCE</p> <p>As recorded above. The Chair declared the meeting to be quorate.</p> <p>The Chair welcomed the members of the Governing Body to the Inaugural meeting of the County Durham Clinical Commissioning Group (CCG).</p> <p>The Chair explained that due to the exceptional circumstances linked to the Coronavirus the meeting could not take place in public as it had to be held via a video conference.</p>	
GB/ 20/2	<p>DECLARATIONS OF CONFLICTS OF INTEREST</p> <p>The Chair reminded members of the Governing Body of their obligation to declare any interest they might have on any issues arising at the meeting, which might conflict the business of County Durham CCG.</p> <p>Declarations made by members of the Governing Body are listed in the CCG's Registers of Interests. The Register is available either via the secretary to the Governing Body or the CCG's website at the following link:</p> <p>https://www.durhamdaleseasingtonedgefieldccg.nhs.uk/documents/declarations-conflict-interest</p> <p>http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/</p> <p>There were no conflicts of interest declared.</p>	
GB/ 20/3	<p>IDENTIFICATION OF ANY OTHER BUSINESS</p> <p>There were no items of other business.</p>	
GB/ 20/4	<p>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON TUESDAY 24 MARCH 2020</p> <p>The minutes of the predecessor organisations NHS Durham Dales, Easington and Sedgefield (DDES) CCG and NHS North Durham CCG were agreed as a correct record of the meeting.</p> <p>There were no matters arising.</p>	
GBiC/ 20/5	<p>ACTION LOG</p> <p>The action log was updated.</p>	
GBiC/ 20/6	<p>ITEMS FOR DECISION</p>	

ITEM NO		ACTION
GBiC/ 2017	<p>ADOPTION OF KEY DOCUMENTATION <i>Accountable Officer/Clinical Chief Officer, County Durham CCG</i> <i>- Dr Neil O'Brien</i></p> <p>The purpose of the report was to present key documentation that had been developed as part of the work programme required to merge the two CCGs. The report highlighted that a key element of that was the development of a robust and legally compliant Constitution. It was noted that policies and strategies had been reviewed to ensure compliance with legislation. Completion of that work had culminated in the issuing of a Grant of Merger by NHS England/Improvement on 9 March 2020 confirming that the NHS County Durham CCG would be formed on 1 April 2020. This was accompanied by Property Transfer Orders, Staff Transfer Orders and a revised Primary Care Commissioning Delegation Agreement.</p> <p>NO'B drew attention to the detail and content of the report including the key documents to be received and adopted. It was highlighted that the documents related to statutory committees only and that the CCG had an internal structure of committees under which it operated. NB referred to Appendix 7a Primary Care Commissioning Committee – Approved delegation schedule, page 2, paragraph 12, explaining that reference to 'NHS Cheshire' was an error as it should read 'NHS County Durham CCG'. With that amendment, paragraph 12 was correct.</p> <p>In the discussion that followed, the key points below were noted:</p> <ul style="list-style-type: none"> ▪ In response to JW, RH confirmed that there had been no change to the financial limits that were in place for the predecessor organisations DDES CCG and North Durham CCG. ▪ IS referred to the move towards joint commissioning and further integration and expressed a concern whether that could impact on the CCG's ability to commission local services for local people. NO'B responded by highlighting the benefits that would be derived through increased integrated working with the Local Authority and their valuable insight into the needs of the local population. He spoke about the Governing Body being able to influence the joint arrangements to be developed with the Local Authority. SF highlighted the close working arrangements the executive had with their Local Authority colleagues and the significant benefits that the County Durham population had derived from that. SF spoke about the need to ensure the Governing Body did not feel remote from these developments and enable them to appreciate the benefits to the wider system of this increased integrated way of working. NB reminded those present that an action had been agreed to develop working relationships between the Governing Body and Local Authority leaders, however, the timescales had become interrupted due to the focus required in responding to the challenges presented by the Coronavirus situation. 	

ITEM NO		ACTION
	<p>The Governing Body:</p> <ul style="list-style-type: none"> ▪ received the Grant of Merger, ▪ received and adopted the Property Transfer Scheme, ▪ received and adopted the Staff Transfer Scheme, ▪ received and adopted the Constitution, Standing Orders and supporting documents, ▪ adopted the Terms of Reference, ▪ received and adopted the Primary Care Delegation Agreement, ▪ adopted the Policy and Strategy Framework. 	
<p>GB/ 2018</p>	<p>APPROVAL OF STRATEGIES AND PLANS <i>Chief Officer, County Durham CCG</i> <i>- Nicola Bailey</i></p> <p>The purpose of the report was to present the following strategies and plans that had been reviewed and updated to ensure their compliance with legislation and good practice:</p> <ul style="list-style-type: none"> ▪ Equality Strategy 2020-2023 ▪ Health and Safety Strategy 2020-2023 ▪ Information Governance Strategy ▪ Communications and Engagement Plan <p>It was noted that the process of development and review had followed a robust process and that the documents had also been reviewed during March 2020 by Directors and the Head of Governance and Head of Corporate Affairs.</p> <p>NB explained that the strategies were required for the merger and development of the County Durham CCG. It was noted that documents (a), (b) and (c) in the above list were strategies that had already been in place in the predecessor organisations and had been refreshed against guidance and statutory requirements. Document (d) in the above list provided an overview of the approach to develop communications and engagement activity that would align best practice from both predecessor organisations and maximise joint arrangements with the Local Authority. It was noted that the report should have reflected that the area of communication and engagement came under the remit of SB and as such would lead on this development. NB explained that the formal engagement strategy would be brought back to the Governing Body later in the year.</p> <p>The Governing Body considered and approved the:</p> <ul style="list-style-type: none"> ▪ Equality Strategy 2020-2023, ▪ Health and Safety Strategy 2020-2023, ▪ Information Governance Strategy, ▪ developing a 2020/2022 Communications and Engagement Strategy for NHS County Durham an Oversight Paper. 	

ITEM NO		ACTION
<p>GB/ 20/9</p>	<p><i>RM joined the meeting</i></p> <p>CONFIRMATION OF KEY ROLES <i>Accountable Officer/Clinical Chief Officer, County Durham CCG</i> - Dr Neil O'Brien</p> <p>The purpose of the report was to provide an update relating to:</p> <ol style="list-style-type: none"> a) appointments to the statutory roles, b) confirm the non-statutory voting members of the Governing Body, c) confirm senior individuals that would be regular attendees of the Governing Body, d) confirm the three information governance roles that the CCG was required to have access to and ensure they are appropriately trained. <p>Attention was drawn to Appendix 1 of the report that detailed the post-holders for these roles and NO'B explained that the appointment process had followed the appropriate HR routes.</p> <p>There was some discussion related to the four Health Care Professional vacancies on the Governing Body. NO'B pointed out that further activity to recruit to these vacancies had been interrupted by the focus on managing the challenges presented by the Coronavirus. The Governing Body received assurances that further work would be undertaken to recruit to these vacancies and noted that there was the option to change the requirements to achieve quoracy although that would require approval by the Council of Members.</p> <p>JS suggested that it would be prudent to have a Vice Chair for the Governing Body in the event that he was unavailable. Whilst there was agreement with that suggestion it was noted that the rules of the Constitution would restrict which lay members could fulfill that role.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> ▪ formally noted the appointments outlined in the report, ▪ agreed to the role of Vice Chair to the Governing Body and that JS would discuss that role with those lay members who were eligible to fulfill that role. 	
<p>GB/ 20/10</p>	<p>GOVERNING BODY BUSINESS CYCLE 2020/21 <i>Chief Officer, County Durham CCG</i> - Nicola Bailey</p> <p>The purpose of the report was to present the business cycle for the Governing Body and each Committee of the CCG.</p> <p>NB explained that it was a requirement to have this plan in place in terms of regular reports and timescales to meet statutory requirements. It was highlighted that regular reviews would take place and that items could be</p>	

ITEM NO		ACTION
	<p>added or removed from the business cycle as necessary. It was noted that FJ had highlighted that the Primary Care Commissioning Committee had been overlooked in terms of reporting.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> ▪ considered the draft business cycle and agreed with the suggested timelines for reports, ▪ approved the business cycle for use. 	
<p>GB/ 20/11</p>	<p>VISON, VALUES AND AIMS <i>Accountable Officer/Clinical Chief Officer, County Durham CCG</i> - Dr Neil O'Brien</p> <p>It was noted that comments received would be incorporated into the work currently being taken forward by SB and colleagues.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> ▪ noted that the work related to 'Vision, Values and Aims' would be taken to a future Governing Body Development Session for discussion. 	
<p>GB/ 20/12</p>	<p>VALUE BASED CLINICAL COMMISSIONING (VBCC) POLICIES CONFIRMED UPDATES, APRIL 2020 <i>Medical Director, County Durham CCG</i> - Dr Ian Davidson <i>presented by:</i> <i>Medical Director, County Durham CCG</i> - Dr James Carlton</p> <p>The purpose of the report was to present updates to the Value Based Clinical Commissioning (VBCC) policies.</p> <p>Noting that the Governing Body were familiar with the existence and purpose of the VBCC policies, JCa reminded those present that they were managed through a region-wide policy development group that included representatives from the CCGs, North of England Commissioning Support and Public Health. He explained that the report summarised the proposed changes and updates to existing policies along with new policies for approval and adoption. It was noted that all CCGs had to approve the policies before they would become operational.</p> <p>FJ spoke of the significant work undertaken in the area of managing the VBCC and the Individual Funding Requests (IFR) activity that was aligned to them. He explained that the policies had been developed across the VBC panels in the Southern, Northern and Cumbria areas, to provide an evidence and clinical based process. The Southern panel had contributed to the development and was supportive of the updated and new policies presented to the Governing Body. FJ explained that he sat on the VBC Steering Group that met on a monthly basis and that this received useful support from a number of clinicians. He supported the adoption of the changes to the</p>	

ITEM NO		ACTION
	<p>policies and clarified that the purpose of the process was not about rationing resources, its purpose was to rationalise resources on the basis of a strong evidence base.</p> <p>IS asked if there had been any change to the process for patients who chose to appeal the outcome of a decision. JCa confirmed that there had not been any change and provided an explanation of the process that consisted of two elements: (a) submission of additional or new information to demonstrate exceptionality or (b) failure of the IFR panel to follow the process.</p> <p>IS expressed a view that it would be difficult to assess the degree to which a patient was experiencing pain adding that it would be subjective and he thought it would be difficult for the commissioning assessors to quantify it. JCa responded that overall the process had reached a better state of equilibrium in terms of how the policies were used by secondary and primary care and their understanding of the procedures. JCa indicated that the IFR panel tended to receive requests related to more extreme cases i.e. unusual knee replacement related to a particular type and the reason why the patient required it. FJ agreed that the process had strengthened and the panel was in a better position to give the right decision first time and provide appropriate support to the patient. FJ spoke of the high quality clinical advice provided to the panel in relation to exceptionality and what could be done to support patients. Factors such as psychological distress and quality of life were covered by clear guidance within the VBCC policies.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> ▪ acknowledged the on-going regional work in relation to Value Based Clinical Commissioning (VBCC), ▪ formally approved the confirmed updates to the VBCC Policies, April 2020, ▪ delegated the responsibility to develop and approve a single set of VBCC Policies and Individual Funding Request policies to the Joint CCG Committee for the North East and North Cumbria Integrated Care System. <p><i>JCh left the meeting</i></p>	
<p>GB/20/13</p>	<p>QUESTIONS FROM THE PUBLIC</p> <p>There were no questions received from members of the public.</p>	
<p>GB/20/14</p>	<p>OTHER BUSINESS</p> <p>GB/20/14-1 video conference facilities for meeting</p> <p>JW sought clarification of the most appropriate IT platform to hold confidential meetings via a video conference. It was noted that Webex and Microsoft Teams provided a high level of encryption.</p>	

ITEM NO		ACTION
	<p>GB/20/14-2 Health Care Professional (HCP) vacant positions on the Governing Body</p> <p>CM asked if the current level of HCP vacancies should be included in the CCG's Risk Register and sought assurance regarding the process to engage GPs in the recruitment process. SF explained that there had been a number of GPs interested in the role but the issue related to NHS England's rules that excluded GPs who were either a Primary Care Network or GP Federation lead.</p> <p><i>Action: agreed to consider whether the current level of Health Care Professional vacancies on the Governing Body should be included in the CCG's Risk Register along with identifying mitigating actions.</i></p> <p>GB/20/14-3 Coronavirus system update</p> <p>IS sought assurance in relation to Personal Protective Equipment (PPE) and how well secondary care was coping with the Coronavirus challenges. SF provided a summary indicating that County Durham and Darlington NHS Foundation Trust (CDDFT) had freed up additional beds to meet the anticipated increase demand. Intensive Care Unit (ICU) bed capacity had also been increased. He reported that the most recent information indicated a static position in relation to hospital Covid patients across Darlington Memorial Hospital (DMH) and University Hospital North Durham (UHND). Whilst the number of Covid cases was going up, the number tested was going down. In addition to the increased bed capacity freed up, capacity had been identified in the independent sector and ICU facilities within theatres.</p> <p>SF reported that general practice had experienced difficulties in relation to obtaining PPE supplies (face visors, masks and gloves). However, there had been no instances where supplies had been exhausted. The CCG had sourced and distributed a supply of PPE and that had been shared with the Local Authority for care homes. The foundation trusts were trying to source PPE from a variety of sources, their supplies were now depleted but they were hopeful of further and regular deliveries now that the army was involved in the supply chain.</p>	RH
GB/20/15	<p>RISK ROUND UP</p> <p>Other than the risk identified for consideration that related to the number of Health Care Professional vacancies on the Governing Body, there were no new risks identified from the discussion to add to the CCG's corporate risk register.</p>	
	<p>NEXT MEETING</p> <p>The meeting concluded at 1.50pm.</p> <p>The next meeting would be held on Tuesday 26 May 2020</p>	

ITEM NO		ACTION
	Contact for the meeting: Margaret Coyle, Executive Assistant Tel: 0191 371 3220 margaret.coyle@nhs.net	

Signed: *Approved by email*

Chair: Dr Jonathan Smith

Date: 21 September 2020