NHS
County Durham
Clinical Commissioning Group

NHS COUNTY DURHAM CCG
GOVERNING BODY

1.35pm to 3.10pm
Tuesday 16 March 2021

THE MEETING TOOK PLACE BY VIDEO CONFERENCE
Due to the exceptional circumstances linked to the Coronavirus Covid-19 pandemic, 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
Anne Greenley	AG	Director of Nursing and Quality Improvement (Interim)
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:

Linda Allison	LA	Interim Chair, Easington Patient Reference Group (PRG)
Mike Brierley	MBr	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	PRG Chair, Sedgefield Locality
Keith Holyman	KH	PRG Chair, North Durham locality
Sue Parr	SP	Executive Assistant (minutes)
Angela Seward	AS	PRG Chair, Durham Dales Locality

Apologies:

Chris Allan	CA	Public Health representative, Durham County Council
Dr Ian Davidson	ID	Medical Director
Dr Stewart Findlay	SF	Chief Officer
Amanda Healy	AH	Director of Public Health, Durham County Council
Sue Mole	SM	PRG Chair, Easington Locality
Jane Robinson	JR	Corporate Director, Adult and Health Services, Durham

Item No		Action
GB/21/01	**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, 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/21/02 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/

AG advised that she was now in post as the CCG's Interim Director of Nursing and Quality and that the register would be updated in order to reflect that.

Conflicts of Interest:
GB/21/06: County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22
Joseph Chandy, Director of Commissioning Strategy and Delivery (Primary Care), County Durham CCG

Primary Care members of the Governing Body who had a non-financial professional conflict of interest in the item were:
Dr James Carlton, Joseph Chandy, Dr Ian Davidson, Dr Chris Markwick, Dr Neil O'Brien and Dr Jonathan Smith.

It had been agreed prior to the meeting that the conflicted members could receive the paper, attend the meeting, and take part in the discussion but should not be involved with any decision making.

GB/21/03 Identification of any other business

No items of other business were identified.

Item No		Action
GB/21/04	**Minutes and matters arising from the Governing Body meeting held on Tuesday 22 December 2020** The minutes of the Governing Body meeting held on Tuesday 22 December 2020 were agreed as a correct record of the meeting. **Matters arising** There were no matters arising.	
GB/21/05	**Action Log** There were no outstanding actions on the action log.	
	ITEMS FOR DECISION	
GB/21/06	**County Durham Primary Care Commissioning and Investment Strategy 2020/21-2021/22** *Joseph Chandy, Director of Commissioning Strategy and Delivery (Primary Care), County Durham CCG* *It was noted that primary care members of the Governing Body who had a non-financial professional conflict of interest were Dr James Carlton, Joseph Chandy, Dr Chris Markwick, Dr Neil O'Brien and Dr Jonathan Smith. It had been agreed prior to the meeting that the conflicted members could receive the paper, attend the meeting, and take part in the discussion but should not be involved with any decision making.* The County Durham CCG Primary Care Commissioning and Investment Strategy 2020/21-2021/22 (the Strategy) set out how the CCG would deliver sustainable primary care services to provide personalised health care closer to home for the people of County Durham. JCh drew attention to the dedication to Dr Poornima Nair and all NHS staff who had lost their lives during the Covid-19 pandemic. He said that it had been a privilege to have known Poornima. Whilst the CCG had made excellent progress against the out-going primary care strategies, there had been three since the CCG's inception, in light of the NHS Long Term Plan and recently published White Paper the Strategy had to be refreshed to ensure its ambitions were reframed and refocused ready for transition into the new arrangements. Members noted that the publication of the Strategy had been delayed due the Covid-19 pandemic and that many of the initiatives and investment outlined in the Strategy had already been undertaken. However, the pause had been useful as it had provided an opportunity for the CCG to fully understand the obligations required to underpin primary care. JCh took GB Members through the presentation that: • provided a roadmap showing a summary of the development process towards the new Strategy, • set out the vision for investing in general practice,	

- described the traditional GP practice model that was in place when CCGs began in 2013 due to underinvestment, the changes made through successive investment since 2013, and where the CCG would like primary care to be as its legacy as the transition into Integrated Care Partnerships (ICPs) was made,
- outlined the four key achievements from the last Primary Care Strategy,
- outlined the four key strategic themes and priorities,
- showed how the use of digital technology had become more common place and had changed general practice, for example it had revolutionised how GPs consulted with their patients, and how patients could request prescriptions and their records. Although the Long Term Plan had been to move to more digital access, Covid-19 had accelerated those ambitions,
- described the Local Improvement and Integration Scheme (LIIS). Since 2014 a LIIS had been the main route for investment into primary care via the delegated budgets; this would bring care closer to home for patients by working in partnership through schemes like Teams Around Patients etc. It was intended to be a 3 year scheme to enable practices to embed the improvements that had been made. Part of the LIIS was a commitment from primary Care to actively engage with patients via the Primary Care Networks (PCNs),
- set out the investment into primary care; it showed the annual primary care budget for 2020/21 of which 83% was for primary care delegated budgets. It also showed the additional funding into general practice and PCNs, which was set to increase over the next five years. The Strategy would be refreshed in May 2021 when the allocations for funding for 2021/22 had been confirmed,
- the monitoring of the Strategy would be by in-year monitoring to support general practice and five-year monitoring to see the benefits realisation for both patients and the money the CCG had invested.

Drawing the presentation to a close JCh said that, despite Covid-19, the buy-in into developing the Strategy had been significant from stakeholders. To begin with these included general practice focus groups and other professional groups such as nurses and practice managers; and then in July 2020, following the first wave of the pandemic, the CCG's Engagement Team had surveyed patients for their views on the changes as a result of Covid-19 in accessing GP services and the use of digital consultations. The Local Medical Committee, the Overview and Scrutiny Committee, County Durham Health and Wellbeing Board and Healthwatch had all provided their recommendations on the Strategy and this had then been incorporated into this latest version. The delay in the Strategy had be partly due to ensuring all stakeholders had been given an opportunity to provide input.

The Chair invited questions and comments from Members.

FJ thanked JCh and the Primary Care and Engagement Teams for their work in developing the Strategy. As a Lay Member for Patient and Public Involvement and Chair of the Primary Care Commissioning Committee, he wholeheartedly welcomed the Strategy and its ambition for investing in primary care to support patient care as close to their communities as possible.

He drew attention to the need to address health inequalities and the importance of focus on that.

FJ also highlighted the LIIS scheme and the role of the Primary Care Networks (PCNs) going forward and the opportunity they presented for patient and public engagement. He said that he would like to establish a dialogue with SB and JCh to ensure public participation in order to shape and inform decision making going forward and would welcome an opportunity to attend a PCN meeting to support them and bring forward patient engagement.

IS drew attention to Appendix 6 – Additional Roles in Primary Care. Whilst he understood the need to expand the workforce, he did not recognise a number of the roles that had been listed and queried who would be providing the training and how would the PCNs know if that person had the qualifications and skills required to fulfil their role.

In response JCh explained that the implementation of the roles had been quite rapid and that Health Education England (HEE) had invested significantly in developing courses for the roles, for example the Physician Associate. This role was usually carried out by first year bio-medical students and it would be a two-year course. The post holder would not be enrolled in a Royal College so could not prescribe independently but it would be another route of access into primary care.

With regard to the paramedic roles, the PCN Directors were in discussion with the North East Ambulance Service NHS Foundation Trust (NEAS) and Health Education England (HEE) for them to work up stage 1 training. Work was required to understand what stage 1 training meant and how that would support the transition of the paramedic role from a service like NEAS to primary care.

Similarly, courses were being developed for the Clinical Pharmacist role. Pharmacists currently working in a retail environment would undertake the training to facilitate their transition into a primary care setting and a role supporting patients with chronic diseases, their medication reviews, and supporting the practice in general.

In summary, JCh said that a lot of work had been done to underpin the new roles into primary care.

AH advised that, although it looked like they were all new roles, some had been a long time in development and were already in place in other parts of the system. Social Prescribing Link Workers (SPLW), for example, were now part of the wider Public Health workforce. As part of a group from across County Durham, HEE had overseen the development of the training for the role. The core competency framework in place for SPLWs provided a level of assurance as to the quality of the role.

MB agreed with the points highlighted by FJ and added that the Strategy, alongside all the other good pieces of work being done such as integrated commissioning and partnership working, provided a good platform to

transition into a place-based approach for County Durham.

FJ extended an invite to IS to attend the Primary Care Commissioning Committee to be held in April 2021. The agenda would include an update on the role of the SPLW, the work they did and what impact they would have for patients in County Durham.

Action: *SP to send the calendar invite for the PCCC to IS.* **SP**

AH said that she welcomed the fact that health inequalities and prevention were prominent within the Strategy with specific delivery actions attached to the health inequality elements. It felt like an opportune time to ensure that the issue of inequalities was taken forward.

The Chair advised that his practice had been involved with the training of Physician Associates and that they had to undertake two exams, one at the University of Newcastle and another national exam, before they were awarded their registration. It was hoped that they would then be able to do a prescribing course.

Before moving on to the recommendations, the Chair thanked the CCG and all those involved in the delivery of the Strategy, he said it was no coincidence that practices had responded well when the pandemic hit and that it was a fitting legacy for the CCG.

The CCG Governing Body:

- discussed the content of the report and its implications,
- confirmed strategy alignment to the NHS Long Term Plan,
- acknowledged the impact of Covid-19 and the White Paper on strategy development, and
- formally ratified the County Durham Primary Care Commissioning and Investment Strategy, subject to endorsement by the County Durham Health and Wellbeing Board at the meeting to be held on 18 March 2021.

GB/21/07 **County Durham CCG Safeguarding Children, Children Looked After, and Safeguarding Adults Strategy 2020-23**

Anne Greenley, Director of Nursing and Quality (Interim), County Durham CCG

AG presented the report saying that the CCG was committed to the principles that safeguarding was everyone's responsibility both within the CCG and within organisations from which it commissioned services, and that those services should be child and adult 'at risk' centred.

The Safeguarding Children, Children Looked After, and Safeguarding Adults 2020-23 Strategy (the Strategy) set out the vision and direction in respect of its statutory duties for safeguarding children, children looked after and vulnerable adults for the next 3 years from 2020 to 2023.

It was important to note that each group had different needs; the Strategy set out the definitions for each group and how the CCG would meet those

requirements. Its development had been informed by actual issues in terms of challenges the CCG had experienced over the year and in response to new guidance within the NHS Safeguarding Accountability and Assurance Framework.

At the time that the Strategy had been produced, the function of safeguarding within the ICS had yet to be understood but would be embedded 'at place'. Working in partnership with Durham County Council and Durham Police, the CCG would continue to address the care needs of the most vulnerable people in society.

AG drew attention to the five strategic themes within the Strategy that would be used to guide the work of the CCG and ensure compliance with the legislative and assurance requirements. The themes built on work already done but had also been informed by the learning from serious case reviews.

AG advised Members that the Strategy was not a standalone document and should be read in conjunction with the CCG's declaration in respect of safeguarding, the respective CCG safeguarding children and adult policies, the CCG Safeguarding Children and Adults Training Strategy, and the Clinical Quality Strategy.

The Chair highlighted that safeguarding was one of the most important responsibilities that the CCG had.

The Governing Body:
- received and ratified the strategy,
- confirmed that the CCG recognised that statutory Safeguarding duties were acknowledged and responded to.

NO'B joined the meeting during the discussion of this item.

GB/21/08 **Annual Reports and Annual Accounts 2020/21**
Richard Henderson, Chief Finance Officer, County Durham CCG

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 report set out the key dates for the submission of the reports which were:

- draft Annual Report – 27 April 2021
  (excluding annual accounts, which were required to be submitted separately by 9am on 27 April 2021)
- final Annual Report and Accounts – 15 June 2021, a deadline which had been extended by two weeks due to the pandemic.

The structure of the annual report would be based on three sections as in previous years. The three sections being:
- Performance Report,
- Accountability Report,

- Financial Statements and Notes.

As a result of the Covid-19 pandemic the CCG had been given the option of omitting a detailed performance analysis section, however the CCG had decided that it would still include most of the performance information.

The Governing Body was being asked to delegate authority to the Audit and Assurance Committee to approve both the draft and the final reports in order to meet NHS England's submission dates.

The Audit and Assurance Committee would meet on 23 April 2021 when it would be asked to consider the draft Annual Report for submission by 27 April 2021.

Members of the Governing Body, the Audit and Assurance Committee and the Executive Committee would be given the opportunity to comment on the content of the draft documents at relevant points of production.

The Governing Body:

- noted the key dates for the submission of the Annual Report and Annual Accounts for 2020/21,
- noted the governance route for submission of the report,
- delegated authority to the Audit and Assurance Committee to approve both the draft and the final version of the report for submission on 27 April 2021 and 15 June 2021 respectively, in order to meet the deadlines required by NHS England.

GB/21/09 **Committee Governance Arrangements 2021/22**
Nicola Bailey, Chief Officer, County Durham CCG

NB reminded Members that each year the CCG refreshed the Term of Reference and Business Cycles of its governance meetings.

Due to Covid-19 and the changing priorities for the staff within the CCG, including senior medical staff, it had been agreed that the governance process be refined by requesting approval of the Terms of Reference and Business Cycles by Executive Committee on behalf of the other committees and for Governing Body to ratify that decision. This also includes the three sub-committees of the Quality Committee:

- Primary Care Quality Assurance Sub-Committee,
- Sub-Committee of Medicines Optimisation, and
- the Research and Innovation Sub-Committee.

Members were advised that there had been no significant changes made to any of the documents and that the CCG was proposing to keep the same schedule of meetings. The terms of reference and updated business cycles were presented for ratification following approval by the CCG's Executive Committee.

The schedule of meetings for 2021/22 would continue in the same pattern as per previous years, as set out in the report:

Week 1 – Informal Executive Committee/Quality Committee
Week 2 – Executive Committee
Week 3 – Informal Executive and Governing Body or Governing Body Development Session or Primary Care Commissioning Committee
Week 4 – Executive Committee

The Governing Body:

- ratified the decision of the Executive Committee to roll over the current versions of the Terms of Reference of the committees in the CCG's Governance structure:
    - Audit and Assurance Committee
    - Council of Members.
    - Executive Committee
    - Governing Body (details contained within the Constitution)
    - Patient, Public and Carers Engagement Committee
    - Primary Care Commissioning Committee
    - Quality Committee
    - Remuneration Committee.
- ratified the approval of the Governing Body and Committee Business Cycles for 2021/22, for the following committees:
    - Audit and Assurance Committee
    - Executive Committee
    - Governing Body
    - Primary Care Commissioning Committee
    - Quality Committee
- noted the committee meeting schedule planned for 2021/22.

ITEMS FOR DISCUSSION

GB/21/010 **Clinical Chair, Accountable Officer and Chief Officers' Report: March 2021**

Nicola Bailey, 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 CCG including:

- Report from Clinical Chair (verbal),
- Section one Accountable Officer/Chief Clinical Officer,
- Section two reports from Chief Officers.

NO'B caveated the report by explaining that the healthcare landscape was changing so rapidly that the report could be out of step with the current position by the time the Governing Body met. He highlighted the key points:

Northern CCG Joint Committee meetings held on Thursday 11 March 2021

Members noted that at the Northern CCG Joint Committee meeting held on Thursday 11 March 2021, the main focus had been around the implications of the implementation of the Government's White Paper. Discussion had included how the CCGs could provide input into the design of the Integrated Care System (ICS) and a session would be arranged with Alan Foster, Executive Lead for the ICS and Professor Sir Liam Donaldson, Chair for the ICS for the North East and North Cumbria, to talk through the proposal in more detail.

ICS Management Group meeting held on Friday 19 February 2021

At the ICS Management Group meeting held on Friday 19 February 2021 a presentation had been given about the work to date and aspiration of the ICS Prevention Board. The slides had been appended to the report. John Hewitt, the Chief Executive of Durham County Council, had also attended to describe the collaborative work the local authorities were doing together and in their local areas relating to regeneration and recovery from the pandemic.

Flu Campaign

All system partners had met in March 2021 for a learning event reflecting on the enormously successful flu programme in 2020. The aim of meeting was to consolidate lessons learned, mainly around data and hard to reach groups etc., and to plan for next year's programme. The group would continue to report into the Vaccination Programme Board.

Future of Integrated Care Systems (ICS)

February 2021 saw the publication of the White Paper which set out legislative proposals for a Health and Care Bill and clearly laid out the future ambition for Integrated Care Systems. The White Paper described the end of CCGs in March 2022 and the formation of new place based integrated arrangements supported by an ICS level NHS statutory body and a Health and Care Partnership Board from April 2022.

NO'B said that he had been involved in many meetings to discuss and design the new system for provider collaboratives place-based arrangements, the aspiration would be to run shadow arrangements from October 2021. There was still a lot of uncertainty as to how the model would be implemented but all were working together as a region to develop the very best solution for integrated working for the North East and North Cumbria.

The prominence of integrated place-based arrangements in the White Paper was very much in line with the CCG's work on the County Durham Care Partnership and the CCG was therefore in a fortunate position as it transitioned into the future ways of working.

Third phase of the NHS response to Covid-19

Members noted that the sustained pressure within hospitals was very much starting to ease as case numbers fell across the ICS. The focus now was towards recovery of normal NHS services and to roll out the vaccination programme as efficiently as possible.

The County Durham Care Partnership approach was working well with numerous examples of working across organisational boundaries to respond to the pandemic.

NOB said that the local vaccination programme was an excellent example of all system partners working together for the benefit of local people. It was noted that the ICS had reached the milestone of 1 million vaccinations given.

ICP Financial Position
As previously reported, the temporary NHS financial regime for the second half of 2020/21 included system financial envelopes and collective system performance and risk management. Locally this meant NHS funding was allocated at a County Durham, South Tyneside and Sunderland Integrated Care Partnership ('Central ICP') level.

A Memorandum of Understanding had been agreed by Governing Bodies in Common in September 2020 setting out financial management principles across the ICP and agreeing how system funding would be allocated. As part of that, a joint planning group with representatives from all three CCGs, chaired by the CCGs' Accountable Officer, was established which has agreed how the CCG Covid-19 funding would be utilised.

Health and Wellbeing Board and Adults, Health and Wellbeing Overview and Scrutiny Committee
Due to Covid-19 and the need to adhere to social distancing guidelines, both meetings had been held virtually. NO'B drew attention to the papers which could be accessed via the embedded link within the report.

CCG Accommodation at Sedgefield Community Hospital
As Members were aware, the CCG had agreed to give up its office accommodation at Sedgefield Community Hospital (SCH) to allow County Durham and Darlington NHS Foundation Trust (CDDFT) to expand its outpatient capacity. This meant the CCG needed to formally consult with staff about where their future work base would be. NB was leading on this piece of work. The CCG was looking at a few options including using Wheatley Hill as a base. With the expectation that the CCG would have an agreed new agile working policy, the requirement for office space would be very different going forward. Governing Body would be updated once the staff consultation had concluded.

As a final point, NO'B encouraged Members to read the presentation given at the ICS Prevention Board which was attached to the report as Appendix 1.

The Chair invited questions and comments from members.

IS asked for clarification with regard to healthy life expectancy. In response AH advised that although it varied across the county, with people living with long-term conditions and an aging population, the average healthy life expectancy in County Durham was just below 60 years on average. She said that was why the Prevention Board had a focus on improving quality of life and not just length of life. AH drew attention to Durham Insight and the

section on healthy life expectancy across County Durham which varied from 50 up to 58 years.

IS drew attention to page 3 and the two priorities for the ICS which he thought did not seem to be very ambitious. He said that the prevalence of smoking and alcohol consumption were both reducing but there was no mention of obesity. In response AH advised that the ICS Management Board had raised the same question in relation to obesity. There had been discussions and a significant amount of work done 'at place' around healthy weight and physical activity and the Health and Wellbeing Board (HWWB) was actively supporting this. Work was not yet complete with regard to the two priorities, smoking and alcohol; for smoking the ambition was to reach just 5% by 2025, and this work would continue jointly via the ICS and the Smoke-Free campaign for example. Unfortunately the consumption of alcohol had increased during the pandemic.

AH stressed that although smoking and alcohol were the two priorities for the Prevention Board, they were only part of a wider piece of work to address health inequalities.

The Governing Body:

- received and discussed the report, noting the range of work being undertaken.to provide an update on key issues affecting County Durham.

GB/21/011 **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 CCG currently had 21 risks, two of which were corporate risks relating to:

- the delivery of Constitutional Standards,
- the impact of Covid-19.

RH said that both were referenced in the report and were discussed as separate agenda items.

Two new risk have been added since the previous report:

- Risk CD0021 - Integrated Care System (ICS) Transition. This risk related to proposed changes to CCG responsibilities as they were absorbed into the Integrated Care System (ICS) in April 2022 and the uncertainty and risk for CCG staff, and the potential risk of destabilising the local 'place-based' arrangements that had been developed in Durham.
- Risk CD0022 related to Information Governance and Information Risk Management and incorporated potential cyber security risks. This risk had been discussed in detail by the Audit and Assurance Committee and work had been undertaken by internal audit colleagues to map out some of the relevant assurance processes which would help to mitigate those risks. The risk had been included in the Audit Report to be discussed later in the agenda.

No risks had been closed since the previous report.

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 that all of the CCG's risks were being appropriately managed.

GB/21/012 **County Durham CCG Finance Report for the Ten Months ending 31 January 2021**

Richard Henderson, Chief Finance Officer

RH provided an update on the 2020/21 financial year position:

- The report captured the financial position for NHS County Durham CCG for the ten months ended 31 January 2021.
- As previously advised, temporary financial arrangements had been implemented for CCGs for the six months from 1 April 2020 to 30 September 2020.
- County Durham CCG's allocations had been reduced on a non-recurring basis by a total of £14m for the first six months, however retrospective 'top-up' allocations were then expected to leave the CCG in a breakeven position.
- Retrospective top-up allocations totalling £16.39m had now been received for the six months to 30 September 2020, resulting in a breakeven position for that period.
- A revised financial regime had been introduced for the second half of the year with 'systems' (for County Durham CCG this is the 'Central Integrated Care Partnership' (ICP)) allocated a funding envelope including CCG allocations, system growth and Covid-19 funding.
- The retrospective top up arrangements that applied in the first six months were largely removed, with certain exceptions including costs relating to the Hospital Discharge Programme (HDP).
- For County Durham CCG, the CCG allocations for the second half of the year represented a reduction of £10.4m compared to original published allocations.
- The CCG was now reporting an overspend of £0.9m for the ten months to 31 January 2021 with a forecast overspend of £4.6m for the year.
- Retrospective funding of £4.4m had been received in the month relating to HDP costs for months 7 and 8.
- The overspend position at month 10 included £1.6m in the year-to-date (YTD) position and £5.3m in the forecast position relating to additional HDP costs for months 9-12, for which additional retrospective funding was expected.
- An underspend of £0.7m was also being reported in respect of Acute Independent Sector activity, largely due to released or prior year accrual benefits, for which a clawback of funding allocation was expected.
- Following receipt of expected additional funding, the CCG would be reporting a breakeven position (both YTD and forecast outturn).
- There were no other significant movements in the underlying forecast position in month 10.
- There was still an element of uncertainty and forecasting in the position,

particularly in respect of prescribing (where only eight months of actual costs were available) and Covid-19 recharges from the Local Authority which would need to be reconciled and fully validated in due course.
- Discussions were ongoing across the Central ICP to review latest financial forecasts and remaining contingency reserves. This may result in an improvement to the CCG's outturn financial position.

2021/22 Financial Planning:
- NHS England / NHS Improvement had now confirmed that the NHS planning and contracting process for 2021/22 had been suspended for the rest of the financial year and current temporary arrangements would continue for at least Q1 of 2021/22.
- This included current block contracts for NHS providers.
- Financial envelopes were still to be confirmed but were expected to be based on current funding envelopes.
- Further information on financial envelopes and related guidance for Q1 2021/22 was now expected in 'mid-March' 2021 with financial plans to be developed by 'mid-April'.
- Usually, CCG annual budgets for the following year would be developed and presented to Governing Body in March for approval. This had not been possible this year in the absence of confirmed funding envelopes.
- Once further information had been received, budgets and financial plans would be developed and shared with Governing Body for approval as soon as possible.

With regard to NHS contracting with providers, RH pointed out that, clearly the CCG could not pause contracting, therefore the plan was to rollover current contracts into 20021/22 in the absence of any financial envelopes. It was a more complicated position than normal.

The Governing Body:
- considered the report,
- noted the current financial position,
- noted that a further retrospective allocation adjustment is anticipated which would take the CCG to a breakeven position,
- noted the position on the 2021/22 CCG budgets.

GB/21/013 **County Durham CCG Performance Report**
Richard Henderson, Chief Finance Officer

RH advised that the report this month was presented in a slightly different format. Given the impact of Covid-19 and the fact that most of the performance indicators and non-elective activity had been stood down, the report focused on the recovery plan for elective activity, long waiters and cancer performance in particular.

The report provided a summary of performance against key Constitutional Standards and other performance indicators. Full performance information at provider and CCG level had been included within Appendix 1.
In Terms of executive recovery plans, these had been submitted to NHS

England and NHS Improvement, along with a summary of Independent Sector acute activity that included trajectories of planned activity.

RH drew attention to:

- Table 1 which showed actual figures for December 2020 for County Durham and Darlington NHS Foundation Trust (CDDFT) and North Tees and Hartlepool NHS Foundation Trust (NTHFT) which were generally below trajectory. The main exception was NTHF elective inpatient activity; at 52% this was significantly down on trajectory and reflected the additional pressures being seen in December due to increases in Covid-19 patients.
- Referral to Treatment long waits. Table 2 showed that CDDFT had 1,607 patients waiting longer than 52 weeks. This was significantly reduced to that reported previously when it was 2000. All cases of patients waiting longer than 52 weeks were being risk assessed for potential harm. This was also the case when the patient had chosen to delay treatment themselves. Trusts could therefore see a significant increase in 52 week waits in subsequent weeks.
- The table on page 5 providing details of Recovery Plan actions such as:
    - increased use of Advice and Guidance,
    - clinical triage of referrals to try to reduce the volume of patients who needed to attend secondary care settings.
- Cancer performance:
    - performance was significantly below target for cancer services,
    - work had been undertaken to significantly reduce the backlog for cancer services by reducing non urgent elective services, releasing capacity for urgent elective activity,
    - utilization of the Independent Sector (IS) providers for diagnostics.
    - endoscopy remained challenging though the majority of patients were being triaged straight to test and the situation was generally improving.
    - CDDFT had maintained cancer surgical capacity for priority 2 and 3 cancer patients and was doing well in comparison to other trusts across the region.
- Independent Sector (IS) Acute. Nationally NHS England and NHS Improvement had agreed terms with IS providers for a new fixed term contract covering the period 1 January 2021 – 31 March 2021 inclusive (Q4). Weekly discussions were ongoing with Spire and BMI Woodlands to coordinate additional capacity locally with NHS providers. Table 3 showed the latest 4 week activity plan against actuals by each IS site. The CCG awaited further guidance on what contract would be put in place from 1 April 2021.

Before moving on the recommendations, the Chair reflected that trusts were working in very difficult circumstances and whilst the performance figures were worse than in previous years, there were clear reasons for this and a work plan had been developed to recover the situation.

The Governing Body:

- considered the content of the report,
- considered whether the focus on recovery plans in the short term would be useful.

GB/21/014 County Durham CCG Quality Assurance Report February 2021
Anne Greenley, Director of Nursing and Quality (Interim)

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. The report was based on December 2020 data.

AG pointed out that Covid-19 had impacted on all governance processes including quality assurance. To help reduce the burden on, and release capacity for provider clinicians, some committee meetings had been stood down. It had been important that the CCG had been proportionate about how it sought assurance from providers although it had not ceased entirely.

AG highlighted the following key points:

- In terms of North East Ambulance Service NHS Foundation Trust (NEAS), whilst the agreement had been to stand down the Quality Review Group (QRG), there was still a method in place for an information meeting to discuss any immediate quality concerns, plus there were the monthly calls. All committee meetings would be reinstated as the CCG moved into Covid-19 recovery.

- In November 2020 CDDFT made an executive decision to suspend route cause analysis (RCA) reviews due to the pressures of Covid-19 and the redeployment of staff. The suspension was no longer in place and RCA reviews were again being reported.

- Due to quality issues a Quality Board had been established between Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and NHS England.

- There had been a significant amount of input into the report from the Safeguarding team and they had advised that one of the CCG's independent hospitals special measures, which provided some assurance that the CCG had not lost its focus on quality.

Referring to RH's earlier report on performance AG advised that, as the elective activity programmes were put back in place, the focus for the Quality Team over the next few months would be to ensure scrutiny of any associated issues.

The Chair invited questions and comments from Members.

FJ drew attention to the section of the report that highlighted the serious case reviews focussing on safeguarding children. He expressed concern that there were reports of five babies with head injuries, four child suicides and four

cases of sexual abuse. He asked for assurance that these cases were being managed appropriately and that they were being escalated as appropriate.

In response AG advised that they were being managed appropriately by the local safeguarding partnership boards and the workstreams beneath them. The cases were very concerning, and the learning was being pulled out and shared. All safeguarding partners were aware of the additional stresses that families were under due to the pandemic; cases would be kept under close scrutiny and all were aware that actions were being reviewed and monitored.

NB referred to the work that the safeguarding boards and partnerships were doing. She advised that there was now a new independent scrutineer called Dave Pickard and that he had undertaken a review of how well the safeguarding arrangements were functioning and reported that directly into the Chief Officers' (Police, Health, Safeguarding partnerships etc.) meeting. This ensured that Chief Officers had an overview of all the case reviews and the feedback in terms of how the learning was going and whether there were any actual or perceived blocks to implementing the learning.

In response to a query raised by IS with regard to the review of serious incidents (SIs) for independent providers (IPs) AG advised that all SIs should be reported through the Strategic Executive Information System (STEIS) whether they were independent providers or not. She explained that IPs were subject to the same level of scrutiny and performance monitoring that NHS providers were.

AG added that the concern would be if there were no incidences reported. The CCG wanted to see a culture of reporting and learning within organisations; it helped to identify trends and themes, and seeing a reduction in similar incidences would highlight lessons were being learned

In response to IS's query with regard to the content of the report and the duty of the Governing Body to have an oversight of the care provided to patients, AG agreed to look to include more detail with regard to infection rate data and Never Events, with a focus on IS providers, however she advised that reporting to the Governing Body was more by exception, with the quality review groups and contract monitoring groups having full oversight of the details and they would then escalate issues to GB as required.

The Chair agreed that it would be interesting to see additional information for the independent sector providers within Governing Body reports.

The Governing Body:

- considered the content of the report.

GB/21/015 **Integrated Care Partnership (ICP) / Integrated Care System (ICS) Update**
Dr Neil O'Brien, Accountable Officer/Clinical Chief Officer,

NO'B provided an update on the current position. He advised that Alan Foster had been appointed as the Integrated Care Partnership (ICP) Chief Executive and Professor Lain Donaldson appointed as the Chair. He had

three meetings per week with them to discuss the development of the Integrated Care System (ICS).

At the regional meeting they were reporting on the four key workstreams: they were looking at how the new operating framework for the new ICS would work, how commissioning would work in the new system and how collaborative working would work in the new system.

Although there had been much discussion with regard to how the new ICS would work there had been very little guidance published. The question was whether to progress without guidance so that you were in a good position come next year or whether to wait until it was available. It did appear that some preparations could be sensibly made whilst waiting for the Health and Social Care White Paper (the White Paper) to become statute.

It was believed that the White Paper was going to be very permissive about the NHS statutory body such as board positions, membership etc., so that would be down to local determination. The ICS would have an NHS Statutory Body plus a Health and Social Care Partnership; they would work together and complement each other to form the ICS.

There was a live debate about how the operating model within the ICS would work. It had a very large geography covering 13 Local Authorities and would therefore need some consideration.

Also under discussion was whether there should be an area office arrangement within the ICS footprint. If it was decided to have one it would need to be small, with just a few key individuals, given that the majority of resources needed to remain 'at place'.

There was a significant amount of work going on to try to determine the local interpretation of the White Paper and guidance was awaited before appointing to key positions such as Chair, Chief Executive and other Board Members. There was no information on board set up as yet. It was hoped that the People Framework would be available in April 2021.

NO'B felt that it was clear within the White Paper that CCG staff would be lifted and shifted into the new NHS Statutory Body but would remain deployed at place level. He was not expecting any real disruption and staff needed to be reassured of this. Communications would be published later that week to staff.

NHS England would require quarterly check points throughout the year to ensure progress was being made. There may or may not be proper shadow arrangements in place by September 2021 but firm plans would be required.

In summary, NO'B felt that although it was good that the White Paper was so permissive, it was difficult to make further progress without detailed guidance.

Governing Body received the verbal update.

Item No **Action**

GB/21/016 Primary Care Commissioning Committee (PCCC) Update
Feisal Jassat,
Chair of the Primary Care Commissioning Committee

FJ advised that the standard reports had been received by the Primary Care Commissioning Committee at the meeting held on 16 February 2021.

The only additional report received had been the Primary Care Commissioning and Investment Strategy that Members had discussed in detail earlier on in the agenda.

The Governing Body received the verbal update.

GB/21/017 Audit and Assurance Committee Update
John Whitehouse,
Chair of the Audit and Assurance Committee

JW reported that the Audit and Assurance Committee had last met on 19 February 2021. They had received the standard reports and had started to go through the detail of the Annual Reporting and Accounts as noted earlier on in the agenda. The Committee members had had a lengthy discussion with regard to the Primary Care Commissioning Investment Strategy. He said that there was nothing further of note to report to the Governing Body.

The Governing Body received the verbal update.

GB/21/018 Patient and Public Involvement Update
Feisal Jassat,
Lay Member for Patient and Public Involvement

FJ drew attention to the Quarter 3 Engagement Activity report received for information as part of the agenda which provided a lot of detail in terms of updates.

FJ advised that the Patient Public and Carer Engagement Committee had met in mid-February 2021 and continued to look at the integrated engagement strategy.

Focus would now be on Shotley Bridge Community Hospital; eight virtual public engagement events had begun in March 2021 looking at clinical services and the CCG had been working with CDDFT to discuss clinical staffing - matrons, nurses etc. The CCG staff and engagement team were working with partners to support the process. The virtual online events (four done and four to go) had been advertised on the usual platforms, Facebook, Twitter etc., and appeared to be working well. A report would be prepared for a future meeting of the Governing Body.

The Chair queried whether there would be a place for virtual consultation post-Covid-19. In response FJ said he felt that a mixture of both virtual and face-to-face consultations would be ideal. Some people felt less inhibited when joining virtual events, some people felt more inhibited, and he would

lobby for a combination of both processes and other types of engagement.

FJ added that the engagements events had highlighted that the NHS was highly regarded and that people wanted to see progress. This response was interesting in itself and FJ believed themes and issues would emerge following an analysis of the events.

SB echoed the comments made by FJ. Her own experience had been that the virtual online events had been effective and had allowed for in-depth discussions with individuals. People appeared to welcome that they had had an opportunity to be heard and had had their questions fully addressed. She added that it had felt more personal.

The Governing Body received the verbal update.

FOR INFORMATION

GB/21/019 County Durham CCG Annual Quality Account Report 2019/2020
Anne Greenley, Director of Nursing and Quality (Interim)

The purpose of the report was to share the Annual 2019/2020 Quality Account responses with the Governing Body for information. The report included the following providers:

- County Durham and Darlington NHS Foundation Trust (CDDFT)
- North East Ambulance Service NHS Foundation Trust (NEAS)
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- North Tees and Hartlepool NHS Foundation Trust (NT&HFT)
- South Tyneside and Sunderland Foundation Trust (ST&SFT)
- South Tees NHS Foundation Trust (STFT)
- St Cuthbert's Hospice

The Governing Body:
- received and considered the content of the report for information.

GB/21/020 Information Governance Update (Report of the Senior Information Risk Officer (SIRO))
Nicola Bailey, Chief Officer and SIRO

As part of the CCG's information governance arrangements, it had been agreed that a Senior Information Risk Officer (SIRO) report would replace the regular Information Governance Reports and would be received by Executive Committee, Audit and Assurance Committee and Governing Body at least twice per year.

The report provided assurance of the work underway within the CCG and with the Information Governance Team of North of England Commissioning Support (NECS) whose services were commissioned by the CCG.

The Governing Body:
- received the report for information.

GB/21/021 Director of Public Health Annual Report 2020
Healthy Lives, Healthy Communities:
Protecting and Supporting the People of County Durham
Amanda Healy, Director of Public Health, Durham County Council

The Annual Report provided updates on the seven priorities that were set out in the 2018 Annual Report and had an in-depth focus on giving every child the best start in life and promoting good jobs and places to live, learn and play. It also introduced a new evidence-based Approach to Wellbeing and provided a specific focus on the Covid-19 response.

Following a brief discussion AH agreed to bring a presentation to the Governing Body meeting to be held in May 2021 to provide an update on:

- the Director of Public Health Annual Report 2020 (rather than a report received for information),
- an update on current Public Health input, and
- a brief update on obesity.

Governing Body:
- received the 2020 Annual Report of the Director of Public Health, County Durham.

GB/21/022 County Durham Clinical Commissioning Group (CCG) Quarterly Engagement Activity Engagement Activity: October – December 2020 (Q3)
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 October – December 2020 (Q3) by County Durham CCG. The areas covered in the report included:

Engagement projects
- Care home services
- Community equipment services review
- Integrated Engagement approaches – System recovery
- Integrated Engagement approaches – Future CCG strategy
- Shotley Bridge Community Hospital services
- Primary Care Strategy development
- NHS England Improvement Assessment Framework results
- Patient Transport experiences survey

Patient Groups
- Patient, Public and Carer Engagement Committee
- Locality Patient Representative Groups

The Governing Body:

- received the update regarding the engagement activity for County Durham CCG during Quarter 3, 2020-21.

GB/21/023 **Questions from the Public**

No questions had been received from members of the public.

GB/21/024 **MINUTES TO RECEIVE – circulated in separate portfolio**

Audit and Assurance Committee of County Durham CCG

- 18.9.20
- 11.12.20

Durham County Council - Health and Wellbeing Board

- 11.9.20
- 24.11.20

Executive Committee of County Durham CCG

- 8.12.20
- 26.1.21
- 9.2.21

Northern CCG Joint Committee

- 10.9.20
- 12.11.20

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

- 21.10.20
- 17.12.20

Primary Care Commissioning Committee of County Durham CCG

- 20.10.20
- 15.12.20

Quality Committee of County Durham CCG

- 1.12.20
- 5.1.21

The minutes as outlined above were received.

GB/21/025 **Other Business**

There were no items of other business.

GB/21/026 **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.

Item No		Action

Next Meeting

The next formal Governing Body meeting would take place on Tuesday 29 June 2021.

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Signed: *Approved via email*

Chair: Dr Jonathan Smith

Date: 29 June 2021