

**NHS COUNTY DURHAM CCG
 GOVERNING BODY**

**Tuesday 14 September 2021
 1.00pm to 3.10pm**

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
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, Sedgfield Locality
Keith Holyman	KH	PRG Chair, North Durham locality
Dr Rushi Mudalagiri	RM	Health Care Professional (GP) representative
Sue Parr	SP	Executive Assistant (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
Linda Allison	LA	Interim PRG Chair, Easington Locality
Dr Ian Davidson	ID	Medical Director
Dr Stewart Findlay	SF	Chief Officer
Amanda Healy	AH	Director of Public Health, Durham County Council
Diane Murphy	DM	Director of Strategy and Delivery (Continuing Health Care), Tees Valley and County Durham CCGs
Dr Ian Spencer	IS	Secondary Care Clinician

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GB/21/050	<p>Apologies for absence</p> <p>Apologies were received as recorded above.</p> <p>The Chair declared the meeting to be quorate.</p> <p>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.</p>	
GB/21/051	<p>Declarations of conflicts of interest</p> <p>The Chair reminded members of the Governing Body of their obligation to declare any interest they might have on any issues arising at the meeting, which might conflict the business of NHS County Durham CCG.</p> <p>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:</p> <p>https://countydurhamccg.nhs.uk/documents/declarations-conflict-interest/</p> <p>There were no conflicts of interest highlighted at this point in the discussion.</p>	
GB/21/052	<p>Identification of any other business</p> <p>There was one item of other business identified:</p> <ul style="list-style-type: none"> • ICS Constitution - NB 	
GB/21/053	<p>Minutes and matters arising from the Governing Body meeting held on Tuesday 29 June 2021</p> <p>The minutes of the Governing Body meeting held on Tuesday 29 June 2021 were agreed as a correct record.</p> <p>Matters arising There were no matters arising.</p>	
GB/21/054	<p>Action Log</p> <p>The action log was updated.</p>	
	<p><u>ITEMS FOR DECISION</u></p>	
	<p>There were no items for decision.</p>	
	<p>ITEMS FOR DISCUSSION</p>	

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GB/21/055	<p>Clinical Chair, Accountable Officer and Chief Officers' Report: March 2021 <i>Nicola Bailey, Chief Officer</i> <i>Dr Stewart Findlay, Chief Officer</i> <i>Dr Neil O'Brien, Accountable Officer/Clinical Chief Officer,</i> <i>Dr Jonathan Smith, Clinical Chair</i></p> <p>The purpose of the report was to provide an update on key issues affecting County Durham CCG including:</p> <ul style="list-style-type: none"> • report from Clinical Chair (verbal), • Section one Accountable Officer/Chief Clinical Officer, • Section two reports from Chief Officers. <p>There were no specific risks associated with the report. It was intended to provide an overview of the key issues and activities facing the Chief Officers and the executive team. Where necessary, more detailed reports on specific issues would be prepared for future Governing Body meetings or would be considered at a development session.</p> <p>NB highlighted the follow points of interest:</p> <p>Integrated Care System (ICS) Update Professor Sir Liam Donaldson had been confirmed as the Chair of the Central Integrated Care Board (ICB).</p> <p>The process for appointing the Chief Executive of the ICB commenced early in September with appointments being made in October 2021. The expectations were that the recruitment process would include stakeholder involvement and that the person would be appointed into the role by the end of October 2021.</p> <p>The process for recruiting all ICB Chief Executives would be hosted nationally by NHS England but the actual interview process for the recruitment would be dealt with at a regional level with local interview panels.</p> <p>In addition to the two statutory posts - Chief Executive and Chief Finance Officer – there were two posts recommended by NHS England which were a Director of Nursing and a Medical Director. All of these posts would be advertised in the run up to Christmas but there had been some significant delays in terms of the HR process, partly due to the change in Secretary for Health and Social Care and partly due to a number of other issues and delays with national guidance. NB drew attention to section 2.3 of the report which provided more detail of the delay and a link to the national guidance available at the time of preparing the report. Since submitting the report, further guidance had been received which included HR, recruitment, place-based, finance and some governance related guidance. This significant amount of guidance was being worked through, which Members had received for information.</p> <p>The interim ICS Medical Director Mike Bramble was due to stand down at</p>	

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	<p>the end of September 2021, expressions of interest had been sought for a secondment for 6 months until a formal appointment could be made later in the year.</p> <p>It was noted that Mike Bramble had done a lot of work on leading the clinical strategy development in Tees Valley and rather than there being a gap between medical directors, there had been an agreement to recruit into an interim medical director role to continue that work in Tees Valley; the Deputy Medical Director for Gateshead NHS Foundation Trust, Neil Halford, had been appointed into that role for the six months.</p> <p>NB advised that there would no interim appointments for the other NHS England mandated posts because the CCG would still hold the statutory responsibility for the work that was going to be done over the next six months.</p> <p>NHS Recovery The recovery of elective services from the impact of Covid-19 continued across the patch, with both County Durham and Darlington NHS Foundation Trust (CDDFT) and South Tyneside and Sunderland NHS Foundation Trust (STSFT) making headway into elective backlogs.</p> <p>Although there were still issues linked to the pandemic, the region's performance for 52 week waits remained better than the national average and work continued on the development of diagnostic hubs that would help to support elective recovery. A broad range of cases were in development which, if approved, would increase capacity across the Durham, South Tyneside and Sunderland area. National funding would be made available for this work.</p> <p>NB handed over to NO'B to take Members through the rest of the report.</p> <p>Urgent and Emergency Care Pressure There were issues with ambulance handover delays across the patch but they appeared to be particularly focused around the University Hospital of North Durham (UHND). The CCG had done a lot of work in the past to address handover delays but the additional pressures around staffing shortages and infection prevention control measures within hospitals had now reawakened the issue. Of concern was that ambulances queuing outside a hospital would not be able to respond to emergency calls.</p> <p>Chief Officers from across the ICS were holding a series of executive meetings to see what could be done to improve mutual aid and share the learning from work done across the region to address this issue. There were well rehearsed processes in place to manage pressures in the system and well-developed winter plans.</p> <p>NHS England would be looking to see how general practice could help to support urgent and emergency care, as the pressures currently in the system that were not normally seen at this time of the year.</p>	

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	<p>Covid-19 Vaccination Programme</p> <p>The roll-out of the vaccination programme continued successfully and was a good example of collaborative working which would hopefully continue into the future.</p> <p>Since preparing the report the Government had announced that 12 to 15 year old children should receive one dose of the Pfizer vaccine. The NHS had been asked to begin planning for this at risk a few weeks prior to the announcement and those plans continued to be coordinated through the Vaccination Board that NO'B chaired at an ICS level, in partnership with NHS England.</p> <p>NHS England had responsibility for the delivery of school age vaccinations which would be delivered to as many children as possible in schools from Monday 20 September 2021 and was anticipated to be completed by the October half term holidays.</p> <p>The Joint Committee on Vaccination and Immunisation (JCVI) had recommended that all those over the age of 50 and those in high risk categories should receive a booster dose six months following the completion of their initial course, and that they should be offered the Pfizer vaccine irrespective of their primary course of vaccination.</p> <p>This meant that approximately 30 million Covid-19 vaccination doses would be given across the country, in addition to an extended flu vaccination programme this year. This highlighted a challenge for the NHS, particularly for primary care as the vast majority of the vaccinations would be given in a primary care setting; however preemptive planning had prevented delays and both vaccination programmes would be able to run concurrently and be potentially co-administered.</p> <p>Moving on to Section Two of the report (Chief Officers), NO'B drew attention to the update from the Adults, Health and Wellbeing Overview and Scrutiny Committee (OSC) and the link papers for the Health and Wellbeing Board that took place on the 1 September 2021.</p> <p>The Chair invited questions and comments from Members.</p> <p>KH queried if the four week wait between having the flu vaccination and Covid-19 vaccination would still be required. In response NO'B advised that the guidance in the Green Book had not as yet been updated and stated that currently it was recommended that there should be a seven day gap between having both vaccinations. However, if both vaccinations were to be co-administered, then the guidance would have to be amended to reflect that. The NHS awaited the scientific evidence to ensure co-administration was safe, although other vaccinations were safely co-administered, but it was important to ensure that the immune response would not be affected by receiving both together. The aspiration would be to give the two together rather than have a gap.</p> <p>The Governing Body:</p>	

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	<ul style="list-style-type: none"> received and discussed the report, noting the range of work being undertaken. <p><i>NO'B joined the meeting during the discussion of this agenda item.</i></p>	
GB/21/056	<p>Risk Management Report <i>Richard Henderson, Chief Finance Officer</i></p> <p>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.</p> <p>County Durham CCG currently had 24 risks, two of which were corporate risks relating to:</p> <ul style="list-style-type: none"> The delivery of Constitutional Standards COVID-19 <p>As agreed by the Executive Committee in April 2021, a revised risk assessment matrix (developed by NHS England and Improvement) had been implemented to provide a consistent approach across all CCGs in the region.</p> <p>All existing CCG risks had since been reviewed against the new risk assessment matrix and associated consequence and likelihood indicators, as part of the regular risk review. Three risk scores had been amended as a result:</p> <ul style="list-style-type: none"> 0002: Coronavirus - increased to a rating of 20 overall, meaning the risk remained as a red rating (under the previous matrix the overall score was assessed as 16), 0010: Delivery of Constitutional Standards - increased to a rating of 20 overall, meaning the risk remained as a red rating (under the previous matrix the overall score was assessed as 16), 0011: Delivery of Financial Control Total - had increased to a risk score of 12 (amber) reflecting the current uncertainty around financial envelopes for the second half of 2021/22. See transcript. <p>Alongside the adoption of a consistent risk assessment matrix, a review of risk themes across six of the CCGs in the region that currently used Safeguard Incident and Risk Management System (SIRMS) to manage their risk registers had been undertaken.</p> <p>This review highlighted a number of risks in other CCGs which were not currently included in County Durham CCG's risk register, for consideration by the CCG. Two new risks had been added to the risk register following this review, relating to:</p> <ul style="list-style-type: none"> CD/0024 – Cyber Security CD/0025 – Infection Control <p>One risk had been closed.</p>	

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	<ul style="list-style-type: none"> • CD/0020 - Hospital Discharge Service Requirements. The risk had been largely around the backlog of assessments that needed to be cleared by 31 March 2021. The work in regard to the hospital discharge program and discharged to assess arrangements had been completed and would continue as normal with any future issues being managed as part of normal business. <p>The Governing Body:</p> <ul style="list-style-type: none"> • 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/21/057	<p>County Durham CCG Finance Report <i>Richard Henderson, Chief Finance Officer</i></p> <p>The report captured the financial position for NHS County Durham CCG for the four months ended 31 July 2021.</p> <p>RH highlighted the key points:</p> <ul style="list-style-type: none"> • As previously advised, temporary financial arrangements continued to apply for the six months to 30 September 2021 ('H1'). These arrangements were similar to those in the second half of 2021/22. • Funding allocations were largely based on 'H2' 2021/22 values with elements of growth applied. • The CCG's financial plan showed an expected surplus of £1.114m for H1 2021/22. • As at Month 4, the CCG was reporting an overspend against that plan position of £1.295m, with a forecast overspend for the six months of £2.280m. • This variance included an overspend relating to costs of the Hospital Discharge Programme (HDP) of £0.171m year to date and £1.152m forecast, for which retrospective funding was expected. • In addition, the position included additional acute activity costs over CCG baseline of £1.11m, which was expected to be funded via the national Elective Recovery Fund (ERF) scheme. • Once expected retrospective funding had been received, the CCG's financial position would be back in line with plan for the first half of the year. • During Month 4, retrospective funding for Q1 HDP costs of £1.497m had been received, along with £1.196m of ERF income relating to Month 1 confirmed activity and an estimate for Month 2. • In terms of the second half of the year, the CCG still awaited the detail of the financial envelopes and the planning guidance (expected week commencing 20 September 2021). It was known that there would be an additional efficiency ask in the region of 2 to 3 percent, which was slightly more positive than originally expected, but it was still an efficiency to be made making budgeting more difficult than for the first 	

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	<p>half of the year.</p> <p>RH advised that he would report back to the Governing Body once he had received the detailed guidance and information on the financial envelopes and had worked through the financial plans for the second half of the year.</p> <p>The Chair invited questions or comments from Members.</p> <p>In response to NB's comment regarding any decisions that the CCG might make in relation to H2 2021/22, RH advised that there was an issue in terms of recurring financial commitments in that the CCG did not know what funding would be available for the next financial year, nor what the formula would be for the second of half of the current year, and with the added complication of moving from a CCG into the ICS. He advised that this issue would be picked up as part of the governance processes later on in the agenda.</p> <p>In response to NO'B's query, RH reiterated that he anticipated receiving the financial envelopes for the second half of the year within the next week or so. NO'B felt that planning how to best use that resource for the remaining six months of the year would be a good discussion for a Governing Body Development Session.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • considered the report, • noted the current and forecast financial position, • noted that a further retrospective allocation adjustment was anticipated which would take the CCG to the planned surplus position. <p><i>JW joined the meeting during the discussion of this item.</i></p>	
<p>GB/21/058</p>	<p>County Durham CCG Performance Report <i>Richard Henderson, Chief Finance Officer, County Durham CCG</i></p> <p>The report provided a summary of performance against key Constitutional Standards and other performance indicators. Provider and CCG level performance had been provided as part of Appendix 1.</p> <p>Given the impact of Covid-19, the report focused on the recovery plan for elective activity, long waiters and cancer performance in particular.</p> <p>This included performance against the Phase 3 recovery plans submitted to NHS England and Improvement, along with a summary of Independent Sector acute activity.</p> <p>The full performance information had been included within Appendix 1. RH drew attention to Table 1 on page 5 of the report which provided a breakdown for June 2021 of activity as a percentage of equivalent June 2019 figures. This highlighted a relatively positive picture for June 2021.</p>	

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	<p>RH advised that he expected to see the performance numbers to deteriorate slightly over the coming months and drew attention to the charts showing the position for County Durham and Darlington NHS Foundation Trust (CDDFT) on pages 5 and 6 of the report, and the additional detail in Appendix 2 around activity information at CCG level.</p> <p>Referring to the section on route to treatment (RTT) long waiters (page 7), RH highlighted that whilst the County Durham rate for over 52 week waits was significantly below the national rate there was still nearly 1,500 patients waiting over 52 weeks and almost 5000 patients waiting over 36 weeks. This was a significant number of patients, although an improved position since the previous Governing Body report when there had been 2,800 waiting over 52 weeks and 6,500 waiting over 36 weeks.</p> <p>RH drew attention to the range of actions supporting the recovery plans as set out on page 8 of the report. Actions included making good use of additional independent sector capacity, which was working particularly well for CDDFT where there was already a pre-existing relationship and activity transfers over previous years.</p> <p>Members noted that a lot of work had been going on to prioritize patients on the waiting lists to ensure their wellbeing, including providing a prehabilitation service to make sure patients were ready for whatever procedure they were waiting for.</p> <p>RH added that, as Members were aware, the CCG had seen significant pressures across the system and in particular on CDDFT in recent weeks and months. The non-elective pressures across the patch were now having a significant impact on elective activity and the recovery plans; RH believed that CDDFT had had their winter escalation beds open since the summer.</p> <p>RH drew attention to two further sections:</p> <ul style="list-style-type: none"> • the Cancer update on page 9 which highlighted the main issues around diagnostics and endoscopy capacity. It was hoped that the work in regard to the community diagnostic hubs, as discussed earlier on in the agenda, would help to manage the issues, • the brief update in regard to the independent sector position on page 10 of the report. <p>The Chair invited questions and comments from Members.</p> <p>NO'B provided assurance to the Governing Body that the CCG Executive Committee was fully aware of the performance issues and had noted the actions around elective recovery. He added that, although County Durham was in a relatively strong place in regard to elective activity and benchmarked quite strongly against Cumbria and the North East and nationally, there was still too many patients waiting over 52 weeks. A regional task force had been set up to try and accelerate the recovery which was being coordinated through the ICS. NO'B highlighted that County Durham was ahead of others in this recovery work due to its</p>	

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	<p>commissioning model with the local authority to try and optimize patients' health whilst they were on the waiting list and a model was being looked at for across the whole of ICS to support those individuals who were waiting.</p> <p>NO'B reiterated that it was an unacceptable length of time to wait for treatment but that there were reasons for the delays. The trust's focus would be on supporting people's overall physical and mental health and to optimize them for surgery. He added that it was an exciting piece of work that could hopefully become mainstream practice and be one good innovation that came out of the pandemic.</p> <p>NO'B drew attention to the improving picture for elements of cancer performance such as 31 day treatment. He added, however, that 62 day treatment performance was not where the CCG would want it to be but it did benchmark quite strongly against other trusts across the patch, and that everything possible was being done to improve performance overall.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> considered the content of the report. 	
<p>GB/21/059</p>	<p>County Durham Quality Assurance Report August 2021 <i>Dr James Carlton, Medical Director</i> <i>Anne Greenley, Director of Nursing and Quality (Interim)</i></p> <p>The purpose of the report was to provide the Governing Body with information and assurance on the quality of services that are either commissioned by the CCG, or that the CCG had a legal duty to support with regard to quality improvement.</p> <p>AG advised that the report included June 2021 data and that things had moved on since the report had been prepared. The following key points were highlighted:</p> <p>County Durham and Darlington NHS Foundation Trust (CDDFT)</p> <p>Concerns remained in regard to the water system issues at Darlington Memorial Hospital in relation to Legionella. Certain clinical areas were having to rely on bottled water, and filters had been applied to water outlets as part of the risk management process. Experts from around the region were working with Infection Prevention Control (IPC) colleagues to manage the risk to public health. An update report including any impact arising from the issue would be report to the Primary Care Quality Committee.</p> <p>CDDFT had also reported 2 Methicillin-resistant Staphylococcus aureus (MRSA) cases and were currently undertaking Post Infection Reviews (PIRs) for each case. Lessons learned would be disseminated across the trust in terms of the proactive management of any future breaches.</p> <p>Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)</p>	

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	<p>The Quality Assurance Board continued to provide oversight and monitoring of the concerns that had been raised around the areas that had been highlighted in the report. There had been a concerted effort from the trust in terms of delivering the actions to address the issues and a number of actions had been delivered, however work continued as a system as clearly the trust remained challenged in terms of staffing levels and workforce. Senior leaders at the trust had undertaken some restructuring and were providing a significant presence around the trust to ensure effective oversight.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • the Well Led Inspection which had taken place in early August, • that there was a backlog of 1083 unapproved DATIX incidents for May due to capacity issues within the Central Approval Team. Key would be looking for themes and taking any learning to make improvements. • the CCG continued to support the trust, as did colleagues from neighbouring CCGs, to improve services and provide a better experience for future service users. <p>North East Ambulance Service NHS Foundation Trust (NEAS)</p> <p>The health care system was under significant pressure and in particular around the ambulance services, not just NEAS but ambulances services across the country. The report highlighted some of the issues in relation to the Major Trauma Network review of pre-hospital care which had identified gaps in access to expert clinical advice for those attending the scene. NHS England was leading on this issue but, in some cases, was working with the CCGs to deliver the action plan.</p> <p>Key would be making sure to not exacerbate an already pressured system therefore a proportionate approach would be taken to provide oversight and assurance of quality through to the Quality Review Group. The CCG would continue to monitor and oversee the remedial actions.</p> <p>Members noted the 2 serious incidents reported in June and the 7 serious incidents in relation to triaging of calls as highlighted in the report.</p> <p>JCa wished to reassure Members that, in terms of quality assurance, more detailed reports would be discussed by the Quality Assurance Committee prior to the key points being reported to the Governing Body. He added that a restructured Quality Assurance Committee had been held on Tuesday 7 September 2021 when there had been a more detailed discussion and presentation around maternity services for example. That was the format that the committee intended to continue with, to look at the pressure areas within the CCG's local system to ensure that the CCG first and foremost had the appropriate information and oversight of provider activity and any developing issues. This was felt to be an improved model and something that could potentially be taken forward into any future quality assurance process within County Durham once the CCG ceased to exist.</p>	

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	<p>The Chair invited questions and comments</p> <p>In response to NB's query, JCa advised that the results from the Well Led Inspection were expected imminently and that he would advise Governing Body Members and the Executive Committee when the date had been confirmed. The results would be made available to the public.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • considered the content of the report. 	
<p>GB/21/060</p>	<p>Integrated Care Partnership (ICP) / Integrated Care System (ICS) Update <i>Dr Neil O'Brien, Accountable Officer/Clinical Chief Officer,</i></p> <p>NO'B advised that quite a lot of guidance had now been released in relation to the implementation of the new Integrated Care Partnership (ICP) and that this was currently being worked through. He added that the design group that NB was a member of was overseeing a range of workstreams that would then transfer the functions into the new Integrated Care System (ICS). The work was progressing albeit at a slower pace than hoped given the limited time to put the ICS structure in place.</p> <p>NO'B was confident that the transfer into the ICS would still be achievable; the process had started for the recruitment of the ICS Chief Executive with the closing date for applications by the end of September and the appointment in to post expected mid to late October 2021. Other Board level appointments would then follow such as the Finance Director, the Medical Director and Nursing director.</p> <p>Still awaited was the operational framework that had not as yet been developed. Three design meetings had been planned by Sir Liam Donaldson; membership would be from local authority colleagues, current CCG leaders (including NO'B and NB) and current ICS development leads, there would be three meetings starting at the end of September and concluding mid-October. The design meeting would not be a decision-making forum but a meeting of officers to work through some of the complex issues around</p> <ul style="list-style-type: none"> • how much to delegate to place-based arrangements, • how would that work, • what would a local partnership look like; • what good effective relationships with the local authority would look like. <p>All of these questions would be discussed and a summary of recommendations would then be used to generate another round of engagement events with CCG Governing Bodies. Until that process had been concluded decisions would not be made in regard to the operating framework for the ICS.</p>	

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	<p>In conclusion, NO'B added that clarity was still awaited on the Constitution of the new ICS and that would again be reported to the Governing Body for review when it became available later in the year.</p> <p>At this point NB picked up her item of any other business – the new ICS Constitution.</p> <p>As a prelude, NB advised that The Health and Social Care Bill required CCGs to both formally propose the Constitution for the ICS and to consult anyone that they considered it appropriate to consult with, but that it would not be a public consultation in the normal sense. The CCGs would then collectively prepare the Constitution using a model template and take a report outlining the proposal for the transition into the ICS back to their respective Governing Body for consideration.</p> <p>NB advised that that report had now been drafted; it set out the high-level information on the transition arrangements for the establishment of the Integrated Care Board (ICB) as a statutory body from 1 April 2022. In addition, it provided an update on work being done in preparation for the closedown of CCGs. There would be further reports to follow for the Audit and Assurance Committee that would provide a level of assurance that all the relevant work was being done using the national tools in terms of due diligence checklists and readiness to operate checklists etc.</p> <p>Due to today's meeting being out of step with other CCGs' Governing Body meetings, NB proposed that the report should be circulated to Members via email and that it should then be discussed at the next Governing Body Development Session to be held in October 2021. Part of the meeting would held in public to provide an opportunity for scrutiny of the report and for other areas of work not already in the public domain such as the due diligence checklists.</p> <p>NB anticipated an additional Governing Body meeting would likely be required before the end of March 2022 to review the further significant amount of work to be done to safely transition into the ICS such as website development, staff resources, property issues, governance etc.</p> <p>The Chair invited questions and comments from Members.</p> <p>In response to JW's query, NB clarified that the CCGs had to formally propose an ICS Constitution collectively. A constitution template very similar to the one used for setting up the CCGs would be used; it made clear what needed to be included and where it should be within the document. An ICS Constitution would be developed for CCG Governing Bodies to propose to NHS England by January 2022. NHS England would take this through the shadow ICS or ICB that would be set up before the end of March 2022, but it would be NHS England that approved the ICS Constitution as the ICS/ICB would not be a statutory organisation at that point in time. This process enabled the shadow ICS / ICB to be consulted on the constitution, along with all other stakeholders, although there would be little by way of any changes that could be made</p>	

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	<p>at that stage.</p> <p>As a point of clarity, the CCG would be handing over its strategic responsibility, for example safeguarding, in a staged manner to the shadow ICS / ICB, but until the 31 March 2022 the CCG remained responsible for all of its statutory obligations.</p> <p>Following a discussion in regard to next steps, NB was given approval to formalize the report for presenting to the Governing Body at a formal meeting to be arranged for October 2021 (currently the Governing Body Development Session).</p> <p>In response to AA's query in regard to meeting the deadline for the transition into the ICS / ICB on 1 April 2022, NO'B felt it important to highlight that it was not expected to have a fully established ICS on 1 April 2022. There would be enough structure in place to take on some of the oversight of the statutory responsibilities, with the vast majority of the teams who currently delivered the work of the CCGs carrying on as normal from the 1 April 2022. A period of refinement and improvement would then take place over the following six months to a year.</p> <p>NB added that of absolute importance was the safe transition of some of the most vulnerable areas of the CCG's business and statutory responsibilities, with and a clear line of sight from the new board and its statutory directors down to 'place'. She agreed that the majority of staff would continue as they were but that they might report into a slightly different place. Key would be maintaining continuity, consistency and not losing organizational memory.</p> <p>Bringing the update to a close, NB highlighted that although it would be a significant change given it would be a new statutory organisation, it would be a minimal change in terms of service delivery. Also, as the CCG was not a provider of frontline services, there would be an element of safety and security because primary care, mental health services, acute services etc., would all continue to be delivered. For the CCG the concern would be around maintaining relationships and interactions with local partnerships.</p> <p>The Governing Body received the verbal update.</p>	
GB/21/061	<p>Primary Care Commissioning Committee (PCCC) Update <i>Feisal Jassat,</i> <i>Chair of the Primary Care Commissioning Committee</i></p> <p>FJ advised that the standard reports had been received by the Primary Care Commissioning Committee (PCCC) at the meeting held on 25 August 2021. These included the Primary Care Quality report, the Primary Care Finance Report, the Risk Management Report, and an update on Primary Care / Primary Care Networks.</p> <p>The PCCC had considered an important report that looked at providing a</p>	

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	<p>service via the alternative provider medical services (APMS) route. The PCCC had agreed to following a procurement process in order to facilitate the outcome for the service. Being mindful of the conflicts associated with this particular APMS contract, it had been decided that the whole process for the procurement would be led independently.</p> <p>FJ thanked both NB and RH for the robustness and rigour in terms of making sure that the CCG had sought independent legal advice and had then been able to demonstrate fairness and equity as part of the decision-making process. The PCCC would like to make its final decision by the 1 April 2022 however it had created scope to go slightly beyond that should it be required.</p> <p>In addition, the PCCC had received a report from Healthwatch County Durham that had been prepared following a patient survey into accessing GP services. The CCG had provided a response to the report which had focused on improving GP practice websites and their communication systems. The report had highlighted a positive working relationship between the CCG and Healthwatch County Durham.</p> <p>The Governing Body received the verbal update.</p>	
GB/21/062	<p>Audit and Assurance Committee Update <i>John Whitehouse,</i> <i>Chair of the Audit and Assurance Committee</i></p> <p>JW advised that at its recent meeting the Audit and Assurance Committee (AAC) had:</p> <ul style="list-style-type: none"> • received the final annual reports from the external auditors confirming there were no significant risks of weaknesses in regard to the arrangements that the CCG had in place identified. It included the auditor’s narrative on the value for money arrangements for the CCG. There had been no significant recommendations made, • received an update from the internal auditor on progress against the internal audit plans for 2020/21 and 2021/22, • received feedback from Counter Fraud in regard to work carried out at County Durham CCG between April 2021 and August 2021. <p>The main focus of the discussion had been around understanding the role of the AAC in regard to the appropriate and timely transition of its audit and assurance responsibilities into the ICB.</p> <p>The Governing Body received the verbal update.</p>	
GB/21/063	<p>Patient and Public Involvement Update <i>Feisal Jassat,</i> <i>Lay Member for Patient and Public Involvement</i></p> <p>In addition to receiving the standard reports, FJ highlighted the following key areas of discussion from the Patient, Public and Carer Engagement</p>	

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	<p>(PPCE) Committee held in August 2021.</p> <p>There had been a discussion around the CCG's Involvement Strategy 2021/22 that had been presented to the Governing Body at its meeting held in April 2021 and now available to the public via the CCG's website. FJ felt it was an important and welcomed development.</p> <p>A report had been received detailing a range of principles, opportunities and recommendations to support the development of future public engagement by the Primary Care Networks (PCNs). A task and finish group, which included representation from Patient Reference Groups (PRGs), Area Action Partnerships (AAPs) and PCNs, had produced the report which would be presented at the PCN Director meeting to be held in October 2021. The report described a range of mechanisms for the PCNs in terms of how they could engage with the public from a locality place-based arrangement or at a regional level through the AAPs and Patient Reference Groups for example. FJ felt that it was an important area of work and would feedback to Members following the PCN Directors meeting in terms of how the PCNs would take forward the engagement to reinforce and consolidate place-based arrangements.</p> <p>The Chair thanked FJ for his continued focus on this important area and said he hoped that the successor organisation would continue with such a high level of patient and public involvement. He added that the Governing Body had a part to play in trying to secure that outcome.</p> <p>The Governing Body received the verbal update.</p>	
<p>GB/21/064</p>	<p>Medicines Optimisation Annual Report 2020/2021 <i>Dr Ian Davidson, Medical Director</i> <i>Dr James Carlton, Medical Director</i></p> <p>It was a statutory requirement that the Governing Body be assured on the handling of Controlled Drugs.</p> <p>The purpose of the report was to give the Governing Body an end of year position on the prescribing spend and an overview of the main work streams and actions undertaken by the medicines optimisation (MO) team. This included the work undertaken with Controlled Drugs and The Controlled Drugs Local Intelligence Network (CD LIN).</p> <p>JCa highlighted the following key points:</p> <ul style="list-style-type: none"> • In line with the wider NHS, the MO team, and the medicines optimisation work, had largely focused on the Covid-19 response and this had taken a number of forms from addressing some of the difficulties presented with practices not being able to review patients' medications and supporting them on how to manage patient appointments remotely, to supporting the significant vaccination programme for both Covid-19 and Influenza. • Although the region had seen a reduction in antibiotic prescribing, it 	

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	<p>had not been as significant in County Durham when compared to the rest of the country. The region remained the highest prescriber of antibiotics in England. A number of pieces of work were in place to address the issue of antibiotic prescribing in the North East. It had been recognised that this could be due to historic behaviours from both patients and clinicians in terms of antibiotic prescribing, however the additional complication for patient consultations related to the pandemic, particularly remote consultations, had certainly had an impact on prescribing. This would be a key piece of work for both the MO team and for clinicians working in County Durham, and more widely over the coming years for colleagues in Public Health. One key element would be the public acceptance around the use of antibiotics.</p> <p>The MO team continued their work around other significant workstreams:</p> <ul style="list-style-type: none"> • managing pain relieving medications and the substantial ongoing work to reduce the prescribing of opiates (morphine based medications) due to the risks of both addiction and health impact, • the management of diabetes with medications and delivering effective diabetes care with the right choices of medication; keeping within the financial envelope but with the added pressure of the increasing use of high-cost medications for managing diabetes. <p>JCa advised that there had been an increasing number of pharmacists and pharmacy technicians working directly in practices as part of the PCNs. A substantial amount of funding had been provided centrally into the additional roles reimbursement scheme (ARRS) and this funding had been used to employ the additional pharmacists and technicians. The CCG would help to support safe, appropriate and effective prescribing within general practice.</p> <p>Before moving on to the recommendations, the Chair highlighted the significant amount of work being undertaken by the MO team despite a number of the team being redeployed during the pandemic. He added that it was disappointing to see that the North East was one of the top users of opioid medications and the highest antibiotic prescriber and that he would be interested to receive the outcome of the work to address these issues.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • 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 CCG and develop the primary care pharmacist workforce, • noted the work in Appendix 3 to meet the responsibilities of the CCG with regard to Controlled Drugs. 	
	<u>FOR INFORMATION</u>	
GB/21/065	Information Governance Update (Report of the Senior Information Risk Officer (SIRO)) – Quarter 1 2021/22	

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	<p><i>Nicola Bailey, Chief Officer</i></p> <p>The purpose of the report was to provide assurance of the work underway within the CCG and with the North of England Commissioning Support Information Governance Team whose services were commissioned by the CCG to support information governance.</p> <p>The report covered the period 1 April 2021 to 30 June 2021 with some updates from a regional Governance Leads Meeting held in early July 2021.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> received the report for information. 	
<p>GB/21/066</p>	<p>CCG Annual Complaints Report 1 April 2020 to 31 March 2021 <i>Anne Greenley, Director of Nursing and Quality (Interim)</i></p> <p>The purpose of the report was to provide assurance that the CCG had fulfilled its statutory responsibilities with regard to complaints management. The report also provided an overview of the issues raised in complaints/concerns during the year 2020/2021.</p> <p>The North of England Commissioning Support (NECS) Complaints Team had handled a total of 529 cases during the reporting period across all CCGs; 16 of these related to NHS County Durham CCG compared to 42 in the previous year.</p> <p>Overall, there had been a significant decrease in new complaints / concerns received by the NECS Complaints Team during the year compared with previous years; this had been attributable to the Covid-19 pandemic. Many NHS organisations 'paused' their complaints process during Quarter 1 in line with guidance issued by NHS England / Improvement in March 2020. It should be noted that within North East / North Cumbria CCGs, a 'business as usual' approach to managing complaints was able to continue.</p> <p>Five of the NHS County Durham CCG cases were handled under the NHS complaints procedure and all were acknowledged by the NECS Complaints Team within the target timescale of 3 working days.</p> <p>The main themes of complaints/concerns for NHS County Durham CCG were Continuing Healthcare decisions and processes (4) and informal queries/concerns relating to the Covid-19 e.g. vaccination programme (3).</p> <p>Two of the 9 NHS County Durham CCG-led formal complaints closed in the year were upheld/partially upheld and a number of improvements were introduced in response to complaint investigations; a summary of service improvements across all CCGs was contained within the report. Examples of internal and outward facing improvements to the complaints process were also summarised in the report.</p>	

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	<p>No NHS County Durham CCG complaints were investigated during the year by the Parliamentary and Health Services Ombudsman (PHSO).</p> <p>A separate report detailing provider complaints would be made available to the CCG at a later date.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> reviewed the content of the report. 	
<p>GB/21/067</p>	<p>Human Resources (HR) and Organisational Development (OD) Performance Report, Quarter 4 2020/21 <i>Nicola Bailey, Chief Officer</i></p> <p>The purpose of the report was to present Governing Body with the Quarter 4 Human Resource (HR) Performance Report for 2020/21 for NHS County Durham CCG prepared by North of England Commissioning Support (NECS) – Appendix 1.</p> <p>The report provided an overview of workforce data for Quarter 4 (Q4) of the 2020/21 financial year, being the period from 1 January 2021 to 31 March 2021. The data was based on those staff paid via payroll and included all permanent, fixed term, full-time, part-time and bank staff. It also provided an overview of the Human Resources activity delivered during Q4.</p> <p>NB had received separate appendices referred to in the report containing personal information regarding the CCG's staff list of those on payroll, details of Disclosure and Barring Service (DBS) checks, professional registration details, staff sickness absence and employee relations. Those appendices had been checked for accuracy and had not been attached to the report.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> received the Quarter 4 Human Resources (HR) and Organisational Development (OD) Performance Report for 2020/21 for NHS County Durham CCG. 	
<p>GB/21/068</p>	<p>County Durham CCG Information Governance Annual Report 2020/21 <i>Nicola Bailey, Chief Officer</i></p> <p>The purpose of the report was to provide the Governing Body with an overview of the CCG's information governance activity during the period 1 April 2020 to 31 March 2021.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> received the report for information. 	
<p>GB/21/069</p>	<p>Auditor's Annual Report Year Ended 31 March 2021 <i>Richard Henderson, Chief Finance Officer</i></p>	

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	<p>The auditor's annual report summarised the auditor's work on the 2020/21 financial statements and included the auditor's narrative on the value for money arrangements for the CCG.</p> <p>All of the findings within the auditor's annual report had previously been considered by the Audit and Assurance Committee and the report was presented to the Governing Body for information only.</p> <p>As previously highlighted, an unqualified audit opinion had been issued on the 2020/21 financial statements.</p> <p>The CCG had been required to publish the auditor's annual report on its website.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • noted the content of the report and that the auditor's annual report would be published on the CCG's website. 	
<p>GB/21/070</p>	<p>North East of England and North Cumbria Clinical Commissioning Groups Research and Evidence - Annual Report 2020/21 <i>Anne Greenley, Director of Nursing and Quality (Interim)</i></p> <p>The report provided information and assurance on:</p> <ul style="list-style-type: none"> • 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 2021/22 <p>The CCG should consider options to increase practice involvement in research.</p> <p>The North of England Commissioning Support (NECS) Research and Evidence team support CCG research and evidence statutory duties including developing and advising on new research and evaluation, analyzing providers research activity and supporting using evidence from research in commissioning decision making.</p> <p>Training for CCG staff on understanding more about evidence and evaluations had been made available to CCGs as part of the Service Level Agreement (SLA).</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • received the report, • noted the activities and subsequent progress being made and assurance provided. 	

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GB/21/071	<p>Healthwatch County Durham Annual Report 2020/21 <i>Nicola Bailey, Chief Officer</i></p> <p>Healthwatch England and local Healthwatch were established as part of the Health and Social Care Act 2012. Locally there had been a Healthwatch since 2012 and was funded through and commissioned by the Local Authority as a hosted contract. Over this period Healthwatch had developed very good working relationships with provider and commissioner agencies of health and social care and through its reports and the work of its volunteers was very well regarded.</p> <p>Inevitably, the Covid-19 Pandemic had had an impact upon the work that Healthwatch had been able to undertake over this last year.</p> <p>The Healthwatch County Durham (HWCD) Annual Report had been submitted to the Governing Body for information. It included:</p> <ul style="list-style-type: none"> • the goals of Healthwatch, • highlights from the year, • findings from two main themes around accessing services – primary care and community pharmacy, • how they supported people in responding to the Covid 19 pandemic, • the areas they were contacted about most which were access to – GP services, dentistry, mental health and Covid-19 vaccinations, • the work of their volunteers, • a summary of their finances, • a look forward to 2021/22 and their priorities. <p>The CCG had a good working relationship with HWCD. For example, reports produced by Healthwatch had been considered by the Primary Care Commissioning Committee. Action had subsequently been taken as a result of recommendations made following the collation of feedback from surveys, particularly with regard to general practice.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • received the report for information. 	
GB/21/072	<p>County Durham Clinical Commissioning Group (CCG) Quarterly Engagement Activity Report: April - May 2021 (Q1) <i>Sarah Burns, Joint Head of Integrated Strategic Commissioning, County Durham CCG and Durham County Council</i></p> <p>The purpose of the report was to provide an update on the range of engagement activities that took place during April to June 2021 (Quarter 1) in County Durham CCG.</p> <p>The areas covered in the report included:</p> <p>Engagement projects</p>	

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	<ul style="list-style-type: none"> • Co-production development (part of County Durham Together) • Integrated Engagement approaches – Future CCG strategy • Wingate GP practice patient survey • Special Educational Needs (SEND) services • Neuro-developmental needs • Shotley Bridge Community Hospital services • Primary Care Networks (PCNs) and public involvement • Developing future approaches – Learning Disabilities, Autism and Children and Young People • Staff surveys <p>Patient Groups</p> <ul style="list-style-type: none"> • Patient, Public and Carer Engagement Committee • Locality Patient Representative Groups (PRGs) <p>The Governing Body:</p> <ul style="list-style-type: none"> • received the update regarding the engagement activity for County Durham CCG during Quarter 1, 2021-22. 	
GB/21/073	<p><u>QUESTIONS FROM THE PUBLIC</u></p> <p>No questions had been received from members of the public.</p>	
GB/21/074	<p><u>MINUTES RECEIVED</u></p> <p>Audit and Assurance Committee of County Durham CCG</p> <ul style="list-style-type: none"> • There are no minutes to receive <p>County Durham Care Partnership and CCG Executive – Executives in Common</p> <ul style="list-style-type: none"> • 25.5.21 • 22.6.21 • 27.7.21 <p>Durham County Council Health and Wellbeing Board</p> <ul style="list-style-type: none"> • 18.3.21 <p>Executive Committee of County Durham CCG</p> <ul style="list-style-type: none"> • 8.6.21 • 13.7.21 <p>Northern CCGs' Joint Committee</p> <ul style="list-style-type: none"> ▪ This meeting is confidential only now <p>Patient, Public, Carer and Engagement Committee of County Durham CCG</p> <ul style="list-style-type: none"> ▪ 29.4.21 ▪ 24.6.21 <p>Primary Care Commissioning Committee of County Durham CCG</p>	

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	<ul style="list-style-type: none"> ▪ 20.4.21 ▪ 15.6.21 <p>Quality Committee of County Durham CCG</p> <ul style="list-style-type: none"> ▪ 1.6.21 ▪ 6.7.21 	
GB/21/075	<p>Other Business</p> <p>The item of other business identified at the start of the meeting, Integrated Care Board Constitution, had been covered during the discussion of agenda item GB/21/60. NB said that there was nothing further to add.</p>	
GB/21/076	<p>Risk round up</p> <p><i>To consider any areas of risk from the discussion on the agenda to add to the CCG's corporate risk register.</i></p> <p>There was a discussion and agreement with regard to including a risk around the ICS development, safe transition of statutory responsibilities and dissolution of the CCG. RH believed that the risk had already been captured.</p>	
	<p>Next Meeting</p> <p>The next formal Governing Body meeting would take place on Tuesday 14 December 2021.</p>	
	<p>Contacts for the meeting: Susan Parr, Executive Assistant Tel: 0191 389 8621 susan.parr@nhs.net</p> <p>Mags Wells, Governance Administrator Tel: 0191 371 3224 margaret.wells1@nhs.net</p>	

Signed: *Signed-off via email*

Chair: Dr Jonathan Smith

Date: 21 December 2021