NHS
County Durham
Clinical Commissioning Group

NHS COUNTY DURHAM CCG
GOVERNING BODY

1.00pm Tuesday 22 December 2020

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
Gill Findley	GF	Director of Nursing and Quality
Richard Henderson	RH	Chief Finance Officer
Feisal Jassat	FJ	Lay Member – Patient and Public Involvement
Dr Chris Markwick	CM	Elected Health Care Professional (GP)
Dr Neil O'Brien	NO'B	Accountable Officer/Clinical Chief Officer
Dr Ian Spencer	IS	Secondary Care Clinician
John Whitehouse	JW	Lay Member, Audit and Governance

In Attendance:

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	Patient Reference Group (PRG) Chair, Sedgefield Locality
Anne Greenley	AG	Director of Quality Improvement (Interim)
Keith Holyman	KH	PRG Chair, North Durham locality
Jill Matthewson	JM	Head of Corporate Services (minutes)
Jane Robinson	JR	Corporate Director, Adult and Health Services, Durham
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

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GB/20/071	**Apologies for absence** The Chair led a round of introductions and apologies were received as recorded above. He welcomed GF back to the CCG following a secondment and recorded thanks to Jason Cram who had covered the Director of Nursing role on an interim basis. 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/20/072	**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/ No conflicts of interest declared with regard to those items on the agenda.	
GB/20/073	**Identification of any other business** No items of other business were identified.	
GB/20/074	**Minutes and matters arising from the Governing Body meeting held on Tuesday 15 September 2020** The minutes of the Governing Body meeting held on Tuesday 15 September 2020 were agreed as a correct record of the meeting. **Matters arising** There were no matters arising.	
GB/20/075	**Action Log** There were no outstanding actions on the action log.	

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	ITEMS FOR DECISION	
GB/20/076	**Proposal to Establish a Joint Acute Commissioning Committee** *Dr Neil O'Brien, Accountable Officer for County Durham CCG, South Tyneside CCG and Sunderland CCG* NO'B explained that the report outlined a proposal to establish a Joint Acute Commissioning Committee between County Durham CCG, South Tyneside CCG and Sunderland CCG. The three CCGs were those in the Central Integrated Care Partnership. Nationally, the direction of travel and expectation was for health and care organisations to work together to establish system-based ways of working. The proposal outlined in the report was for the three CCGs to work together to jointly commission acute services at a geography larger than each individual CCG. NO'B referred to previous discussions that Governing Body members had had about the principle behind the proposals for the future of commissioning. The position had changed since the proposal had first been discussed. He highlighted the discussions that were taking place at a national level with regard to integration, and the formal establishment of Integrated Care Systems (ICS). It was unclear what arrangements would be established between the ICS and place-based commissioning. As a result, NO'B suggested the time was not right to establish any such Joint Committee. IS expressed concern that the proposals had not included any proposed input from colleagues in secondary care. He contrasted that to the current arrangements that the CCG had in place with primary care and the local authority. NO'B said that the intention would have been to draw on secondary care clinicians more. IS explained that his concern was the lack of any structure within the proposal about seeking advice from or collaborating with secondary care providers. NOB said that it had been intended that the Joint Committee would be made up of members from the Executive Committees of the three CCGs, which did not currently include any secondary care provider representation. He said that there was significant interaction between the CCG and secondary care colleagues and that it was right that they should not be involved in any decision making processes about the commissioning of services from secondary care. NO'B said that should the proposal be brought back to a future meeting he would ensure that the point raised by IS would be reflected. RH highlighted a point of accuracy with regard to the delegation limits for County Durham CCG which he said were incorrect in the report, the limits having been amended the previous year. Referring to the proposed Terms of Reference, RH said felt that it was unclear what was meant by strategic commissioning versus place-based commissioning. He recognised that it would be difficult to define but suggested that it would need to be worked through. RH also noted that the proposed Joint Committee had an executive function and as such questioned why CCG Chairs would be included in the membership. He highlighted the need for there to be a distinction between	

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	the executive of the CCGs and those who scrutinised their work. NO'B said that he recognised the concern but explained the different approaches taken across the three CCGs in the Central ICP. The Clinical CCG Chairs of South Tyneside CCG and Sunderland CCG felt strongly that they should be present at the proposed Joint Committee. Other members of the Governing agreed that it would not be appropriate for CCG Chairs to be members of any such Joint Committee in the future. There was some discussion about strategic commissioning and the need to wait to see how national intentions developed especially with regard to commissioning collaboratives and provider collaboratives. It was as yet unclear what might be needed between the ICS and the place-based arrangements in order to ensure effective assurance of areas such as finance, performance and quality. NO'B said that he believed that the proposal would not be brought back to the Governing Body in its current form. The Governing Body: • noted the work that had been done on a proposal to establish a Joint Acute Commissioning Committee between County Durham CCG, South Tyneside CCG and Sunderland CCG as outlined in the report, • noted that any such proposal had been put on hold as a result of national work on integration.	
	ITEMS FOR DISCUSSION	
GB/20/ 077	**Clinical Chair, Accountable Officer and Chief Officers' Report: December 2020** *Nicola Bailey, Chief Officer* *Dr Stewart Findlay, Chief Officer* *Dr Neil O'Brien, Accountable Officer/Clinical Chief Officer,* *Dr Jonathan Smith, Clinical Chair* In presenting the report NO'B noted the length of the report which included a number of appendices. He said that the report reflected the significant amount of work being undertaken by the Chair and Chief Officers both in terms of responding to the Covid-19 pandemic and planning for the future, whilst managing considerable change. NO'B took members through the content of the report and highlighted key areas including those outlined below. Covid-19 vaccination programme - progress with the roll out of the Covid-19 vaccination programme was positive. It was starting to be delivered successfully by the Primary Care Networks (PCNs). There was currently limited access to vaccine but vaccine availability was due to increase. NO'B wanted to record his thanks to all of those who had been involved as what had been achieved at such short notice had he said been remarkable. Influenza vaccination programme – uptake of the flu vaccination had been the best achieved to date which was a testament to the work undertaken in primary care and by community pharmacies. County Durham and Darlington	

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	NHS Foundation Trust (CDDFT) was the best performing trust in the area with regard to staff vaccination rates. NO'B said that he still Chaired the Flu Board which had transitioned into the Vaccination Board, to incorporate work on the Covid-19 vaccination programme. It was co-Chaired by Martin Wilson of Newcastle Hospitals NHS Foundation Trust which was leading the work on the larger regional vaccination centres. Performance – the report contained some information about performance in phase 3 of NHS plans to respond to the pandemic. CDDFT was performing well with regard to elective activity. Work would continue to monitor how things progressed to ensure that the elective programme was maintained. CCG ratings - both predecessor CCGs, North Durham CCG and Durham Dales, Easington and Sedgefield CCG, had achieved a 'good' rating with recognition that they had a 'green' overall rating for public and patient involvement. The Governing Body: ▪ received and discussed the report, noting the range of work being undertaken.	
GB/20/078	**Risk Management Report** *Richard Henderson, Chief Finance Officer* RH presented the report saying that there were two corporate risks to bring to the attention of the Governing Body. One with regard to constitutional standards and one in relation to Covid-19. There was one new risk that linked to changes in hospital discharge arrangements that included the restarting of continuing health care (CHC) assessments of which there was a significant backlog. RH explained that following discussion at the Executive Committee there were two additional areas of risk being considered. One in terms of the potential effect of Brexit although the latest assurance from the Government was that there should be no impact on medicine supply. The second was in relation to the ICS and future integration. It was not yet clear what future arrangements would be put in place, but it was recognised that any change could create risk. There was the possibility of it leading to distraction from priorities and potentially destabilising place-based arrangements. 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/20/079	**County Durham CCG Finance Report for the Seven Months ending 31 October 2020** *Richard Henderson, Chief Finance Officer* RH presented the finance report about the financial position for the seven months ended 31 October 2020. He explained that the position was more complicated than normal due to the financial regime within which the CCG was operating and the timing of funding allocation flows. As the Governing Body had been made aware previously, temporary financial arrangements had been implemented for CCGs for the six months from 1 April 2020 to 30 September 2020. A revised financial regime had been introduced for the second half of the year with integrated care systems, which for the CCG was the Central Integrated Care Partnership, being 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 had largely been removed. For month 6 the CCG was reporting an overspend of £3.05m. For month 7 the CCG was reporting an overspend of £5.5m for the seven months to 31 October 2020 with a forecast overspend of £5.9m for the year. RH provided assurance that, assuming receipt of the allocations, the CCG would break even. This variance included £3.05m relating to month six and £2.25m relating to additional Hospital Discharge Programme (HDP) costs for which additional retrospective funding was expected. An additional £0.58m funding was also anticipated in respect of primary care allocations. He reported that the CCG had received £3m top up for month six and additional primary care funding had been confirmed. Confirmation was awaited with regard to the additional HDP costs. RH explained that the main risk for the remainder of financial year was the level of non-recurring funding being drawn down through the system which would be difficult to use effectively before the end of the financial year end. Referring to the financial position across the Integrated Care System (ICS), RH highlighted that there was still a financial deficit across the ICS that would need to be managed at the end of the financial year. It was as yet unknown what the financial allocations would be for the next year and it was likely to be mid-January 2021 before that was known. NOB noted with some reassurance that finance would not be a barrier for managing the Covid-19 pandemic and recovery over the coming months. He said that conversations were taking place with providers about how best to use the funding available in order to manage the financial position. The Governing Body: • considered the report, • noted the current financial position, • noted that a further retrospective allocation adjustment had subsequently been confirmed in respect of month six.	

GB/20/080	**County Durham CCG Performance Report** *Richard Henderson, Chief Finance Officer* RH presented the report for November 2020 which he said included data received up to September 2020. Performance had been significantly impacted by the Covid-19 pandemic; non-urgent activity having been stood down. Referral to Treatment (RTT) – performance had been significantly below standard but had improved over recent months. The report stated that the CCG achieved 67%, but RH said that the latest information from CDDFT showed a significant improvement. CDDFT was broadly in line with its recovery plan on electives. Performance was expected to improve once additional outpatient capacity at Sedgefield Community Hospital came on line. All waiting lists were being reviewed nationally. There were ongoing discussions about independent sector capacity, the national contract for which was due to come to an end on 31 December 2020, but which had been extended to the end of March 2021. RH said that local discussions were taking place about the capacity available. Diagnostics – RH said that the position was similar with regard to diagnostics with performance significantly better than the national average and improving. The main pressure area being endoscopies. Cancer breast 2 week waits – performance had improved significantly in the previous two months. Agreement had been reached through the clinical network for a hub and spoke model and breast services had been identified as a priority. A&E and ambulance targets – performance had been good at the start of year but had reduced slightly due to activity levels. RH said that NHS England / NHS Improvement recommendations for changes in urgent and emergency care standards were currently out for consultation. Part of the recommendations included looking at the average time in A&E rather than the four hour standard, as well as looking at when patients were clinically ready to proceed. Mental Health – there had been significant improvement against the IAPT (improving access to psychological therapies) indicators and some under-performance against eating disorder standards. MBr highlighted that there had historically been issues with IAPT targets. A lot of work had been undertaken over the previous 12 months if not longer. There was still a lot of work to be done particularly with regard to how the service could integrate with primary care, but it was positive that the performance was improving. When IS referred to recent national press coverage about some independent sector providers having withdrawn from providing services such as those for cancer patients, RH said that he was not aware of any such problems locally. The two main local independent providers were the Spire and BMI, and discussions were taking place about capacity.	

	The Governing Body: • considered the content of the report.	
GB/20/081	**County Durham CCG Quality Assurance Report December 2020** *Anne Greenley, Director of Quality Improvement (Interim)* AG said that the report provided assurance about the quality of the services that the CCG commissioned. It was based on October data, which was the most recent available. She drew attention to key areas outlined in the report. CDDFT – there were issues in relation to workforce where staff had been redeployed as a result of the impact on the trust of Covid-19. The trust was still reporting Serious Incidents (SIs). A key impact on reporting was in terms of the 60 day timescale, which was in common with a number of trusts, however STEIS reporting continued within 72 hours so it was not considered to be a concern. The trust was an outlier in terms of mortality rates. This had been investigated independently and AG said that she was confident that it was due to coding issues. North East Ambulance Service NHS Foundation Trust (NEAS) – there had been an SI that required further levels of assurance about which meetings were ongoing. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) – the trust had a backlog in terms of SIs. The position had been discussed at the Quality Committee and there was confidence that the backlog was being addressed. *JW joined the meeting.* AG said that there had been a recent Care Quality Commission (CQC) inspection of the Priory. Work was ongoing through the local safeguarding board and action plans were in place. MBr highlighted that a commissioner assurance visit had been made to the Priory the previous week. It had been reported that overall patients were safe and well cared for. There were staffing issues and a reliance on agency staff but the visit had concluded a level of assurance that staffing issues were being taken seriously. The Priory rating had moved from 'outstanding' to 'inadequate' over a period of a year. An Executive Strategy Group was in place with the local authority and assurance visits had taken place with patients. The Governing Body: • received and considered the content of the report for information, • noted the necessary actions being taken forward with the respective organisations to improve quality and experience for patients.	

GB/20/082	**Position statement on Continuing Health Care (CHC) due to Covid-19** *Diane Murphy, Director of Strategy and Delivery (CHC), Tees Valley CCG and County Durham CCG* *Carlie Johnston, Senior Clinical Services Manager (CHC), North of England Commissioning Support (presenting)* In presenting the report DM said that it was timely that the Governing Body had sight of the position with regard to continuing health care (CHC) as a result of Phase 1 of the required response to the Covid-19 pandemic. She explained that all assessments for CHC had ceased between March and September 2020. All patients had had the cost of their care refunded. By 31 March 2021 work would need to be done to recover the backlog. DM said that the paper detailed the action taken by the CHC team during Phase 1 which included how the team had mobilised to support the system. She said that challenges would continue as business as usual was managed alongside recovery with the added difficulties of having to undertake virtual patient assessments. DM said that overall the number of CHC cases had reduced for the 6 month period. Exceptions were in joint funded cases and section 117 cases, some of that reduction linked to the cessation of some services such as respite. Part of recovery had been about implementing discharge to assess arrangements. The principle was now to discharge the patient and then undertake the assessment in the community. Patients received up to six weeks' funded care if needed. AG said that a benefit to the new arrangements was that there appeared to be a reduction in the number of inappropriate checklists. Prior to the new arrangements a significant number of checklists had resulted in non-value added activity. As individuals were receiving six weeks of funded care, fewer needed to be referred into CHC. The current position was a backlog of 186 cases. A monthly trajectory to address the backlog was in place and work was currently ahead of that trajectory. The team expected to reduce the backlog significantly from January 2021, although recovery would be dependent on additional staffing being available. Progress had been made by liaising with the lead for the NHS England scheme to bring staff back into the NHS which had provided six additional nurse assessors. DM explained that if the backlog was not cleared then the cost of the care for those patients would fall back to the CCG, having been funded at a national level. She said that the CHC team had a high degree of confidence that they would manage the backlog. DM also highlighted the risk of increased numbers of complaints from those in receipt of fully funded care during March to September 2020 should the assessment determine that an individual was not eligible for funded CHC; although to date that was not as significant an issue as had been anticipated. JS reflected that primary and secondary care been working differently as a result of the response to the pandemic. It had been challenging but he felt that there had been some good learning from the experience that would be of benefit in the future. He asked if there was any learning in relation to the management of CHC that the team would want to retain for the future. DM	

	referred to virtual assessments, many of which she believed could continue to be undertaken virtually. She anticipated that the trusted assessor discharging of patients would remain in place, with assessments taking place within 3-4 weeks. DM added that the work that had been done across the CCG, the local authority and trusts had significantly improved relationships which would continue to be built on. NB commented that the speed at which the CHC team had moved from what they used to do, to supporting the hospitals in terms of discharge arrangements had been impressive. She said that CDDFT had been very complimentary about the impact they had had in ensuring effective, safe discharge for patients. Working in a different way and meeting the new national requirements had been a challenge but had been a positive experience and had enabled the team to work in a more transformative way. The Governing Body: • considered, discussed and noted the content of the report about continuing health care (CHC) for County Durham CCG	
GB/20/083	**Integrated Care Partnership (ICP) / Integrated Care System (ICS) Update** *Dr Neil O'Brien,* *Accountable Officer/Clinical Chief Officer* NO'B referred to the discussion that had taken place earlier in the meeting, in relation to agenda item GB/20/76. He said that work was being done to determine how the ICS could move to a statutory footing, which was widely expected. It was an opportunity for the CCG and the ICP to contribute to any discussions. He provided assurance that the CCG's staff, the local authority and the foundation trusts were being kept up to date, although it was recognised that there were currently considerable unknowns about the future. The Governing Body received the verbal update.	
GB/20/084	**Primary Care Commissioning Committee (PCCC) Update** *Feisal Jassat,* *Chair of the Primary Care Commissioning Committee* FJ provided feedback from the Primary Care Commissioning Committee meeting held on 15 December 2020. In addition to the standard agenda items the Committee had received a presentation and report from the Adults, Wellbeing and Health Overview and Scrutiny Committee presented by its Chair and Lead Officer. The report had been about primary care resilience and sustainability which concluded with nine recommendations. It had been agreed that the CCG would respond via the Primary Care Quality Sub-Committee. FJ said that a lot of the work that would be required in response to the recommendations was already underway and had been accelerated as a result of the response that had been required to the Covid-19 pandemic. FJ reported that the Committee had also received a paper that looked back at the outcome of the closure of a practice and the dispersal of patient registrations. The report had provided assurance that the patients had	

	continued to receive the services they were entitled to. The Governing Body received the verbal update.	
GB/20/085	**Audit and Assurance Committee Update** *John Whitehouse,* *Chair of the Audit and Assurance Committee* JW reported that the Audit and Assurance Committee had met on 11 December 2020. The Committee had dealt with routine business in accordance with its cycle of business. There had been some discussion about the risk register and some issues that related to cyber security and information governance. The Governing Body received the verbal update.	
GB/20/086	**Patient and Public Involvement Update** *Feisal Jassat,* *Lay Member for Patient and Public Involvement* FJ drew attention to the engagement activity report for quarter 2 of 2020/21 circulated as agenda item GB/20/087. FJ also highlighted that the Patient, Public and Carers Engagement Committee (PPCE) had met on 17 December 2020. It had been the first meeting that JS had attended, and his attendance had been welcomed by members. JS had been able to answer questions members had raised about Covid-19 and the vaccination programme. The Committee had also received some useful information about the social determinants of health. The Governing Body received the verbal update.	
	FOR INFORMATION	
GB/20/087	**County Durham CCG Quarterly Engagement Activity Report: July – September 2020 (Q2)** *Sarah Burns, Joint Head of Integrated Strategic Commissioning,* *County Durham CCG and Durham County Council* SB said that the report outlined the work that continued to be undertaken despite the Covid-19 pandemic. The Governing Body: • received the update regarding the engagement activity for County Durham CCG during Quarter 2, 2020-21.	
GB/20/088	**Healthwatch County Durham Work Plan Priorities** *Nicola Bailey, Chief Officer* The report was received for information. The Governing Body noted the four main areas of work that Healthwatch County Durham would focus on over the next 18 months:	

	• diagnosis and treatment for cancer and other conditions, • 'getting help from your GP', • home care services, • young people's mental health services.	
GB/20/089	**Questions from the Public** JS said that one question had been raised by a company that provided medical appliances. The query raised had been answered by the Medicines Optimisation team by e-mail prior to the meeting. *JCh left the meeting.*	
GB/20/090	**<u>MINUTES TO RECEIVE</u> – circulated in separate portfolio** **Audit and Assurance Committee of County Durham CCG** • 12.6.20 **Executive Committee of County Durham CCG** • 28.7.20 • 11.8.20 • 25.8.20 • 8.9.20 • 29.9.20 • 13.10.20 • 10.11.20 • 24.11.20 **Health and Wellbeing Board – Durham County Council** ▪ 14.7.20 **Northern CCG Joint Committee** • 12.3.20 • 9.7.20 **Patient, Public, Carer and Engagement Committee of County Durham CCG** ▪ 19.8.20 **Primary Care Commissioning Committee of County Durham CCG** ▪ 18.8.20 **Quality Committee of County Durham CCG** ▪ 4.8.20 ▪ 1.9.20 ▪ 6.10.20 ▪ 3.11.20 The minutes as outlined above were received.	

GB/20/091	**Other Business** There were no items of other business.	
GB/20/092	**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 14:15. The next formal Governing Body meeting was due to take place on Tuesday 19 January 2021.	
	Contacts for the meeting: Susan Parr, Executive Assistant Tel: 0191 389 8621 susan.parr@nhs.net Mags Wells,Governance Administrator Tel: 0191 371 3224 margaret.wells1@nhs.net	

Signed: *Approved via email*

Chair: Dr Jonathan Smith

Date: 19 January 2021