

**NHS COUNTY DURHAM CCG  
GOVERNING BODY**

**1.00pm Tuesday 15 September 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 ( <b>Chair</b> )
Andrew Atkin	AA	Lay Member
Nicola Bailey	NB	Chief Officer
Dr James Carlton	JCa	Medical Director
Jason Cram	JCr	Director of Nursing
Dr Ian Davidson	ID	Medical Director
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 Ian Spencer	IS	Secondary Care Clinician
John Whitehouse	JW	Lay Member, Audit and Governance

**In Attendance:**

Chris Allan	CA	Public Health representative, Durham County Council
Mike Brierley	MB	Director of Commissioning Strategy and Delivery
Sarah Burns	SB	Joint Head of Integrated Strategic Commissioning
Joseph Chandy	JCh	Director of Commissioning Strategy and Delivery
Chris Cunnington-Shore	CS	Patient Reference Group (PRG) Chair, Sedgfield Locality
Susan Parr	SP	Executive Assistant (minutes)
Jon Quine	JQ	Commissioning Delivery Manager, North of England Commissioning Support (NECS) (Agenda item GB/2048)
Keith Holyman	KH	PRG Chair, North Durham locality
Jane Robinson	JR	Corporate Director, Adult and Health Services, Durham
Angela Seward	AS	PRG Chair, Durham Dales Locality
Daniel Spelman	DS	Integrated Care Partnership (ICP) Cancer Delivery Manager (observer)

**Apologies:**

Dr Stewart Findlay	SF	Chief Officer
Dr Neil O'Brien	NO'B	Accountable Officer/Clinical Chief Officer
Amanda Healy	AH	Director of Public Health, Durham County Council
Sue Mole	SM	PRG Chair, Easington Locality

**GB/20/041 Apologies for absence**

The Chair led a round of introductions and 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 was however being live-streamed with the video uploaded to a media platform for public viewing.

**GB/20/042 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 NHS 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 via the CCG's website at the following link:

<https://countydurhamccg.nhs.uk/documents/declarations-conflict-interest/>

Conflicts of interest were recorded as follows:

**GB/20/53 County Durham CCG Quality Assurance Report July 2020**

Those members of the Governing Body who were general practitioners and providers of primary care services in the County Durham CCG area had a personal professional interest with regard to this report. No conflicts of interest were anticipated.

**GB/20/64 Primary Care Engagement Surveys**

The following members who were general practitioners and providers of primary care services in County Durham had a non-financial professional interest in the item:

- Dr Jonathan Smith, Clinical Chair
- Dr James Carlton, Medical Director
- Dr Ian Davidson, Medical Director
- Dr Neil O'Brien, Accountable Officer / Clinical Chief Officer
- Joseph Chandy, Director of Commissioning Strategy and Delivery (Primary Care)
- Dr Chris Markwick, Elected Healthcare Professional (GP)

It had been agreed prior to the meeting that the conflicted members could receive the paper and attend the meeting. The information was in the public domain and there was no financial information included in the paper that could influence or benefit any conflicted member.

**GB/20/65 North East of England and North Cumbria  
Clinical Commissioning Groups Research and Evidence - Annual Report  
2019/20**

**Item No****Action**

Governing Body members who were general practice members of practices whose research activity was described could have a non-financial professional interest in the item but as there were no decisions to be made nor any monetary gain from the report there were no conflicts of interest.

**GB/20/043 Identification of any other business**

There were no other items of business identified.

**GB/20/044 Minutes and matters arising from the Governing Body meeting held on Tuesday 30 June 2020**

The minutes of the Governing Body meeting held on Tuesday 30 June 2020 were agreed as a correct record of the meeting.

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

- i. In response to IS's query with regard to the rehabilitation plan it was noted that, although in the early stages, work was ongoing to co-ordinate / develop services for 'long Covid'.
- ii. Members were advised that Michael Laing had been recruited to the post of Director of Integrated Community Services (Lesley Jeavons being the previous post holder).

**GB/20/045 Minutes and matters arising from the Extra Ordinary Governing Body meeting held on 28 July 2020**

The minutes of the Extra Ordinary Governing Body meeting held on 28 July 2020 were agreed as a correct record of the meeting.

**GB/20/046 Action Log**

The action log was discussed and updated.

**ITEMS FOR DECISION****GB/20/047 Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Submission 2020/21**

*Nicola Bailey, Chief Officer, County Durham CCG*

By way of introduction NB advised that NHS England had an annual statutory requirement to formally assure its own readiness to respond to emergencies. To do this, NHS England and NHS Improvement asked commissioners and providers of NHS funded care to complete an Emergency Preparedness, Resilience and Response (EPRR) annual assurance process. NB then drew attention to the letter from NHS England appended to the report that set out in detail the process to be followed for 2020/21.

NB advised that the EPRR plans had been tested as a result of the Covid-19

pandemic however the need to undertake a formal assurance process remained. The Integrated Care System (ICS) and the Integrated Care Partnerships (ICPs) remained outside the requirements of Category One and Category Two organisations in relation to EPRR. Each CCG and provider had therefore been asked to submit a statement of assurance as individual organisations to NHS England by 31 October 2020, rather than as a system.

NB advised that Local Authorities and Foundation Trusts were Category 1 - first responders and that CCGs were in Category 2 - second responders. Each individual organisation's submission would form part of an NHS England regional submission, which in turn would be included in NHS England's national response for ministerial review.

The assurance process would focus on:

- progress made by organisations which reported partially or non-compliant last year. The predecessor CCGs (Durham Dales, Easington and Sedgfield CCG and North Durham CCG) had reported as being 'substantially compliant' against the EPRR process,
- the process of capturing and embedding the learning to date from the response to Covid-19,
- inclusion of progress and learning in winter planning preparations.

It was anticipated that there would be no formal requirement for the Governing Body to approve the submission this year, as there had been in previous years, however the Governing Body was being asked to delegate authority to the Accountable Officer to approve the EPRR Annual Assurance Submission for 2020/21.

The Governing Body:

- noted the process to be followed for the Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Submission for 2020/21,
- delegated authority to the Accountable Officer to approve the submission for County Durham CCG prior to the deadline of 31 October 2020.

**GB/20/048 County Durham Place Based Commissioning and Delivery Plan 2020-2025 - September 2020 update**

*Jon Quine, Commissioning Delivery Manager, North of England Commissioning Support (NECS)*

Jon Quine (JQ) explained that the County Durham 5-year Commissioning and Delivery Plan, September 2020 update ('the plan') set out the commissioning and delivery intentions of all partners represented at the Integrated Care Board, and formed part of the health and care delivery component of the County Durham Health and Wellbeing Strategy.

JQ highlighted the key points:

- This was the first review of the plan since it had been adopted by the Health and Wellbeing Board in March 2020; the plan would be updated

every Spring and Autumn.

- The format would be the same as the first reiteration of the plan with the addition of a section on Covid-19 recovery and the development of the Outcomes Framework.
- The previously identified schemes had also been BRAG (Blue, Red, Amber, Green) rated to describe progress against timescales.
- The assurance processes of the plan included all Covid-19 plans being reviewed by the Health, Welfare and Community Recovery Sub-group Chaired by the Deputy Director of Public Health.
- The plan would also be considered and approved by all partner Executives and partnership boards, including the Mental Health Strategic Partnership Board, and the Children and Young People's Integration Board.
- The current iteration demonstrated a maturing of the plan, reflecting how partners were collaborating increasingly across organisational boundaries and reflecting patient / resident pathways of care rather than service specific outcomes.
- The increased role of the Public Health Team in all chapters had also supported a focus on prevention and development of the assurance process.

Members noted that next steps were to include:

- maintaining Covid plans to reflect the changing nature of the pandemic,
- further development of the County Durham Outcomes Framework led by Dr Michael Smith,
- embedding the Approach to Wellbeing within each chapter, led by Cat Miller, the Approach to Wellbeing Programme Manager from Durham County Council.

The Chair invited questions or comments from Members.

FJ welcomed the plan which was an important development that highlighted the priorities that the CCG needed to deliver on. Referring to the Governing Body Development Session (GBDS) held in July 2020 that focussed on health inequalities, he asked if the outcomes of that session had been reflected in the plan, and secondly referring to the Outcomes Framework (OGIM - Objectives, Goals, Initiatives, Measures), he asked how it would be known if the CCG had made a difference and what the impact of any interventions was.

In response JQ advised that the County Durham Outcomes Framework was in development and within each OGIM a number of different outcomes had been suggested by the chapter leads. Working with Dr Smith and colleagues within Business Intelligence, a dashboard of measures would be developed that would demonstrate whether improvements were being made, if the position was steady, or if the position was becoming worse. He added that the measures would be benchmarked against national standards in order to be able to understand if the CCG was performing well or not.

Referring to the Outcomes Framework JQ advised that it was the first step towards a comprehensive product. He was working with colleagues in Public

**Item No****Action**

Health to pull together the significant amount of statistical information that was already available to produce some clear indicators for priority focus; this may also help funding decisions for maximum impact and drive the inequalities agenda.

NB clarified that the plan adopted by the Health and Wellbeing Board in March 2020 had included the CCG's organisation plan. The plan had been made up of an aggregation of all organisation plans (County Durham and Darlington NHS Foundation Trust, Durham County Council and Tees, Esk and Wear Valleys NHS Foundation Trust), and that Members could be reassured that there was nothing in the plan that they would not be aware of.

In terms of process, NB added that reporting should be at both an individual organisation level and at an integrated system level. This would demonstrate the focus on health inequalities and working more closely with community services, which had been determined at the GBDS and had been embedded in the CCG's strategic objectives.

In response to AA's query, JQ advised that the next iteration of the plan would include the matrix and would be presented in Spring 2021. He explained that as it was a 'system' plan the timescale was driven by the number of organisations and therefore the governance assurance processes that it had to go through.

FJ was keen to understand whether the County Durham Outcomes Framework would support an understanding of the return for investment of the Durham pound. JQ advised that the framework would, in time, support the identification of areas of poor performance both against national standards and within County Durham as a means to address inequalities within the County, however a further level of analysis would need to be undertaken over that provided by the framework on whether this constituted a return on the specific investments made. JQ stated he would highlight this matter with Dr Smith for consideration and comment.

As a final point NB advised JQ that he might wish to review the consultation route for the plan. By separating the governance decision making route from the involvement and engagement meetings, it might make it easier and quicker to ensure full sign-off by the numerous statutory organisation governing bodies.

The Governing Body:

- noted the ongoing development of the plan,
- approved the County Durham Place Based Commissioning and Delivery Plan 2020-2025 / September 2020 update.

*JQ left the meeting following the conclusion of this item.*

**ITEMS FOR DISCUSSION****GB/20/049 Clinical Chair, Accountable Officer and Chief Officers' Report: September 2020***Nicola Bailey, Chief Officer**Dr Stewart Findlay, Chief Officer**Dr Neil O'Brien, Accountable Officer/Clinical Chief Officer**Dr Jonathan Smith, Clinical Chair*

NB presented the report that provided an update on key issues affecting County Durham.

NB highlighted the following key areas:

**1.1. Talk Before You Walk**

(Dr Bas Sen, North Tees and Hartlepool NHS Foundation Trust)

This scheme (now called '111' First) had been initially launched as a pilot in August 2020 following a 'dry run' in late July 2020, and would be fully launched across the Integrated Care System (ICS) in September 2020. It instructed members of the public to contact NHS '111' before attending A&E to reduce inappropriate attendance at A&E and to support social distancing. The scheme encouraged patients to consider using pharmacists or other self-help tools etc. before contacting their GP. If a person did attend A&E they would be triaged and may then be offered a more appropriate GP appointment. A key aim of the scheme was to support winter planning and the Covid-19 pandemic work.

**1.2: Diversity and Black, Asian and Minority Ethnic (BAME)**

There had been an agreement that an ICS response to 'Black Lives Matter' would be developed. More broadly, and in line with the Governing Body focus on health inequalities, this would develop an understanding of the impact of Covid-19 on the health of the BAME community. A big piece of work was underway across the ICS to develop the most suitable approach to take forward this work and in due course the Governing Body would receive a report that would outline a pledge to sign up to that would focus on those populations.

**2: North East and North Cumbria (NE&NC) System Flu Board**

NO'B was the Senior Responsible Officer (SRO) and Chair of the NE&NC System Flu Board which met on a monthly basis. The flu campaign would be of significant importance this year given that the flu season would coincide with Covid-19. Proprietary work was underway locally within GP Practices and Primary Care Networks (PCNs) and across the region to establish Covid-safe clinics for patients to access their flu vaccination. Contingency plans were being developed to provide mutual aid to cover for practice staff sickness or isolation restrictions. In summary, a significant amount of work was underway to ensure that the most vulnerable people had access to the vaccination as soon as possible, and planning for the extended groups -Year 7 children and people 50 years and over. The latter group being vaccinated later in the year.

**4: Central ICP Clinical Leadership Group**

Chaired by NO'B this group had been established to develop a transformational programme across the ICP. Membership included Medical Directors and the Chief Operating Officers from all ICP organisations. The aim of the group was to:

- work together to ensure effective and safe clinical services were in place,
- to look at the future requirements for both clinical services and workforce,
- to work collaboratively to support more effective integration and pathway development across acute and primary care,
- work together to plan and implement clinical recovery of services.

**5: Local Integration**

A significant part of the CCG's work was at 'place' however, in Durham particularly, integrated services were jointly commissioning for example in relation to community services with the Council, or mental health services between the CCG, TEWV and the Council. Planning was underway with the local authorities for Durham, Sunderland and South Tyneside to hold a health and care integration event to showcase and share learning across the Central ICP. Sponsored by NO'B and the three Local Authority Chief Executives the aim of the event would be to develop the next steps for each area; for Durham this could mean going further, staying the same or perhaps just a tidying up of governance arrangements. The event would be held in early October 2020.

**6: Financial governance at an ICP level**

The financial arrangements for CCGs had changed in light of Covid-19 and had replicated the block arrangements for providers. A meeting had been held on Thursday 20 August 2020 with the Chief Finance Officers, Chief Officers and Clinical Chairs from Sunderland, Durham and South Tyneside CCGs to discuss the newly emerging financial framework and the approach to the allocation of additional Covid resource.

**8: Adults, Health and Wellbeing Overview and Scrutiny Committee (OSC)****9: Health and Wellbeing Board**

The papers for the meetings of OSC and Health and Wellbeing Board held on 7 July 2020 and 14 July 2020 respectively were available via the embedded link. The notes of the Health and Wellbeing Board held on 11 September 2020 would be circulated in due course. Discussions had been mainly focused on Covid-19 and recovery across all organisations and partnership arrangements.

**10: Urgent and Emergency Care (UEC) Network Operational Board held on Wednesday 15 July 2020**

This section provided further details of the Talk Before You Walk ('111' First) project, winter plans and highlighted other Covid-19 discussions.

**11: Senior Management**

As Governing Body members were aware the Director of Nursing and Quality, Gill Findley, had taken a short term secondment to Bradford District Care NHS Foundation Trust. To ensure the CCG continued to meet its statutory responsibilities and to do some specific project work linked to quality, the



CCG had welcomed Jason Cram from County Durham and Darlington NHS Foundation Trust who had joined the CCG as interim Director of Nursing, and Anne Greenley who had been aligned to the CCG from North of England Commissioning Support into the role of interim Director of Quality Improvement. It was noted that Gill Findley would be resuming her role within the CCG from 1 December 2020.

### **12: New ways of working**

A group of CCG staff had been working together to look at new ways of working across the CCG as a result of Covid-19. Three small working groups were focusing on the following areas respectively:

1. Looking at practical solutions for how staff could use the CCG buildings.
2. Looking at the outcomes of the two staff surveys - suggestions, ideas and how the CCG could implement some of these, including looking at social issues, staff well-being, communications and coordination.
3. Looking at the organizational development of new CCG. The group would be looking at the culture and feel of the new County Durham CCG.

Progress on all three areas was being fed back at the fortnightly staff briefings.

### **13: Keeping Accident and Emergency (A&E) safe and free for urgent and emergency care**

This highlighted the Durham version of the Talk Before You Walk initiative. The measures to be put in place to support and guide the public to make the best choices about where to access their healthcare included:

- intervening early,
- asking people to call NHS 111 before they attended A&E,
- the appropriate disposition for people when they did attend A&E.

The Chair then provided a brief update on matters not Covid-19 related. He advised that

- four additional GPs had signed up the GP Career Start Scheme, and
- that he had been the CCG's representative for when the Secretary of State for Health and Social Care, Matt Hancock, visited Shotley Bridge Hospital. He had taken the opportunity to promote the value of community hospitals and to describe the importance of team working between primary care and secondary care.

In response to FJ's query with regard to the meaning of repatriation (in context of 10.5 Repatriation Policy), NB explained that, when a patient had been diverted to a hospital that was not local to them, when they returned home or to a hospital within their area, the term used was 'repatriated'.

The Governing Body:

- received and discussed the report, noting the range of work being undertaken.

**GB/20/ Risk Management Report**  
**050** *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 CCG together with a full copy of the latest risk register position.

County Durham CCG currently had 18 risks, of which two were corporate risks relating to:

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

No new risks had been added and no risks had been closed since the previous report.

The risk with regard to the delivery of the financial control total had been increased from a score of 8 to a score of 12, to reflect the current uncertainty in terms of financial arrangements for 2020/21.

Following a discussion at Executive Committee on 11 August 2020, consideration had been given to the potential risk around changes to the national Hospital Discharge Service Requirements from 1 September 2020 which would be added to the risk register. This would involve the resumption of continuing healthcare (CHC) assessments from the 1 September 2020 and the requirement to assess a significant number of individuals whose support package had been paid by the NHS during the period from 19 March 2020.

The Chair invited questions and comments from Members.

Referring to the Hospital Discharge Service Requirements and the 'who pays' guidance published by NHS England on 25 August 2020, IS requested clarification about how the service would be funded going forward. In response RH explained that there were two separate elements:

1. The national Hospital Discharge Programme put in place in March 2020 was about discharging people quickly from hospital to free up beds. The discharge packages had been funded by the NHS regardless of whether that patient would have met CHC assessment criteria, had responsibility to pay for their own care or were funded by the Local Authority. Up to the 1 September 2020 the NHS paid for the discharges. From 1 September 2020 the NHS would continue to pay for the first six weeks from patient discharge.
2. The 'who pays' guidance was more about which CCG was the responsible commissioner once the patient was eligible for CHC.

RH added this would be a return to the funding arrangements that were in place a number of years ago but separate from the current discharge arrangements in place since March of this year.

In response to FJ's query, RH advised that risks related to Covid-19 were being reviewed on a monthly basis and updated as appropriate.

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/20/051 County Durham CCG Finance Report for the four months ending 31 July 2020**

*Richard Henderson, Chief Finance Officer*

The report captured the financial position for NHS County Durham CCG for the four months ended 31 July 2020. Due to the current temporary financial arrangements no forecast position had been included in the report.

RH highlighted the following key points:

- As previously advised, temporary financial arrangements had been extended for CCGs for the four months from 1 April 2020 to 31 July 2020.
- NHS England and Improvement (NHSE/I) had confirmed that these arrangements would continue until 30 September 2020.
- A retrospective non-recurrent allocation totalling £7.99m had been received to date for the three months to 30 June 2020, resulting in a breakeven position for that period.
- The CCG was now reporting an over spend of £1.2m for the four months to 31 July 2020 (effectively that represented a pressure at month 4).
- This additional Covid-19 spend largely related to the costs of the Hospital Discharge Programme, fee uplifts for Care Homes and reimbursement of additional primary care costs. It was based on 2 months' data.
- In contrast to month 3, there had been a significant improvement in prescribing costs, with actual costs from the May PPD data coming in much lower than previously forecast based on April data.
- Subsequent to producing the report the CCG had received a further retrospective allocation of £1.2m bringing the CCG into a break-even position. RH expected the same retrospective adjustments for months 5 and 6 and anticipated a break-even position as at month 6.

RH advised that the financial arrangements after September 2020 remained uncertain but, should the ambition remain the same, then all organisations would be at breakeven by the end of the financial year. It was anticipated that there would be a move away from the retrospective adjustments and CCGs would be provided with funding designed to meet costs for the rest of the financial year. There may, however, be a slight change to this arrangement whereby hospital discharge costs would be funded centrally on a retrospective top-up basis. All remained uncertain until further guidance had been received along with details of the financial packages.

RH advised that County Durham CCG had been selected to be part of the national audit of retrospective Covid-19 costs. The auditors Deloitte were doing some work on behalf of NHSE/I over the next couple of weeks looking at CCG and Foundation Trust costs for months 1 and 2. RH did not anticipate

any issues and would share the report with Governing Body when received.

The Governing Body:

- considered the report,
- noted the current and forecast financial position,
- noted that a further retrospective allocation adjustment was anticipated to enable a breakeven position to be reported.

**GB/20/ 052 County Durham CCG Performance Report**  
*Richard Henderson, Chief Finance Officer*

The report highlighted the May to June 2020 performance figures for County Durham CCG.

RH advised that the overall the position was similar to recent months in that the majority of the performance indicators had been significantly impacted by Covid-19 and the response and capacity issues in the system.

Key points were highlighted:

- An underperformance for both RTT (Referral to Treatment Time) and Diagnostics standards which had been particularly impacted by the response to Covid-19. Planning work was ongoing to look at how to increase capacity to recover the position however infection, prevention and control considerations would significantly limit capacity for the rest of the year.
- An underperformance for both cancer 2 week wait and 62 day. Attention was drawn to pages 6 and 7 of the report detailing the recovery work including surgery and treatment hubs, diagnostic centres, FIT testing etc.
- A&E performance targets had been generally met for the first part of the year.

In summary there had been a significant deterioration in the planned care targets but an improvement in emergency performance indicators.

RH drew attention to the summary of the first draft activity planning submissions (pages 4 and 5 of the report) for the remainder of the year, both for the CCG and central Integrated Care Partnership (ICP) providers. The Phase 3 planning letter issued by NHSE/I on 31 July 2020 set out a number of expectations in terms of recovery of the elective activity position, including:

- Delivering at least 80% of last year's activity for overnight electives and outpatient/day case procedures, rising to 90% in October (aiming for 70% in August).
- Returning to at least 90% of last year's levels of MRI/CT and endoscopy procedures, with ambition to reach 100% by October.
- Delivering 100% of last year's activity for first outpatient attendances and follow ups from September through the balance of the year (aiming for 90% in August).

The summary of the position on page 5 for the CCG and the two main providers within the ICP indicated that targets were all below expectations. The national target for electives for CDDFT was very low due to changes in the counting of outsourced activity for certain procedures to independent sector providers. Although an increase in activity, particularly for CDDFT, was anticipated following a refresh later in the week, across the ICP and the wider ICS the position would remain below the national expectation and would remain so for significant period of time.

There had been a discussion by the Executive Committee around potentially rethinking the monitoring of performance in the short term to make it more useful. Organisations across the ICP would be failing national targets for some time to come.

IS raised his concern with regard to the position for CDDFT and asked if they had a long term solution to improve it. He was particularly concerned about the use of the independent sector to pick up activity. In response RH advised that CDDFT's numbers would improve with an increase in capacity within the system, however he anticipated that when received the revised figures would still be below national ask as would be the case for all the providers within the ICS – all had the same activity and capacity issues. He agreed that CDDFT's performance was not good but said that it was not just a CDDFT issue, it was reflected across the board.

With regard to independent sector activity, JCa advised that diagnostic capacity within the NHS had been supplemented by capacity within independent sector sites and that would continue for the foreseeable future. A number of factors affecting performance were around infection, prevention and control measures, this limited the numbers of patients in waiting rooms for example, and certain diagnostics such as high risk aerosol generating procedures also limited capacity. A substantial work plan was now in place and all outpatient services within CDDFT had been reinstated, apart from the pain clinic which was currently being considered. The number of people that could be physically seen however would be significantly reduced. All trusts were looking into tele-consultations to increase capacity rather than video-consultations.

Drawing attention to the last page of the report which highlighted that the collection of Mental Health performance indicators for Quarter 1 had been suspended due to Covid-19, FJ asked if there was a rationale for that. MB advised that in response to Covid-19 TEWV had redeployed their corporate staff from the performance teams. Discussion was now underway to re-establish performance monitoring and Members would then begin to see a resumption of performance dataflow.

The Governing Body:

- considered the content of the report,
- noted the latest planning submissions for the remainder of the year.

*JCh joined the meeting during this discussion of this item.*

**GB/20/ 053 County Durham CCG Quality Assurance Report July 2020**  
*Jason Cram, Director of Nursing*

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.

JCr highlighted the following areas for the attention of Members:

**County Durham and Darlington NHS Foundation Trust (CDDFT):  
 Mortality Summary Hospital-level Mortality Indicator (SHMI):**

CDDFT had been reporting high levels of SHMI when compared to other providers and were not within the expected range. Following an analysis it had been established that this was indicative of a coding issue rather than a mortality issue. Assurance had been received from CDDFT's Medical Director that the work to improve the depth of coding and the integrity of the data set had been picked back up again following a pause due to Covid-19. There may be a lag before the refreshed dataflow was reported.

**Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV): Serious Incidents (SIs) backlog:**

TEWV were reporting a backlog in completing root cause analyses (RCAs) within the national 60 day timescale. There were 36 outstanding reviews. The Trust was aware that they had a problem and the CCG was working with them to address the issue. A new process and work plan had been put in place and tasks had been assigned through August and September 2020. Of key importance was the need to ensure that the learning from the outstanding RCAs was not lost.

**Inter-relationship with care homes through the Covid-19 response**

The CCG continued to provide mutual aid to care homes, with support also from the infection prevention and control, safeguarding and quality teams. The information on care homes was being monitored by the risk assurance meeting. In normal circumstances commissioning assurance visits would be undertaken but to reduce footfall the CCG was looking for other ways to undertake risk assurance inspections for not only care homes but other providers. The information continued to be RAG rated and monitored by the Quality Assurance Group.

The Chair invited questions and comments from Members.

JCa advised that the maternity review had now been re-established. Members were reminded that issues had been identified around maternity care and that Gill Findley, Director of Nursing and Quality, had been looking to instigate an independent review for late 2019 / early 2020. AG had now picked up this piece of work.

In response to the Chair's query with regard to the TEWV RCA backlog, JCr advised that the number reflected RCAs from across the whole of the Trust, however it was split between Durham and Darlington and it roughly worked

out that two thirds were from a Durham perspective and the rest for other areas. JCr added that the quality team was confident that the Trust was aware they had a problem and that they were trying to rectify it. He felt that the Trust's plan was ambitious but the CCG would continue to support the Trust and monitor that actions were progressing.

The Governing Body:

- received and considered the content of the report for information.

*SB joined the meeting during this discussion of this item.*

**GB/20/ Primary Care Commissioning Committee (PCCC) Update**

**054**

*Feisal Jassat,*

*Chair of the Primary Care Commissioning Committee*

FJ advised that the Primary Care Commissioning Committee (PCCC) had met on 18 August 2020 and had received the standard reports on Finance, Primary Care and Primary Care Network (PCN) Development, Risk Management and Quality.

The PCCC had also:

- considered a merger application supported by a robust business case and consultation and engagement information,
- received an excellent report for information relating to GP practice and staff surveys. The PCCC had been pleased to see that a significant percentage of patients were happy with their primary care service,
- received information on the resilience and readiness for the forthcoming flu campaign.

The Chair invited questions and comments from members.

JCh concurred with the FJ's comment regarding the response to the surveys. It was pertinent in that a letter had been circulated that day to general practice from NHS England extolling the use of Total Triage from both patient effectiveness and Covid-safety perspectives, but also reminded GPs that where it was clinically appropriate that they should continue to hold face-to-face consultations. He added that there had been a very good response to the survey with 1157 respondents. Overwhelmingly they had been in support of new ways of working such as using Total Triage rather than face to face consultations.

The Governing Body received the verbal update.

**GB/20/ Audit and Assurance Committee Update**

**055**

*John Whitehouse,*

*Chair of the Audit and Assurance Committee*

JW advised that a significant amount of work had been undertaken in May and June 2020 by the finance team (supported by NECS colleagues) to complete the year-end accounts and annual reports for the predecessor CCGs. Unfortunately the Auditors had been unable to meet the deadline for

**Item No****Action**

returning the signed-off Annual Reports.

Other areas of work included:

- a review of the Board Assurance Framework,
- a review of the governance arrangements for the new County Durham CCG,
- a look at other risk areas including cyber-crime – which appeared to be more prevalent.

The Governing Body received the verbal update.

**GB/20/ Patient and Public Involvement Update****056***Feisal Jassat,**Lay Member for Patient and Public Involvement*

FJ drew attention to the Quarter Engagement Activity Report to be received for information under agenda item GB/20/063.

FJ advised that at the meeting held in August 2020 members of the Patient Public and Carer Engagement Committee (PPCE) had received:

- a comprehensive update on the flu campaign and the appropriate use of painkillers from Kate Huddart, the CCG's Head of Medicines Optimisation,
- the initial Covid-19 Recovery Communications and Engagement Plan. The team had been working hard to pull together an integrated communications and engagement plan in order to support recovery,
- the two primary care surveys, as previously discussed and to be received under agenda item GB/20/064. FJ again highlighted the positive analysis,
- the regular updates from colleagues from the Patient Reference Groups, Area Action Partnerships, Durham County Council and Healthwatch,
- an update on the local improvement scheme (LIS) from the primary care team which provided assurance that general practices had sufficient capacity to undertake activity such as phlebotomy as it transferred from secondary care providers to a primary care setting.

In conclusion, FJ provided assurance that the statutory duties in relation to patient and public involvement continued to be met.

The Governing Body received the verbal update.

**GB/20/ Medicines Optimisation Annual Report 2019-2020****057***Dr James Carlton, Medical Director**Dr Ian Davidson Medical Director*

The purpose of the report was to provide the Governing Body with a final end of year position on the prescribing budgets and an overview of the work-streams and actions undertaken by the medicines optimisation team. This included the work undertaken with Controlled Drugs and the Controlled Drugs Local Intelligence Network (CD LIN).



ID drew attention to the executive summary and highlighted the following areas:

- An overspend for the financial year 2019/20 with the prescribing budgets. There was a 2.4% overspend in North Durham CCG and a 5% overspend in Durham Dales, Easington and Sedgefield (DDES) CCG, equating to £991,005 and £2,557,765 respectively. The unprecedented pressure was due to medication shortages which impacted on the pricing of individual drugs and this was before Covid-19 had had an impact.
- The significant amount of work that had gone into high cost areas of diabetes, respiratory and pain, looking at newer more clinically effective drugs. Cost growth had been similar to others in the region as shown by various graphs within the report.
- Medicines optimisation QIPP (quality, innovation, productivity and prevention) 2018/19 exhibited very strong, over delivery in excess of target, with Durham Dales, Easington and Sedgefield (DDES) CCG delivering savings of £1,509,169 against an agreed figure of £1m and North Durham CCG delivering savings of £1,194,060 against an agreed figure of £800,000.
- The significant work around the engagement and collaboration agenda with additional local engagement events. This included an increase in education sessions for all healthcare professionals and administrative staff with within primary care.
- The Medicines Optimisation (MO) team had been part of the formation of an extended Area Prescribing Committee covering both Tees Valley and County Durham. This facilitated collaboration on the prescribing agenda throughout the health economy.
- The work from the MO team on a number projects involving ICP work-streams.
- The involvement with NHS England in the delivery of care home pharmacists and continued support with the development of clinical pharmacist within their PCN roles.
- The work on patient safety. A number of safety audits had been carried out on Lithium prescribing, Non-Steroidal Anti-inflammatory Medications (NSAIDs), Valproate prescribing and also an audit on the prescribing of amiodarone and dronedarone.
- The development of guidance to support discussion and decision with patients to improve their care.
- A review of spend on tariff excluded drugs and the good uptake of biosimilar products.
- The work undertaken to support appropriate use of antibiotics and the fact that both predecessor CCGs had not achieved the national target for antibiotic prescribing but had further reduced prescribing levels of antibiotics.
- Practice Prescribing Support reviewed 26,170 patients in County Durham, answered 15,089 queries and generated annualised savings of £684,855 across County Durham.
- Activity of key medicines committees and meetings undertaken in 2019/20 and training developed and delivered to medical, non-medical prescribers as well as GP administration staff on key topics such as RPOS (repeat

prescription ordering systems). Two months after implementation of RPOS (September 2019) there had been a reduction of repeat items of 2.2% with an estimated saving associated with this reduction of -£403,643.

- Actions taken by the CCG to discharge their responsibilities for the safe use of controlled drugs. It was noted that Durham was an outlier for the prescribing of opioids. The patient communications campaign planned for April had been postponed till later in September 2020.
- An overview of primary care pharmacists, the prescribing incentive scheme and the work to support communication of safe medicines practice through newsletters, memos and GP TeamNet.

The Chair extended his thanks to the MO team for the comprehensive and informative report. He added that, as a GP, he depended on the MO team for advice.

The Chair invited questions and comments from Members.

IS drew attention to section 3.3.1. Self-Care, which was about encouraging patients to purchase some medications from a pharmacist or supermarket instead of getting them prescribed by a GP. He pointed out that the campaign appeared to focus on it being faster to go to a pharmacy but did not mention the cost savings that might help the NHS. ID advised that the CCG's campaign had reflected the communications developed for the NHS England national campaign which appealed to patients directly to save the NHS money by buying their medication from over the counter.

In response to IS's concern with regard to the prescribing of drugs ahead of the publication of National Institute for Health and Care Excellence (NICE) guidance, ID advised that unfortunately NICE could be slow in publishing guidance or technology appraisals for new drugs, therefore if it was known that there would be a delay for over 12 months, then the Northern Treatment Advisory Group would produce local guidance. ID further explained that the guidance would be a shared formulary appropriate for both primary and secondary care clinicians to use.

During a discussion with regard to newer classes of diabetic drugs being prescribed ahead of NICE guidance (page 22 of the report) it was noted that these drugs had proven to be the most clinically effective. Research evidence had also suggested that the drugs should be used more widely (renal and cardiac patients may benefit from it) but this would be at significant cost to the NHS. NICE was therefore being lobbied to come to a decision about their use.

The Governing Body:

- received the report,
- discussed the content of the report and acknowledged the work-streams that had been undertaken by the medicines optimisation team to drive forward the medicines optimisation agenda within the predecessor CCGs and to develop the primary care pharmacist workforce,
- noted the work in Appendix 3 to meet the responsibilities of the CCGs with regard to Controlled Drugs.

**GB/20/058 Learning Disabilities Mortality Review (LeDeR) Local Area Annual Report 2019/2020**

*Jason Cram, Director of Nursing*

The purpose of the report was to provide an update on how Learning Disabilities Mortality Reviews (LeDeR) had been implemented with partners across County Durham and Tees Valley locality, including information on the number of completed reviews against national targets, the learning, recommendations and action planning up to 31 March 2020.

JCr highlighted key points within the report:

- The local area had completed 85 reviews in 2019/20 and learning from reviews had improved due to completed LeDeR reviews now being submitted onto the local Safeguard Incident and Risk Management System (SIRMS).
- The CCG was a high notifier compared to other CCGs in the region which was considered a positive. 48 reviews had been completed, 16 were in progress and 24 were unallocated.
- Measures were in place to achieve successful completion of reviews within nationally agreed targets. This included the recruitment in January and April 2020 of four highly experienced staff, sharing three whole time equivalent LeDeR reviewer posts. There was also some additional capacity provided by CDDFT.
- Priority areas of work were within four main themes:
  - 1) Mental capacity assessment and best interest decision making processes “Act on Capacity” which needed to be everybody’s business.
  - 2) Improving communication, both with service users and between agencies, to improve quality of care and raise awareness of the importance of Annual Health Checks, Cancer Screening and best practice regarding Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders.
  - 3) Development of a training programme across the local area to improve health outcomes for people with a learning disability.
  - 4) End of Life planning.

JCr advised that additional funding had been awarded to TEWV and CDDFT to provide additional training particularly within care home settings and that he was confident that the deadline of 31 December 2020 for the completion of 40 reviews would be met.

The Chair invited questions and comments from Members.

IS referred to sections 6 and 7 – Learning from Reviews and Grading of Reviews respectively, and queried if the CCG would undertake a similar assessment of residents dying within a care home or nursing home setting. In response NB explained that reviews in these settings would not be done and there were a number of reasons for this. She explained that a number of studies had highlighted that a significant number of people with a learning disability were dying inappropriately because they had had a poor healthcare.

**Item No****Action**

As a consequence the LeDeR programme had been put in place to understand why these people were dying of treatable conditions such as constipation and dehydration, and to take forward the necessary improvements in provision of their healthcare.

In response to IS's concern with regard to people dying in care homes, particularly during Covid-19, NB provided a comprehensive overview of the numerous processes, both local and nationally led, that were in place for the monitoring of the quality of care within care homes and actions being taken to support the safety and wellbeing of care home residents.

JR advised that the general safeguarding adult processes, which included adult care home residents, would pick up any concerns with regard to particular cases and identify whether a review was required or pick up any lessons learned.

The Governing Body:

- noted how LeDeR has been implemented with partners across County Durham and Tees Valley,
- acknowledged the learning, recommendations and progression of action planning.

**FOR INFORMATION**

**GB/20/059** **Annual Audit Letters 2019/20**  
*Richard Henderson, Chief Finance Officer*

It was a requirement of the Code of Audit Practice that an Annual Audit Letter should be produced each year summarising the work of the external auditor.

The letters appended to the report related to the year ended 31 March 2020 and hence were addressed to the two predecessor CCGs but presented here following the merger in to NHS County Durham CCG.

All of the matters raised in the Annual Audit Letters had previously been considered by the Audit and Assurance Committee and the letters were presented to GB for information only.

As previously highlighted to the GB, unqualified audit opinions were received on the 2019/20 annual accounts.

Both letters would be published on the CCG website.

The Governing Body:

- noted the 2019/20 Annual Audit Letters for the predecessor CCGs for information.

**GB/20/060** **CCG Committee Terms of Reference**  
*Nicola Bailey, Chief Officer*

From 6 June 2020, some temporary changes had taken place which would

**Item No****Action**

impact on the content of some of the CCG Committee terms of reference. On that date, Gill Findley, Director of Nursing and Quality for the CCG commenced a three to six months secondment with Bradford District Care NHS Foundation Trust.

Jason Cram had been appointed as the Director of Nursing for the CCG and took up the post with effect from Monday 13 July 2020. This would be a short term position to cover the length of Gill's secondment.

In addition, the CCG had agreed a temporary assignment for Anne Greenley to join the CCG from North of England Commissioning Support (NECS) in the role of Director of Quality Improvement. Anne would continue to lead on some areas for NECS.

As a result of the above changes, temporary and some permanent amendments had to be recognised and these were set out in detail within the report.

The Governing Body:

- noted the content of the report, including the temporary arrangements in place for a period of up to six months and the permanent arrangements which had been approved by the Executive Committee on 28 July 2020.

**GB/20/061 Annual Complaints Report, 1 April 2019 to 31 March 2020 for Durham Dales, Easington and Sedgfield CCG and North Durham CCG**

*Anne Greenley, Director of Quality Improvement*

The purpose of the report was to provide assurance to the Governing Body that the CCG had fulfilled its statutory responsibility with regard to complaints management. The report also provided an overview of the issues raised in complaints / concerns during the year.

The Governing Body noted the annual report for information.

**GB/20/062 Information Governance (IG) Annual Report 2019/20**

*Nicola Bailey, Chief Officer*

The Information Governance Annual Report 2019/20 provided an overview of key achievements and performance related to Data Security and Protection.

It has been approved by the Executive Committee on 8 September 2020.

The Governing Body noted the Annual Report for information.

**GB/20/063 County Durham CCG Quarterly Engagement Activity Report: April – June 2020-2021 (Q1)**

*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 April – June 2020 (Quarter 1) in County Durham CCG.

The areas covered in the report included:

#### **County-wide**

- Engagement strategy in County Durham
- Primary care experiences
- Shotley Bridge Community Hospital services
- CCG staff survey
- Flu communications campaign

#### **Patient Groups**

- Launching new patient group engagement structures
- Patient, Public and Carer Engagement Committee
- Locality Patient Representative Groups

#### **Future activity**

- Shotley Bridge Community Hospital

The Governing Body:

- received the update regarding the engagement activity for County Durham CCG during Quarter 1, 2020-21.

#### **GB/20/064 Primary Care Engagement Surveys**

*Joseph Chandy, Director of Commissioning Strategy and Delivery (Primary Care)*

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

The purpose of the report was to provide the Governing Body with an overview of the feedback from both practice staff and patients in relation to changing ways of working as a result of COVID-19.

IS queried the praise given to the use of audio-visual consultations; he felt that the data presented in the report lent more favourably on the use of remote consultations and did not highlight the drawbacks.

In response JCh pointed out that it was not an academic research paper into the effectiveness of tele-medicine style consultations but a quick snap shot in the middle of the Covid-19 response to see how, generally, the significant changes within primary care had been received by the public. He added that the feedback from cohorts less able to access technology such as the elderly or people with a learning disability were of particular importance.

In the discussion that followed it was noted:

- NHS England would be funding work around digital inclusivity through training but further information was still awaited.
- GPs had been reminded of their obligations to consult with patients face-to-face and that tele-medicine should not be used as the only solution as

**Item No****Action**

that would be in breach of contract.

- Using tele-medicine meant that 90% of patients would be 'seen' on the same day, an improvement to pre-Covid numbers.
- That tele-medicine did suit a lot of people, including those living in more rural areas.
- Practices were still required to manage the footfall through their surgeries and tele-medicine was one of the methods used to do this.

The Governing Body received the report for information.

**GB/20/065 North East of England and North Cumbria  
Clinical Commissioning Groups Research and Evidence - Annual Report  
2019/20**

*James Carlton, Medical Director*

This report provided information and assurance on:

- supporting and promoting research,
- developing and commissioning research,
- Research Capability Funding (RCF),
- Local Clinical Research Network North East and North Cumbria activity,
- recruitment activity in NHS providers of services commissioned,
- use of evidence from research for commissioning decision making,
- plans and priorities for 2020/21.

The Governing Body:

- received the report for information,
- noted the activities, subsequent progress being made and assurance provided.

**GB/20/066 Annual Human Resources and Organisational Development  
Performance Report - 2019/20**

**For the Southern Collaborative CCGs:**

*Nicola Bailey, Chief Officer*

The purpose of the report was to present the Governing Body with the Annual Human Resources and Organisational Development Performance Report 2019/20 for the Southern Collaborative CCGs prepared by North of England Commissioning Support (NECS).

The Governing Body:

- received the Annual Human Resources and Organisational Development Performance Report 2019/20 for the Southern Collaborative of CCGs for information.

**GB/20/067 Questions from the Public**

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

**Item No****Action****GB/20/  
68 Minutes to Receive – previously circulated  
Audit and Assurance Committee of County Durham CCG:**

- 23 April 2020

**Executive Committee of County Durham CCG**

- 9 June 2020
- 23 June 2020
- 14 July 2020

**Health and Wellbeing Board**

- There are no minutes to receive

**Joint Committee of the Southern Collaborative**

- 23 July 2020

**Northern CCGs' Joint Committee**

- There are no minutes to receive

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

- 19 February 2020
- 17 June 2020

**Primary Care Commissioning Committee of County Durham CCG**

- 16 June 2020

**Joint Quality Committee of Durham Dales, Easington and Sedgefield  
(DDES) CCG and North Durham CCG**

- 4 February 2020

**Quality Committee of County Durham CCG**

- 7 July 2020

The Governing Body received the minutes for information.

**GB/20/  
069 Other Business**

There were no items of other business.

**GB/20/  
070 Risk round up**

*To consider any areas of risk from the discussion on the agenda to add to the CCG's corporate risk register.*

There had been no new risks identified during discussion at the meeting.

**Next Meeting**

The meeting concluded at 15:08. The next formal Governing Body meeting would be held on 22 December 2020.



**Item No****Action**

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

Mags Wells, Governance Administrator  
Tel: 0191 371 3224  
[margaret.wells1@nhs.net](mailto:margaret.wells1@nhs.net)

Signed: *Approved via email*

Chair: Dr Jonathan Smith

Date: 22 December 2020

CONFIRMED