NHS
County Durham
Clinical Commissioning Group

NHS COUNTY DURHAM CCG
GOVERNING BODY

1.00pm Tuesday 30 June 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:

Dr Jonathan Smith	JS	Clinical Chair **(Chair)**
Andrew Atkin	AA	Lay Member
Nicola Bailey	NB	Chief Officer
Dr James Carlton	JCa	Medical Director
Dr Ian Davidson	ID	Medical Director
Gill Findley	GF	Director of Nursing and Quality
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 Ian Spencer	IS	Secondary Care Clinician
John Whitehouse	JW	Lay Member, Audit and Governance

In Attendance:

Sarah Burns	SB	Joint Head of Integrated Strategic Commissioning
Joseph Chandy	JCh	Director of Commissioning Strategy and Delivery
Keith Holyman	KH	PRG Chair, North Durham locality
Susan Parr	SP	Executive Assistant (minutes)
Jane Robinson	JR	Corporate Director, Adult and Health Services, Durham
Angela Seward	AS	PRG Chair, Durham Dales Locality

Apologies:

Mike Brierley	MB	Director of Commissioning Strategy and Delivery
Chris Cunnington-Shore	CS	Patient Reference Group (PRG) Chair, Sedgefield Locality
Dr Stewart Findlay	SF	Chief Officer
Amanda Healy	AH	Director of Public Health, Durham County Council County Council
Sue Mole	SM	PRG Chair, Easington Locality

Item No		Action
GB/20/16	**Apologies for absence** Apologies were received as recorded above. The Chair declared the meeting to be quorate. The Chair explained that due to the exceptional circumstances linked to the Coronavirus pandemic that unfortunately the meeting could not take place in public. The meeting would however be recorded with the video uploaded to a media platform for public viewing.	
GB/20/17	**Declarations of conflicts of interest** 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. Declarations made by members of the Governing Body are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG's website at the following link: https://countydurhamccg.nhs.uk/documents/declarations-conflict-interest/ There were no conflicts of interest declared. SB highlighted that the register had not yet been updated to reflect her new role as a joint employee of County Durham CCG and Durham County Council.	
GB/20/18	**Identification of any other business** One item of other business was identified. • Joint Committee of the Southern CCGs - NB	
GB/20/19	**Minutes and matters arising from the Governing Body meeting held on Tuesday 7 April 2020** The minutes of the Governing Body meeting held on Tuesday 7 April 2020 were agreed as a correct record of the meeting. There were no matters arising.	
GB/20/20	**Action Log** It was noted that all actions had been completed. **GB/20/14-2 Health Care Professional (HCP) vacant positions on the Governing Body:** NB updated that although action 1 had been marked as complete because the risk has been added to the risk register, the	

advertisement for Health Care Professional had been delayed due to the Covid-19 but the advertisement would be picked up in a week or two.

CM joined the meeting.

ITEMS FOR DECISION

GB/20/21 Committee Terms of Reference
Nicola Bailey, Chief Officer

The purpose of the report was to present the Terms of Reference of County Durham CCG governance meetings to the Governing Body for ratification.

The Terms of Reference for the Executive Committee, Quality Committee and Patient, Public and Carer Engagement Committee had been approved by the respective Committee prior to being presented to the Governing Body for ratification. The terms of reference had been developed to take effect from 1 April 2020.

NB explained that, in an unusual step, Governing Body had been asked to ratify the Terms of Reference for Council of Members that had not yet been considered at a Council of Members meeting due to the meeting scheduled to take place in June 2020 having been postponed due to the Covid-19 pandemic. The Governing Body was therefore asked to ratify the terms of reference on behalf of the Council of Members. It was noted that the content of the Terms of Reference had been informed by the County Durham CCG Constitution, which had previously been approved by the Council of Members. The Terms of Reference would then be presented to the Council of Members when they met in September 2020.

There had been a slight amendment made to the Quality Committee Terms of Reference since their approval by Executive Committee in May 2020 and the Patient, Public and Carers Engagement Committee Terms of Reference since their approval by the Committee in June 2020. The 'Administration' section, which had been included in the other committee Terms of Reference had been included within those Terms of Reference for completeness.

The Governing Body was asked to note that a number of terms of reference were included as part of the CCG's Constitution and had already been ratified by Governing Body at a meeting held on 7 April 2020. These terms of reference were:

- Audit and Assurance Committee
- Primary Care Commissioning Committee
- Remuneration Committee

Any changes to the above terms of reference would result in the need for amendments to the CCG's Constitution which would then have to be approved by NHS England.

The other terms of reference which were not part of the Constitution could be

amended at any time, but would continue to be routinely reviewed on an annual basis.

The Governing Body:

- ratified the following Terms of Reference:
  - Executive Committee,
  - Quality Committee,
  - Patient, Public and Carers Engagement Committee,
- approved the following terms of reference on behalf of the Council of Members:
  - Council of Members,
- received the following terms of reference, noting that they had already been ratified by the Governing Body, at its meeting on 7 April 2020:
  - Audit and Assurance Committee,
  - Primary Care Commissioning Committee,
  - Remuneration Committee.

GB/20/22 **Northern CCGs Joint Committee Terms of Reference**
Dr Neil O'Brien, Accountable Officer

NO'B presented the revised Terms of Reference (ToR) for the Northern CCGs Joint Committee which would be submitted to the Governing Body of each member CCG for agreement.

NO'B advised that the ToR had been considered at the County Durham CCG Executive Committee on 9 June 2020, where it had been highlighted that recent changes in the configuration of CCGs had not been reflected in the ToR and that duties in relation to equity or equality and diversity, both of which were CCG statutory duties, had not been included. Although it was acknowledged that those duties remained with the statutory CCGs, it had been agreed by e-mail after the meeting that the Northern CCGs Joint Committee would be asked to approve appropriate changes to the ToR at the meeting to be held in July 2020.

NO'B drew attention to continued Lay Member representation on the Joint Committee and advised that there had been little change to the ToR previously presented. As a point of clarity he reminded members that this was a joint committee of the Governing Bodies of the CCGs. It had a tight remit with the work plan being shared and agreed by all CCGs at the beginning of the year.

The Chair invited questions and comments from members.

IS made reference to the unanimity of Joint Committee members and queried what would happen if one member CCG changed its mind about a decision already made. In response NO'B advised that it would depend on the circumstances; for anything to be progressed under the auspices of the Joint Committee it required the unanimous agreement of all member CCGs. However, should all CCGs agree to implement a regional initiative but one

CCG then said it did not want to for very good local reasons, then the CCGs would implement the initiative and that one CCG would be an outlier. NOB clarified that for work to progress at a regional level it required a unanimous agreement by all member CCGs.
It was noted that at the meeting of the Northern CCGs Joint Committee held on 12 March 2020 there had been a discussion about whether future voting arrangements would need to change (whether this should remain as unanimous and be one vote/one organization, or whether voting should be per capita to the size of each CCG's population). There had been general support that current voting arrangements should continue going forward – unanimous by one vote per organisation and therefore the section on voting in the ToR had not been changed.

The Governing Body was asked to approve the ToR on the understanding that the above proposed amendments would be considered, but were not currently shown on the ToR being presented.

The Governing Body:

- approved the Terms of Reference, noting amendments suggested by the Executive Committee, which would be considered by the Northern CCG Joint Committee at the next meeting to be held on 9 July 2020.

GB/20/23 **Business Continuity Plan**
Nicola Bailey, Chief Officer

NB advised that on 19 March 2020 the Accountable Officer (NO'B) took action to sign off version v1.02 of the Business Continuity Plan (BCP). Governing Body members were being asked to ratify that decision. NB added that, as members of the Governing Body were aware, CCGs were required to have a BCP and that it needed to be approved annually.

It was noted that as part of the work undertaken in preparation for the merger of Durham Dales, Easington and Sedgefield (DDES) CCG and North Durham CCG the Business Continuity Plans (BCPs) had been reviewed. A single BCP had been prepared in readiness for the establishment of NHS County Durham CCG. This Plan, along with the Tees Valley CCG BCP, which the two CCGs had been working collaboratively with at that time, had been signed-off by the Combined Management Group, that NO'B Chaired, in March 2020.

Minor amendments had consequently been made to the BCP to reflect that NHS County Durham CCG had now been established and version v1.03 of the BCP had been attached to the report.

There were a number of appendices to the BCP that had been made available to Governing Body members for review. They were not attached to the report given the confidential nature and size of some of them but they included the following:

Appendix 1 – Business interruption factors and hazards

Appendix 2 – Action cards
Action card 1:
Business Continuity Incident Response Team
Action card 2a:
Temporary relocation of staff in event of loss of use of CCG offices
Action card 2b:
Loss of access or partial use of premises (fire, flood, loss of water etc)
Action card 3a:
Loss of staff (illness, criminal/terrorist attack, simultaneous resignation)
Action card 3b:
Loss of staff (adverse weather, fuel shortage, transport difficulties
Action card 4:
Loss of IT systems
Appendix 3 – Business Impact Assessments
Appendix 4 – Contact details
Appendix 5 – Incident Impact Assessment
Appendix 6 – Template agenda for first Incident Response Team meeting
Appendix 7 – Post-incident report and debrief template
Appendix 8 – Mutual aid agreement template

NB highlighted that the CCG was currently operating under emergency planning 'Command and Control' arrangements rather than the BCP due to the Covid-19 pandemic. As the pandemic evolved, the CCG would carry out the actions set out within the BCP by reviewing the actions taken during the pandemic, recording and reporting any decisions made. Some work had taken place to do this following the initial peak of the outbreak and further work would be done going forward to identify lessons learned and good practice. Any recommendations for potential amendments would be made.

The Governing Body:

- ratified the action taken by the Accountable Officer to agree the Business Continuity Plan for NHS County Durham CCG.

ITEMS FOR DISCUSSION

GB/20/24 **Clinical Chair, Accountable Officer and Chief Officers' Report: June 2020**

Nicola Bailey, Chief Officer
Dr Stewart Findlay, Chief Officer
Dr Neil O'Brien, Accountable Officer/Clinical Chief Officer,
Dr Jonathan Smith, Clinical Chair

The purpose of the report was to provide an update on key issues affecting County Durham.

NO'B mentioned that a significant amount of Covid-19 related activity had been included in the report but some of that may be out of date due to the fast moving pace of the crisis, changes to testing for example.

NO'B drew attention to Section 3 - Court of Appeal judgement - NHS Avastin Choice Policy for wet age-related macular degeneration. He advised that the

court ruling had been in favour of the CCGs. It had been a significant decision for both the local and national NHS. It meant there would be significant financial savings to be realized for years to come and that money would be put back into front line NHS services. It was a good example of a piece of work done by a group of CCGs and showed that there could be real value in working together on such issues.

NO'B mentioned the national calls he had with Sir Simon Stephens, Chief Executive for NHS England and Amanda Prichard, Chief Operating Officer for NHS England and Chief Executive of NHS Improvement. The discussion had focused on planning phase 2 of the Covid-19 response but also looking towards phase 3.

NO'B then highlighted Section 7 - NHS Nightingale Hospital North East. He advised that at meetings between clinical leaders and Amanda Prichard it was felt that the Nightingale Hospital was a valuable asset for the local population in times of Covid-19 but that its use was limited to being a field hospital, or to be used for emergency overspill in the case of a hospital site reaching capacity with Covid-19 patients. This was recognized by all clinicians and NHS management and it had been agreed that it should be retained for that purpose throughout the coming Winter and into Spring 2021 whilst the pandemic developed locally. NOB said that the establishment of the hospital had been a fantastic achievement and that it was a great facility for what it was designed to do but it was limited to that use.

NO'B then drew attention to:

- Section 15 and the retirement of Dr Mike Neville. Chief Officers had sent their best wishes for a long and happy retirement to Dr Neville who had retired after nearly 38 years as a GP at Gainford Surgery, and
- Section 16 and the appointment of Brent Kilmurray as the New Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust. He had started in his new role on Monday 29 June 2020.

The Chair invited questions and comments from members.

Referring to the Nightingale Hospital, IS mentioned the discussions both nationally, but particularly in Cumbria and the North West, around establishing facilities, in addition to secondary care facilities, that would be used as Covid-19 rehabilitation centres. They may be needed for an extended period of time for some patients recovering from a significant Covid-19 infection. As secondary care activity increased there may be limited beds for this cohort of patients and IS asked would there be something similar done in the North East and, if that was not the case, would the Nightingale Hospital be considered as a rehabilitation centre. In response NO'B advised that the Nightingale Hospital was not suitable for rehabilitation and that it was still uncertain as to what rehabilitation requirements would be needed. Patients had different outcomes following a Covid-19 episode, some would recover fully, some may suffer from fatigue, a small minority may go on to have long term respiratory conditions or develop respiratory conditions, it was therefore important that the rehabilitation plan developed was the right one. He

highlighted that there were a considerable number of community hospitals in County Durham that already had a focus towards rehabilitation and there were also rehabilitation services within the community. It was therefore likely that County Durham would look to strengthen current arrangements rather than develop something new. NO'B added that this was not the case across the whole of the North East and he made reference to the Mary Seacole Centres which was a Government sponsored programme that was looking to set up specialist rehabilitation units with an amount of capital and revenue monies. CCGs would have an opportunity to bid for that money however, because of the amount of estate in County Durham and the strength of its community services, it would serve the population better if those units were set up elsewhere in the region that did not have as much provision.

In response to FJ's query with regard to the number of ventilated beds in the Nightingale Hospital, NO'B advised that the number stated in the report (460) was not accurate. That number could be ventilated but currently it was between 60 to 80 ICU-like beds with oxygen supply. With portable ventilation there could be 460 beds but not all beds had ventilators with them currently.

Referring to Section 14 and the retirement of Lesley Jeavons from her role as Director of Integrated Community Services, FJ queried what the process would be for recruiting to the post. In response NB advised that the post had been advertised and candidates shortlisted. Technical interviews had been held, stakeholder panels would be held on 2 July 2020 and interviews would be held on 3 July 2020. Three people had gone through the whole process to final interview. The interview panel would include NB, JR and Sue Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust (CDDFT); SB had also been involved in the stakeholder panel.

In the interim, Malcolm Walker, previously Associate Director of Operations for Community Services, CDDFT, had been asked to oversee community services.

The Chair provided an overview of his role in response to the Covid-19 pandemic. He advised that for the last few months he had been covering his sessions each week at Bishop Auckland General Hospital in the escalated wards to support acute sites and their Covid-19 patient beds. He said that it had been a great experience and that a lot of positives would come out of it with regard to closer working between primary care and secondary care. JS highlighted that when Dr Nair sadly passed away he had realized that there were a significant number of staff in secondary care who had known her and that she had been very well respected. Dr Nair would be greatly missed. The Chair then mentioned his relationship to Dr Gainford and that he had done his final placement with him as a GP. It was as shame that retirement celebrations could not be held in public. He added that he would be back to working in primary care on Wednesday 1 July 2020.

The Governing Body received the report, noting the range of work being undertaken.

GB/20/ Covid-19 financial arrangements update including financial position at

25 **31 May 2020**

Richard Henderson, Chief Finance Officer

RH explained that the report summarised the temporary financial arrangements that were in place as a result of Covid-19, the impact of that on the CCG and the budgets that had been previously agreed, and an overview of the actual financial position after month 2. Members were reminded that they had discussed this item previously at the Governing Body Development Session held in May 2020.

RH drew attention to Section 3 which provided a brief update on financial governance. It was important to note that although the CCG was currently working in a different environment there had been no change to the governance arrangements. All financial controls continued to operate as normal.

In terms of the temporary financial arrangements in place, RH advised that the national planning and contracting process had been suspended in March 2020 and that all NHS providers had been moved on to block contract arrangements. He referred to Section 4 of the report about the NHS provider block contract arrangements and highlighted the relevant contract values that had been determined by NHS England / Improvement (NHSE/I) based on the prior year (2019/20) spend with a 2.8% uplift applied. There would then be a national top up process each month to cover any additional net costs over and above the block values with the overall aim for all NHS providers being in a breakeven position.

RH moved on to Section 5, Temporary Financial Regime for CCGs. He advised that this regime was intended to mirror NHS provider arrangements. For the first four months to the end of July 2020 all CCGs had expected monthly expenditure figures calculated by NHS England; that took into account NHS Provider block contract figures and the fact that most of the independent sector activity was paid for nationally. All other CCG spend was then based on prior year spend with a nominal growth uplift applied, as set out on page 4 of the report. The CCG allocations would then be non-recurrently adjusted to match the expected monthly expenditure figures. The impact of the allocation for County Durham CCG had been summarised in Section 6 of the report. It highlighted a total reduction in CCG allocation of £9.3m over the four months. RH explained the actual cost would be monitored and there was an expectation that the subsequent retrospective allocation adjustment would bring the CCG back to a breakeven position, assuming that the costs were deemed reasonable by NHS England. As yet there was no clarity on how reasonableness would be determined. The ultimate aim was that all CCGs, after the first four months of the year, would be at a breakeven position.

RH had concerns with regard to the calculations of the monthly expenditure figures and felt that there were flaws in the assumptions used. The key concerns were set out on page 8 of the report. However, if the actual costs were recognized in the retrospective adjustment, they should be irrelevant and all CCGs would end up in a breakeven position.

RH drew attention to Section 7 - Revised County Durham CCG Budgets to 31 July 2020. He advised that the initial budgets for 2020/21 had been agreed by Governing Body on 24 March 2020, based on expected CCG allocations at that time. In light of the temporary financial regime it had been necessary to set revised CCG budgets for the four months to 31 July 2020 in line with the reduced 'expenditure projection' figures (i.e. £9.3m below original approved budgets). The revised budgets had been set out in Table 1, page 9 of the report with a comparison to what had been previously agreed by the Governing Body.

Moving on to Section 8 - Summary of Actual Financial Position at 31 May 2020, RH drew attention to the CCG's financial position as at month 2 (31 May 2020) and forecast for the four months to 31 July 2020 as summarised in Appendix 1. It highlighted an overspend position against the revised budgets amounting to £3.4m after two months of the year, with a forecast overspend of £8.7m after four months. This overspend was largely due to additional Covid-19 related costs, with the majority relating to the national Hospital Discharge Programme that the NHS paid for, and some primary care Covid-19 costs which included the costs of Bank Holiday opening during April/May 2020. Excluding the additional Covid-19 related costs, the actual costs reported after 2 months were very similar to the reduced allocation numbers calculated by NHS England. Effectively the reduced allocation had been largely mitigated by a combination of:

- reduced cost on activity based contracts as services had been reduced / suspended,
- offset against CCG contingency reserves / uncommitted investment funds.

RH advised that he expected a retrospective allocation adjustment would subsequently be transacted to cover the overspend position and to allow a breakeven position to be delivered. Details of the retrospective allocation adjustment process were still awaited however.

It was noted that there was still a lot of uncertainty in the actual costs to month 2. The CCG had only just received the prescribing figures for month 1 and it looked like the prescribing costs in April 2020 were almost £1m higher than in April 2019 which amounted to an increase of 12% in one month. It was not yet known if that was just a one-off and costs would reduce in May 2020.

In summary, RH advised that the revised arrangements in place were intended to deliver a breakeven position but for County Durham CCG there had been a significant reduction in allocation for the four months and the CCG was reporting an overspend as a result. The CCG anticipated a retrospective allocation to bring it back to a breakeven position. He highlighted that this arrangement only covered the period up to the end of July 2020 and what the funding arrangements and rules would be beyond 31 July 2020 were still unknown. The CCG awaited guidance from NHS England.

The Chair invited questions and comments from members.

JW queried if there was any indication as to when these revised control arrangements would come to an end. In response RH advised that he had heard informally that the block contract arrangements for NHS providers may continue for the rest of the financial year but the values were likely to be revised. He added that the intention would be to remove the monthly top up process and give all NHS organisations a control total to work towards. There was still uncertainty around the additional Covid-19 funding and where that sat – at an Integrated Care System (ICS) or individual organisation level. The intention seemed to be that CCGs would be given their funding and control total and would have to work within that. None of this had been confirmed yet however.

In response to JW's query on whether the CCG would be worse off with the revised control total, RH advised that he did not anticipate that the CCG would receive the funding originally expected.

NO'B drew attention to the last paragraph of the report which highlighted that the arrangements had effectively removed the uncommitted funding / investments that the CCG had previously enjoyed and would otherwise have looked to utilise during the year.

The Governing Body:

- considered the content of the report,
- noted the temporary financial arrangements implemented for the period to 31 July 2020,
- accepted the revised CCG budgets for the four months to 31 July 2020,
- noted the initial overspend reported at 31 May 2020 and the expectation around retrospective allocation adjustments.

GB/20/26 **Risk Management Report**
Richard Henderson, Chief Finance Officer

The purpose of the report was to provide a risk management update, including a summary of the corporate risks facing the organisation, together with a full copy of the latest risk register position.

The risk registers for the two predecessor CCGs, Durham Dales Easington and Sedgefield (DDES) CCG and North Durham CCG, had been combined into one risk register for County Durham CCG.

County Durham CCG currently had 18 risks, of which two were corporate risks which should be brought to the attention of the Governing Body relating to:

- the delivery of Constitutional Standards,
- Corona Virus Covid-19.

All risks had been grouped based on the committee linked to the risk.

Three new risks had been added since the new risk register had been established:

0017 Covid-19 Safeguarding Vulnerable Groups,
0018 Vacant Governing Body posts – highlighted in action log,
0019 Stability and sustainability of care homes following the Covid-19 pandemic.

The risk relating to Brexit had been removed as the residual score was below 6.

The Chair invited questions and comments from members.

Referring to the risk register IS asked who monitored and approved it. He mentioned Barbara Harker and wondered what her position was in relation to the overall risk assessment. RH advised that Barbara Harker was the CCG's Finance and Performance Manager and that she updated the risk register on behalf the CCG. He added that each risk would be allocated to a director with a 'risk owner' below that. Barbara Harker updated the risk register in line with the assessment made by the 'risk owner' for each risk. SB clarified that the risk owner was not highlighted in the risk register.

A discussion followed as to what should be included in the risk register and in summary RH agreed to consider including the 'risk owner' in the report.

Action: *RH to consider including the 'risk owner' within the risk register.* **RH**

The Governing Body:

- received the report and appendices,
- noted the current risks facing the CCG,
- received assurance that mitigating actions were in place to ensure all of the CCG's risks were being appropriately managed.

GB/20/27 **County Durham CCG Performance Report**
Richard Henderson, Chief Finance Officer

The report summarised the final performance figures for 2019/20 for Durham Dales, Easington and Sedgefield (DDES) CCG and North Durham CCG, County Durham CCG's predecessor organisations.

RH advised that the report did not include the usual detail around actions being taken to address some of the performance pressures; this was partly due to them being suspended due to the Covid-19 pandemic, but also because the performance data would look very different over the next couple of months. The impact of Covid-19 could be seen in the figures, particularly diagnostic performance as at the end of March 2020, however all numbers would look very different over April and May 2020 in particular and moving forward.

RH highlighted the significant deterioration in some of the planned care measures, e.g., the 18 week referral to treatment (RTT) performance and diagnostic performance. On a positive note the 95% A&E standard had been met by CDDFT for the first couple of months of the year. It was clear that the current circumstances would impact different measures in very different ways.

The Char invited questions and comments from members.

IS referred to slide 5 of the presentation, Mental Health Performance and in particular the Improving Access to Psychological Therapies (IAPT) and the proportion of people who completed treatment who then moved to recovery. He had a concern regarding the target of 50% achievement, and queried the outcomes of those patients that received treatment, those that dropped out of treatment and those that did not receive treatment. IS asked whether the CCG received an explanation as to the adequacy and success rate of the mental health care that the CCG funded.

In response NO'B advised that the number of people dropping out and not completing the treatment was quite high and it was not necessarily a measure of the success of the treatment. Given the nature of the IAPT service and issues they dealt with, a lot of patients either completed the treatment and got better or, because of other circumstances, they did not complete the treatment.

GF advised that the 50% was a national target and not set locally. She agreed with NO'B's comment in that the low achievement was mainly due to people not wishing to complete the treatment and dropping out of the process.

IS reiterated his concerns with regard to clinical treatment, potential harm to patients and how the CCG was sighted on outcome data. In response GF advised that the Quality Review Group looked at clinical outcomes for patients and whether or not they engaged with therapies. She added that the IAPT process was based on national best clinical evidence and that treatment was therefore in line with contemporaneous treatments.

IS referred to Out of Area Placements, also on page 5 of the presentation, and the number of patients that had to be admitted for further mental health treatment but had to access it out of area. He added that incidences were rising over the year and were not just due to the impact of Covid-19. In response NB clarified that patients in Durham accessing the extensive clinical services in Darlington would be recorded as an out of area placement. It was only a small minority of patients who were truly an out of area placement.

In response to IS's query and the subsequent discussion with regard to the optimal graphical representation of trends, it was agreed that IS and RH would discuss this further out-with the meeting.

GF raised her concern with regard to the deteriorating position for diagnostics and the associated backlog. She requested assurance that the CCG was looking into that, for breast radiology and endoscopy in particular. In

response SB advised that there had been discussions that week with CDDFT on breast radiology and although there were some staff due to join the trust later in the year there would be a gap. The CCG was therefore looking for solutions to bridge the gap with North Tees and Hartlepool NHS Foundation Trust, Gateshead Health NHS Foundation Trust and other providers including independent sector providers.

With regard to endoscopy, SB advised that there had been discussions prior to Covid-19 around a longer term capacity and demand analysis; there would now be a need to incorporate the impact of the pandemic into this analysis as it would have exacerbated the issue, and a report would be submitted to the Executive Committee before being brought to Governing Body.

The Chair agreed that this would be a sensible plan and looked forward to receiving the report in due course. Moving on the recommendations he added that Governing Body would carefully monitor performance and the backlog that the CCG was currently trying to quantify.

The Governing Body:

- considered the content of the report,
- noted the final performance figures for 2019/20.

GB/20/28 **County Durham CCG Quality Assurance Report May 2020**
Dr James Carlton, Medical Director
Dr Ian Davidson, Medical Director
Gill Findley, Director of Nursing and Quality

The purpose of the report was to provide the Governing Body with information and assurance on the quality of services that were either commissioned by the CCG, or that the CCG had a legal duty to support with regard to quality improvement.

GF advised that the main focus had been on Covid-19 and that a separate report about the response to Covid-19 had been prepared and was included as an item later on the agenda. She highlighted the key points as follows.

1. **Infection Prevention Control:** A significant amount of work had been carried out across the County to support a range of organisations and services in the fight against Covid-19.

2. **County Durham and Darlington NHS Foundation Trust (CDDFT)**
   - **2.1 Healthcare Safety Investigation Branch (HSIB) Outcomes:** CDDFT had recently received two reports in relation to investigations undertaken by HSIB for Serious Incidents that met the criteria of 'Each Baby Counts' (maternity cases and poor outcomes for babies). The reports were comprehensive and provided a factual account of the incidents. Recommendations to improve services had been suggested for the Trust to pursue and would be shared across other organisations.
   - **2.2 Regulation 28:** The Trust had received a Regulation 28 Notice

from the Coroner's office. Concerns had been raised in relation to record keeping and conveyance of key information as well as vulnerable patients sharing walking aids on wards / bay areas. The Coroner's office had not given CDDFT the opportunity to respond to the report prior to the investigation that recognized that people took their own walking aids which had been adjusted to the height for that individual, labelled accordingly and left on the ward for them to use. In this instance there appeared to have been a mix up and the gentleman concerned had picked up the wrong walking aid and had started to walk with it. Whilst not excusing the Trust, clearly there had been a problem and unfortunately there had been a fatality as a result of the fall, the CCG did not think it was a wide-spread practice in CDDFT. The CCG would monitor the situation.

3. South Tyneside and Sunderland Hospitals NHS Foundation Trust (STSFT)

3.1 Diabetes Eye Screening: South Tyneside and Sunderland Diabetic Eye Screening Programme reported an incident where three patients had not been recalled for eye screening or were lost to follow up in the Hospital Eye Services which had resulted in a deterioration of their eyesight. GF reminded members that there had been similar incidences in CDDFT and in South Tees Hospitals NHS Foundation Trust (STHFT), which had prompted the CCG to think about regional learning and how best to ensure learning from these incidences across the patch. It was noted that there would be a regional Quality Surveillance meeting on 2 July 2020 when it would be highlighted that this had been a particularly incidence where organisations should have been sharing information and that all organisations should be looking at their processes for follow ups, ophthalmology in particular, so that people were not lost in the system.

GF drew attention to the section in the main report on Urology and reminded members that following the transfer of Urology services from CDDFT to STHFT (tertiary provider) in 2019, it had become apparent that there was limited or no medical cover for Urology inpatients at Darlington Memorial Hospital over a weekend. The CCG had been in further discussion with STHFT which had advised that their position was that there was usually an urologist on duty but occasionally it may need to be a general surgeon but one with expertise in urology. The CCG's position was that this was not strong enough assurance and had asked the Trust to provide further clarity on what the pathway was and how it would make sure patients had access to a specialist urology opinion over the weekend.

The Chair invited comments and questions from members.

NO'B drew attention to the maternity review. He understood that the response to Covid-19 had impacted on reviews but felt that it was an important piece of work and sought assurance that it had not dropped off the radar. In response GF advised that the lady who had been aligned to undertake the review had subsequently declined due to being engaged with

Covid-19 work. There could potentially be an alternative independent person to replace her however, as it was CDDFT recommending this person to undertake the review of one of their own services, GF would prefer to speak to JCa or ID first to ensure that they were assured about the governance arrangements and that there was no conflict of interest.

FJ drew attention to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and sought assurance with regard to the Care Quality Commission (CQC) report, staff turnover and the exceptional number of serious incidences (SIs). In response GF advised that, in terms of the high number of SIs, there had been some exceptional incidences and, as previously reported to members, unfortunately some young people in West Lane Hospital had taken their own lives. That was subject to an SI review and a report would be received in due course. There had been a higher number of suicides than previously but they were not thought to be related to Covid-19 as the report was too early in the year to be Covid-19 related. Staff turnover within TEWV had been noted and was being monitored carefully. GF advised that a separate report about TEWV could be prepared to respond to concerns. With regard to the CQC, an action plan had been prepared by CQC and that would be monitored by the Quality Review Group. In conclusion, there were changes within TEWV that the CCG needed a heightened awareness of.

Reflecting on comments raised during discussion, NB queried if Governing Body Members would like a Governing Body Development Session (GBDS) to focus on Mental Health and Learning Disability services. It was felt that the demands on TEWV would only increase due to Covid-19 and the CCG would need to be sighted on these. Members agreed that this would be beneficial.

Action**:** *NB to invite representatives from TEWV to attend a future GBDS which would focus on mental health and learning disabilities.* **NB**

The Governing Body:

- received and considered the content of the report for information,
- noted that necessary actions were being taken forward with the respective organisations to improve quality and experience for patients.

GB/20/29 **Integrated Care Partnership (ICP) / Integrated Care System (ICS) Update**
Dr Neil O'Brien,
Accountable Officer/Clinical Chief Officer

NO'B referred members to additional detail within the Chief Officers' report.

The following key points were noted:

The Integrated Care System (ICS) would be receiving a capital allowance (the amount had yet to be determined) and would coordinate a range of bids from across the whole healthcare system with the criteria being that the money had to be utilised in-year, would be Covid-19 specific and would increase activity. In summary, the capital revenue schemes should be put in place quickly and help the local healthcare economy to manage Covid-19 as well as winter.

The ICS would be meeting later that day to prioritise the bids and compile a list of schemes. It was uncertain if the funding provided would cover all of the schemes but the intention was to have the list ready for when the funding became available. The ICS would be coordinating bids from a range of providers including community services, the North East Ambulance Service NHS Foundation Trust (NEAS), mental health providers and the foundation trusts from across the region. An update would be provided to the Governing Body in due course.

As members were aware, NO'B was also the Accountable Officer for South Tyneside CCG and Sunderland CCG which were the other CCGs within the Integrated Care Partnership (ICP). He said he was working with those CCGs to look at how to potentially manage strategic commissioning across the larger ICP footprint. The CCGs' Governing Bodies had agreed to some key high-level principles around integrated commissioning with the Local Authorities. There now appeared to be a commitment by all CCGs to advance the model for combining the wider determinants of health into local health provision by working with their Local Authority.

NO'B added that the three CCGs were now working ever more closely with their neighbouring CCGs in order to deliver on the strategic commissioning objectives that were common to all and that may require a larger geography in to order to make sensible decisions. The example given was acute hospital services, either for redesign or transformation. He felt that the Governing Body needed a bit of development time to reflect on how the CCG interacted with both the Central ICP and the Southern ICP, however there appeared to be a willingness by all CCGs to enter into a conversation about strategic commissioning across the ICP.

NB updated on a couple of areas, she advised that:

- JCa and some of the County Durham CCG Primary Care Network (PCN) Clinical Directors were now involved with work to develop clinical pathways across Durham, South Tyneside and Sunderland with the acute trusts etc. which was positive;
- Similarly, in the south, Dr Dagny Samuel, Easington District PCN Clinical Director, was involved in some work with North Tees and Hartlepool NHS Foundation Trust to look at pathways that would be beneficial for patients in County Durham.

The Chair referred to the Better Health Programme (BHP) and the Joint Committee of the Southern CCGs (members of which included the following CCGs – Durham Dales, Easington and Sedgefield CCG, Darlington CCG, Hambleton, Richmondshire and Whitby CCG, Hartlepool CCG, North Durham CCG and South Tees CCG). He advised that over time, there had been less focus on the BHP and there had been fewer and fewer meetings of the Joint Committee. That morning there had been a development session of the Joint Committee to discuss its future and what work the newly merged CCGs would want to work on together. NO'B suggested that members may wish to use some time at a GBDS to discuss what the Joint Committee might consider going forward.

NB clarified that what had been proposed was to close down the old Joint Committee and to establish a new Joint Committee of the newly merged CCGs – County Durham, Tees Valley and North Yorkshire. The new Terms of Reference that were being developed would be very similar to the previous ones, i.e, they would reflect the membership of the Governing Bodies, and the draft would be circulated ahead of the GBDS to allow members to comment and influence the final version.

In response to a query raised by IS with regard to an article in the Health Service Journal (HSJ) which had reported that half of ICS/ICP leaders wanted statutory integrated authority and full legal power, NO'B clarified that there had been a rise from 20% to nearly 50% of ICS leaders wanting statutory status. He advised that he was not hearing that from the local ICS. He said that ICPs were very different across the country; and that there had been a lot of discussion in the leadership community of the NHS as to what the leadership model should look like. At the moment the ICSs were voluntary partnerships and discussion was around whether they should take on the role of NHS England / Improvement at a local level and should they then have a statutory function with budgets. There had been no change in that direction as far as NO'B was aware but he was conscious that discussions were taking place at Government level with regard to this and he expected the role and function of the ICSs to develop over the coming months.

In response to a query raised by FJ, NO'B advised that there had been no discussion as yet with regard to the development of a Joint Committee across the Central ICP and the Southern CCGs. A Joint Committee could be set up quickly if it was felt to be needed but NO'B did not expect it would be within this financial year due to the necessary response to Covid-19. He said that he would prefer to bring Governing Bodies together from across the ICP to have a discussion on how they would like to work together, rather than just set up Joint Committee. A meeting would be arranged to take place after the summer holidays to discuss how to work together.

The Governing Body noted the update.

GB/20/30 **Primary Care Commissioning Committee (PCCC) Update**
Feisal Jassat,
Chair of the Primary Care Commissioning Committee

FJ advised that the Primary Care Commissioning Committee (PCCC) had met on 16 June 2020 and had received the standard reports on Primary Care Strategy Development, Quality, Finance and Risk Management.

FJ referred to a presentation that had been given about the preparedness of GPs for supporting Covid-19 arrangements and highlighted the significant amount of work undertaken by primary care. He said that the research that had been done to better understand the interventions would inform the Primary Care Strategy refresh.

Other key reports received by the PCCC had been:

- Proposal to Merge Consultation: Craghead Medical Centre and Gardner Crescent Surgery. The information received was with regard to the communication and consultation development; and a further report would be received providing an update on engagement. The response from the Overview and Scrutiny Committee would be received in due course.

- Primary Care Networks and GP Practice Alignment to Care Homes. The report highlighted the work undertaken to align primary care to care homes, each care home now had a GP and a practice nurse aligned to it.

- Update on domestic abuse guidance provided to primary care. This had been a very useful report that outlined the training sessions provided to primary care in relation to patients and domestic abuse, what sessions were available to staff, topics covered and issues raised.

The Governing Body received the verbal update.

GB/20/31 **Audit and Assurance Committee Update**
John Whitehouse,
Chair of the Audit and Assurance Committee

JW drew attention to the report about the Final Annual Reports and Annual Accounts for 2019/20 that would be received for information later on the agenda.

Key points were summarised:
- The accounts and annual reports for 2019/20 for the predecessor CCGs (DDES CCG and North Durham CCG) had been closed down.
- JW commended RH, with support from NECS, on the excellent audit process. Everyone had met the revised timescales put in place due to Covid-19, except the auditors who had not given their final sign-off as yet. Both JW and RH expressed their disappointment that the CCGs had met the deadline for submission, even with the pressures of Covid-19, but that the auditors had not. It was noted that the CCG expected an unqualified opinion so there were no issues from a CCG perceptive that would hold up the opinions from the auditors.

Both the Chair and JW thanked the teams for their hard work and for ensuring that the reports had been submitted on time.

GB/20/32 **Patient and Public Involvement Update**
Feisal Jassat,
Lay Member Patient and Public Involvement

FJ drew attention to the DDES CCG and North Durham CCG Quarterly Engagement Activity Report: January – March 2020 (Q4) that would be received for information later on the agenda. He said that it provided a comprehensive overview of the work the engagement team had been doing.

FJ advised that the first meeting of the Patient, Public and Carers Engagement Committee (PPCE) for County Durham CCG had been held on 17 June 2020. Membership included Patient Representative Group (PRG) representatives and community sector representatives but there was a need for further public representation; the engagement team was looking to ensure the nominated allocation was met. The ToR had been agreed at the meeting and a presentation had been received about the work that the Committee had carried out over the previous 12 months giving an overview of the challenge and strategic assurance function of the Committee.

FJ felt that it had been a good first meeting and that he could provide assurance to the Chair that the Committee had a clear direction of travel, understood what needed to be done, and would continue to deliver for the Governing Body and the CCG.

The engagement team had prepared a presentation on the emerging engagement strategy and SB highlighted key points for the benefit of Governing Body members:

- The communications and engagement strategy would be developed and aligned to the newly formed County Durham CCG.
- Historically the CCG had mainly focussed on engagement and consultation activity as a result of major service change – this had often been piece meal and reactive.
- The aim would be to develop a strategy which focussed on County Durham as a system which articulated an ongoing programme of engagement.
- The CCG's Engagement Team (Team) would be working with communications and engagement leads from across County Durham including those from CDDFT, TEWV, Durham County Council, Healthwatch and NECS, to maximise existing capacity to greater effect.
- The Team would be tapping into existing sources of information from these organisations as well as coordinating a joined up approach to ongoing engagement.
- The idea would be to understand people's perceptions of health and social care within County Durham which would help inform the CCG's future priorities.
- The CCG would need to test its thinking re potential service change and its impact on a particular sector of the community.
- It would need to engage with staff across the system as well as the public on an ongoing basis.
- The ambition would be to move towards co-production.
- The aim would be to have this system strategy developed by Autumn 2020. Governing Body would receive an update at the meeting to be held in September 2020.
- In the meantime the organisations would be working as a group of communications and engagement leads to understand the impact on the public of new ways of working due to Covid-19. Engagement with the public about this would take place in the coming weeks across primary and secondary care, mental health and social care and work was being

done with Healthwatch to develop a proposal on this.

The Chair thanked SB and the engagement team for the work they were doing.

FOR INFORMATION

GB/20/33 **Covid-19 Update Report**

Sarah Burns,
Joint Head of Integrated Strategic Commissioning,
County Durham CCG and Durham County Council

The purpose of the report was to provide members of the Governing Body with information and assurance about the CCG's response to the Covid-19 pandemic, in the period up to 10 June 2020. The report outlined key changes across primary care, acute hospitals, care homes, mental health services and children and young people in response to Covid-19.

SB stressed that the strength of relationships and partnership working in County Durham had been invaluable during this period.

JCh joined the meeting at 14:30

SB drew attention to Section 2.5 and the mortality rates which sadly echoed the national position in that it was clearly evident that the pandemic was having a greater impact on the most disadvantaged population groups.

Services had had to adapt quickly in response to Covid-19 and SB referred members to the detail for each sector within the report.

All sectors were now in a state of recovery and SB drew attention to Section 10 – Recovery Planning and in particular the lessons learned:

- care homes should be seen as part of the system;
- accelerated and strengthened partnership working - whole system working achieved more, in less time, than single agency approaches;
- the need for agile, flexible and dedicated workforce;
- benefits of rapid and effective deployment of clinical and operational staff supported by training across the system; and
- the opportunity to test new models of delivery and ways of working that would have otherwise would have taken years to do.

SB flagged that the CCG was mindful of its obligations to engage and to ensure that any changes to services did not exclude any sector of the population. Engagement across the system would be ongoing and if any permanent changes were needed to services then proposals would be brought back to Governing Body.

Moving on to the recommendations the Chair acknowledged the outstanding efforts from staff from cross the healthcare landscape. It had brought out the best of people in the worst of times.

The Governing Body:

- noted the content of the report;
- recognised that recovery planning was currently being progressed; and
- acknowledge the outstanding efforts of member practices, staff, volunteers, residents and patients and partner organisations which had gone above and beyond the call of duty during the Covid-19 pandemic.

GB/20/34 Final Annual Reports and Annual Accounts for 2019/20 for Durham Dales, Easington and Sedgefield (DDES) CCG and North Durham CCG
Richard Henderson, Chief Finance Officer

NHS England and all Clinical Commissioning Groups (CCGs) were required to produce an annual report and accounts for the financial year, including a governance statement. The Head of Corporate Services for North Durham CCG had co-ordinated the preparation of the draft Annual Reports, working with colleagues in North of England Commissioning Support (NECS). This work was supported by the Chief Finance Officers of both of the former Durham CCGs. Due to the impact of Covid-19, the dates for submission of the annual report and accounts had been revised by NHS England.

At the meeting held on 24 March 2020 the Governing Bodies delegated authority to the Audit Committees to approve the reports prior to submission to NHS England. The draft reports had been approved by the Audit and Assurance Committee on 23 April 2020 and had been submitted prior to the deadline on 27 April 2020. The final reports were approved by the Audit and Assurance Committee on 12 June 2020.

Attached as appendices were:

Appendix 1 – latest draft Annual Report and Accounts for DDES CCG
Appendix 2 – latest draft Annual Report and Accounts for North Durham CCG

RH highlighted that the deadline for submission to NHS England had been the previous week. From a CCG perspective it had met its obligations for sign-off and submission to the auditors, unfortunately the CCG still awaited a response from the auditors but anticipated an unqualified audit opinion. Once received the reports would be submitted.

Governing Body members thanked RH and the finance team for their hard work and acknowledged that the late submission to NHS England was not of their doing.

The Governing Body:

- noted the final draft Annual Reports and Annual Accounts which had been approved by the Audit and Assurance Committee for submission to NHS England by 25 June 2020.

GB/20/35 Annual Report of the Audit Committees 2019/20
John Whitehouse, Chair of the Audit Committees of Durham Dales, Easington and Sedgefield CCG and North Durham CCG

The purpose of this paper was to present the annual report of the audit committees of both predecessor CCGs (Durham Dales, Easington and Sedgefield CCG and North Durham CCG) for information.

As part of the terms of reference of the committees, the Chair was required to provide a report to the Governing Body on the activity of each Committee and any significant matters. Regular verbal updates had been provided to each Governing Body by the Chair of the Audit Committees, and the report being presented supplemented that with a summary of overall activity for the year.

The Chair extended his thanks to JW and the team for the work done on behalf of the CCG over the previous year.

The Governing Body:

- received the report for information.

GB/20/36 **Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) and North Durham CCG Quarterly Engagement Activity Report: January – March 2020 (Q4)**
Sarah Burns, Joint Head of Integrated Strategic Commissioning, County Durham CCG and Durham County Council

The purpose of the report was to provide an update on the range of engagement activities that took place during January – March 2020 (Quarter 4) in both Durham Dales, Easington and Sedgefield (DDES) CCG and North Durham CCG.

The areas covered in the report included:

County-wide

- Covid-19
- Stroke Rehabilitation and Ward 6 public consultations
- Community Services
- Stakeholder Involvement event

Patient Groups

- DDES Patient Reference Groups 'in common'
- DDES Patient Reference Group monthly meetings
- North Durham Patient Reference Group
- North Durham Patient, Public and Carers Engagement (PPCE) Committee

Individual CCG Activity

- Health Network meetings
- Shotley Bridge Community Hospital

Local Partnerships

- Healthwatch County Durham
- Investing in Children (IiC)

Future activity

- Shotley Bridge Community Hospital
- Stakeholder engagement event

The Governing Body:

- received the update regarding the engagement activity for the predecessor CCGs - Durham Dales, Easington and Sedgefield CCG and North Durham CCG during Quarter 4, 2020.

GB/20/37 Questions from the Public

There had been no questions raised from members of the public.

GB/20/38 Minutes to Receive – previously circulated

Audit Committees in Common of DDES CCG and North Durham CCG:

- 12 December 2019
- 6 February 2020

Executives in Common of DDES CCG and North Durham CCG:

- 17 December 2019
- 21 January 2020
- 18 February 2020

Executives in Common Extended Membership of DDES CCG and North Durham CCG:

- 10 March 2020

Executive Committee of County Durham CCG

- 14 April 2020
- 28 April 2020
- 12 May 2020
- 26 May 2020

Health and Wellbeing Board

- There were no minutes to receive

Quality Committee of County Durham CCG

- There were no minutes to receive

Northern CCGs' Joint Committee

- There were no minutes to receive

Patient, Public, Carer and Engagement Committee of North Durham CCG

- 18 December 2019

Primary Care Commissioning Committees in Common of DDES CCG and North Durham CCG

- 21 January 2020

Item No		Action
	Primary Care Commissioning Committee of County Durham CCG 21 April 2020 The Governing Body received the minutes for information.	
GB/20/39	**Other Business** **GB/20/39-1: Joint Committee of the Southern CCGs** This had been identified as an item of other business at the start of the meeting. It had been discussed during item GB/20/29, and there was no need for any further discussion. **GB/20/39-2: Director of Nursing and Quality** NO'B informed Governing Body members that GF had been offered a secondment opportunity with Bradford District Care Trust for a period of three to six months. It was a great opportunity for GF but she would be a huge miss for County Durham CCG. The recruitment process was underway for a replacement. The Chair and all Governing Body members extended their best wishes to GF.	
GB/20/40	**Risk round up** There had been no new risks identified during discussion at the meeting.	
	Next Meeting The meeting concluded at 14:45. The next formal Governing Body meeting would be held on Tuesday 15 September 2020	

Contacts for the meeting:
Susan Parr, Executive Assistant
Tel: 0191 389 8621
susan.parr@nhs.net

Mags Wells,Governance Administrator
Tel: 0191 371 3224
margaret.wells1@nhs.net

Signed: *Approved by email*

Chair: Dr Jonathan Smith

Date: 21 September 2020