

**NHS COUNTY DURHAM CCG**  
**EXTRAORDINARY GOVERNING BODY**

**Tuesday 12 October 2021**

**1.00pm to 1:50pm**

**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 ( <b>Chair</b> )
Andrew Atkin	AA	Lay Member
Nicola Bailey	NB	Chief Officer
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 Neil O'Brien	NO'B	Accountable Officer/Clinical Chief Officer
Dr Ellen Osborne	EO	Health Care Professional (GP) representative
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
Amanda Healy	AH	Director of Public Health, Durham County Council
Keith Holyman	KH	Patient Reference Group (PRG) Chair, North Durham locality
Michael Laing	ML	Director of Integrated Community Services
Sue Parr	SP	Executive Assistant (minutes)
Rachel Rooney	RR	Senior Portfolio Lead (Item EGB/21/04)
Angela Seward	AS	PRG Chair, Durham Dales Locality

**Apologies:**

Chris Allan	CA	Public Health representative, Durham County Council
Linda Allison	LA	PRG Interim Chair, Easington Locality
Dr James Carlton	JCa	Medical Director
Joseph Chandy	JCh	Director of Commissioning Strategy and Delivery
Chris Cunnington-Shore	CS	PRG Chair, Sedgfield Locality
Dr Ian Davidson	ID	Medical Director
Dr Stewart Findlay	SF	Chief Officer
Dr Chris Markwick	CM	Elected Health Care Professional (GP)
Diane Murphy	DM	Director of Strategy and Delivery (Continuing Health Care), Tees Valley and County Durham CCGs
Jane Robinson	JR	Corporate Director, Adult and Health Services, Durham County Council

Item No		Action
EGB/21/01	<p><b>Apologies for absence</b></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>	
EGB/21/02	<p><b>Declarations of conflicts of interest</b></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><a href="https://countydurhamccg.nhs.uk/documents/declarations-conflict-interest/">https://countydurhamccg.nhs.uk/documents/declarations-conflict-interest/</a></p> <p>There were no conflicts of interest highlighted at this point in the discussion.</p>	
	<p><b><u>ITEMS FOR INFORMATION</u></b></p>	
EGB/21/03	<p><b>Transition to the Integrated Care Board (ICB) and Clinical Commissioning Group (CCG) Closedown Update Report</b>  <i>Clinical Chief Officer – Dr Neil O'Brien</i>  <i>Chief Officer – Nicola Bailey</i></p> <p>The report had been prepared in collaboration with all CCGs in the North East and North Cumbria. It provided a high-level update on 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.</p> <p>NHS England and NHS Improvement (NHSE/I) had produced guidance and checklists concerning both the establishment of ICBs and the closedown of CCGs. The checklists provided a route for CCG Accountable Officers and the ICB Chief Executive (when appointed) to provide evidence of due diligence on the transition from CCGs to the ICB.</p> <p>The report contained more detailed information to provide assurance to CCG Governing Bodies in regard to the work being undertaken.</p>	

Item No		Action
	<p>NO'B highlighted the salient points:</p> <ul style="list-style-type: none"> <li>• Section 3 of the report provided clarification on the key elements of the Bill in regard to the functions of the ICB/Integrated Care Partnership (ICP).</li> <li>• To manage the transition into the ICB a dedicated ICS Development and Transition Programme Board (DTPB) had been established, which included CCG Accountable Officers, the Integrated Care System (ICS) Executive Lead, Director of Strategy Transformation, and the North of England Commissioning Support (NECS) Managing Director. This was supported by a small core project team which includes CCG, NHSE/I and NECS representatives with a range of workstreams, in place to support the process.</li> <li>• The table in section 7 provided detail of the workstreams and aligned coordinators and particular attention was drawn to the clinical workstream led by clinicians and directors of nursing.</li> <li>• The DTPB received updates from the workstreams which provided assurance that the ICS could operate well from April 2022.</li> <li>• The role of the DTPB was not only to oversee the development of the ICB but to take stock of any new guidance, which was now plentiful. Further guidance had been received since the production of report and this was available to the public via the link included in the report.</li> <li>• In March 2022 each ICB Chief Executive Designate and their relevant NHSE/I regional director would be asked to co-sign a 'Readiness to Operate Statement'. This would be a high-level statement to confirm that all legally required and operationally critical elements were in place ready for the establishment of the ICB as a statutory body on 1 April 2022, and arrangements were in place for the ICB to fulfil its role within the wider ICS including establishing the ICP with the relevant local authorities.</li> <li>• Sir Liam Donaldson, Chair Designate of the ICB, had hosted a series of engagement events to hear the views of colleagues from across Durham, Sunderland and South Tyneside on how to establish the ICB. The output of the events would be submitted to a design group now called the Joint Management Executive Group (JMEG). Two meetings had been held, with a final one scheduled for 20 October 2021, with the purpose of developing proposals for the composition of the Central ICB and ICP and an operating framework setting out where key decisions would be made and where the ICB's statutory functions would be discharged. Attending JMEG were representatives from the foundation trusts, CCG accountable officers, the ICS leadership team and a representative from every local authority within the ICS.</li> <li>• JMEG discussed broad principles only and was not a decision-making group; it would produce a proposal for further engagement with stakeholders on how the ICB would operate.</li> <li>• There was still the outstanding requirement to finalize the population of the draft ICB Constitution; the current draft had been included in the report as Appendix 2. The draft Constitution had been mostly completed for sending to NHSE/I by the end of November 2021 for scrutiny and feedback.</li> <li>• Work had begun on due diligence with input from Audit North in regard</li> </ul>	

Item No		Action
	<p>to the approach. There were elements of due diligence common to all CCGs and the intention was to work collaboratively and to do this once across the system as the process progressed. There would be local CCG elements that needed to be incorporated into the final report and that would be presented to CCG Governing Bodies for their respective sign-off.</p> <ul style="list-style-type: none"> <li>• With regard to the readiness to operate statement, there was still work to be done including an extensive checklist that had to be populated. The Programme Board was coordinating this work.</li> <li>• NHS England had started the recruitment process to appoint a designate Chief Executive of the North East and North Cumbria Integrated Care Board, subject to legislation. The interview was to be held later that week and the outcome should be known shortly.</li> <li>• Further guidance had been published in regard to other appointments to the ICB namely the Director of Finance, Medical Director, Director of Nursing, Director of People and the Chief Digital Officer. The latter two posts were optional but given the size of the Central ICS it was likely they would be needed on the Board but that had yet to be decided.</li> <li>• A link to guidance around the draft principles for job descriptions had been included in the report. The roles would be open to recruitment through the NHS open appointments process.</li> <li>• Governing Bodies would have a significant role in regard to the transition into the ICB including due diligence and would be required to propose the Constitution on behalf of the new ICB to NHS England for approval.</li> </ul> <p>Before inviting NB to give her update, NO'B asked Members to receive assurance that reasonable progress had been made in regard to the transition arrangements.</p> <p>NB advised Members that the completion of the ICS Constitution was a two-stage process. Firstly, by 17 November 2021 it would be necessary to submit to NHS England what the composition and membership of the ICB Board would look like in relation to Non-Executive Directors, Executive Directors and partner members. It was still to be determined how many partner members would be included but they would provide expertise and insight from the Foundation Trusts, local government and local practices and would be full members with a vote and corporate responsibility. With 13 Councils within the Central ICB it was clearly not possible for all to be represented on the Board but they would all be included in the development of the Constitution. This was a critical piece of work and ideas on membership had been sought from the Association for North East Councils.</p> <p>The second stage would be to have a draft ICB Constitution developed by 30 November 2021. As the statutory bodies in place at that time, CCG Governing Bodies would be required to propose the Constitution on behalf of the developing ICB to NHS England for approval.</p>	

Item No		Action
	<p>As well as RH, NB was involved in the proposal from a due diligence perspective, and they would ensure that progress updates were presented to the Audit and Assurance Committee and Governing Body as required.</p> <p>The Chair invited questions and comments from Members.</p> <p>IS sought clarity on what would happen should the Health and Social Care Bill not be successfully passed by Government. In response NB advised that there were two elements, firstly preparation for the development of the ICB could not wait until the Bill had had its second reading. Once it had had its second reading at that point it was clear that the Bill would be passed, although there may be some amendments such as Secretary of State powers etc. Secondly, all of the roles would be designated posts until 1 April 2022 and the CCG would remain a statutory organisation until then. It would be known by Christmas if the Bill would be passed but NB fully expected it to go through.</p> <p>IS sought assurance that the ICB would be able to deliver its statutory function to improve the quality of services, specifically he asked how improvement would be benchmarked and measured. In response NO'B explained that the CCGs and their providers were already rated against a number of quality matrix outcomes and although there would be a different assessment framework to measure the quality and success of the ICS, he believed that with the Care Quality Committee (CQC) also involved with quality assessment, that the external scrutiny would be more significant than that which the CCGs were currently under.</p> <p>In response to IS's query with regard to provider scrutiny, NO'B advised that in the future the responsibility for quality monitoring of the services that the ICB commissioned would be the role and function of the ICB; how effective they were would be assessed externally by the CQC. The NHS England assurance processes would continue in regard to the ICS.</p> <p>AG advised that in addition to the NHS England processes, for some very specific areas around quality the ICS was undertaking self-assessment and benchmarking as an ICS and nationally.</p> <p>FJ said he welcomed the work of the design group and the establishment of the JMEG and asked if there were any emerging principles in regard to potential governance arrangements for placed-based partnerships. In response NB advised that at its second meeting held the previous week the design group had focused on what should be taking place at 'place' and what should be taking place at a system level. Members of the design group had come to a consensus on what should be done at system level such as the commissioning of community health services, mental health services, safeguarding, looked after children, personal health budgets, acute pathway development and primary care etc. There had also been discussion around governance arrangements and how that would be transacted; there had been a commitment to continue with each place's current place-based partnerships, for the CCG this was County</p>	

Item No		Action
	<p>Durham Care Partnership. Current governance arrangements would continue which meant that NB, SF and NO'B, RH would take their delegated responsibilities into a partnership meeting with colleagues and make collaborative decisions together. Sir Liam Donaldson, Chair Designate, had committed to continue with that arrangement.</p> <p>NB explained the thinking around the ambition and aspirations for local places within the ICB as it developed through 2022, highlighting that County Durham had a long-standing history for collaborative working with the local authority and other partners and those conversations would continue within the ICB providing continuity and consistency.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> <li>• noted the progress to date in developing transition arrangements to the new statutory Integrated Care Board for the North East and North Cumbria,</li> <li>• noted the position with regard to the closedown of CCGs.</li> </ul>	
EGB/21/04	<p><b>Shotley Bridge Community Hospital Services</b>  <i>Joint Head of Integrated Strategic Commissioning</i>  - Sarah Burns  <i>In attendance to give the presentation</i>  Senior Portfolio Lead – Rachel Rooney</p> <p>RR provided an update presentation in regard to Shotley Bridge Community Hospital (SBCH) and the project to redevelop services there.</p> <p>RR reported that:</p> <ul style="list-style-type: none"> <li>• work was ongoing to develop the outline business case (OBC),</li> <li>• the CCG was working closely with the New Hospitals Programme (NHP) to make sure the project was aligned to the national programme and the timescales associated with that,</li> <li>• work continued with clinical colleagues to refine the proposals,</li> <li>• work continued with members of the public particularly around the development of the business case but also around some potential future design work.</li> <li>• the next phase of engagement was currently being developed.</li> </ul> <p>Members received further information and updates on:</p> <ul style="list-style-type: none"> <li>• The NHP. SBCH was one of 40 new hospitals and had been allocated £30m but that was subject to business case approval. The other hospitals in the area were St Nicholas Hospital, Newcastle and Northgate Hospital, Northumbria.</li> <li>• The principles of the project including it being clinically led and with continuous public engagement.</li> <li>• The risks in relation to the SBCH project.</li> <li>• The condition of the current estate and the management of its associated risks.</li> <li>• The process undertaken to define the clinical model including how the services had been categorised into</li> </ul>	

Item No		Action
	<ul style="list-style-type: none"> <li>○ reprovision of current services,</li> <li>○ enhancement of current services,</li> <li>○ clinically unviable services offer</li> </ul> <ul style="list-style-type: none"> <li>● The difference between engagement and consultation. RR outlined where consultation would or would not be lawfully required and explained that, because the clinical model for SBCH did not involve a substantial variation to service provision, and in some instances would be an enhancement of the current service, the CCG would not be required to go through a consultation process but that it would continue to engage with the public throughout the lifespan of the project.</li> <li>● The CCG's duties and the four Government tests of service change, these being: <ul style="list-style-type: none"> <li>○ strong public and patient engagement,</li> <li>○ consistency with current and prospective need for patient choice,</li> <li>○ clear, clinical evidence base,</li> <li>○ support for proposals from clinical commissioners.</li> </ul> </li> <li>● A summary of the proposal and associated costs for the new site in Consett and the benefit that could be realised for the local population.</li> <li>● The County Durham Adult Health and Wellbeing Overview and Scrutiny Committee at its meeting held on 1 October 2021, had <ul style="list-style-type: none"> <li>○ noted the project risks associated with any delay,</li> <li>○ agreed that the proposals did not warrant substantial service change and therefore there were no benefits to consultation,</li> <li>○ agreed that the local system would continue to provide regular updates to the Overview and Scrutiny Committee.</li> </ul> </li> <li>● The aspiration to continue to engage, through the further development of strategies for ongoing engagement such as Member briefings, 'walk throughs' of the business case etc., and engagement with the public in regard to the design work currently underway.</li> <li>● The proposed next steps: <ul style="list-style-type: none"> <li>○ looking to finalise the business case by the end of November 2021,</li> <li>○ bring the proposal back to the Governing Body for sign off before going through Treasury and the national approvals process,</li> <li>○ still hopeful of a start to construction by the summer of 2022 to avoid the risks associated with delays to the project.</li> </ul> </li> </ul> <p>The Chair invited questions and comments from Members.</p> <p>Given the impressive plans for the new hospital, the Chair felt that members of the public would wonder why the CT scanner would be put in a mobile unit and not be housed in the new building. In response RR advised that currently SBCH delivered x-ray and ultrasound services; there was an ambition over the coming years to deliver more services from SBCH but there was currently a limited amount of capital funding to work within and that to date the budget had not included space to house a CT scanner. However, given the design and modern methods of</p>	

Item No		Action
	<p>construction of the new building, there would be the ability to expand and adapt the building as required and there was an aspiration to undertake more diagnostics from SBCH over the coming years in response to the changing demands for health care services.</p> <p>The Chair highlighted that staffing the CT scanner would not be easy and an additional cost factor.</p> <p>FJ felt it was a good news story and welcomed the investment into North West Durham. As the CCG's lay member for patient and public involvement, he supported the proposal given it demonstrated robust public and patient engagement throughout the process, going back two or three years and, importantly, it delivered a network of services and not just a stand-alone facility within a deprived area of Durham. FJ thanked SB and RB for their vanguard work.</p> <p>The Chair thanked SB and RB on behalf of the Governing Body.</p> <p>In response to IS's query, SB advised that one of the options had been to improve or rebuild around the existing hospital on the same site. This would have been a more expensive option and would have taken longer to complete. A further issue was in regard to potentially having to suspend services whilst the rebuilding took place, and the CCG had committed to keeping services at the SBCH site for as long as possible.</p> <p>It was clarified that that the refurbishment of the current hospital site after the new one had been built meant the land would be disposed of.</p> <p>KH felt it may be better to call the new building North West Durham to avoid confusing it with the current SBCH site. RR explained that by wanting to avoid pre-empting the outcome of the engagement process, the CCG had been careful in the terminology used but anticipated that the name of the project would evolve as it progressed.</p> <p>Further clarity was given in regard to the two options and the timescales for their completion. RR advised that a strong message from the public had been the requirement for services to continue. To ensure continuity of services whilst refurbishing the existing site would take longer because the building work would have to be done in parallel with service provision. The preferred option would be a new build and that included the disposal of the current site.</p> <p>The Chair extended thanks to the Overview and Scrutiny Committee for its welcomed support.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> <li>• noted update on progress,</li> <li>• reviewed the proposals as outlined in terms of clinical model and preferred future site,</li> <li>• agreed that the proposals did not signify substantial service change,</li> </ul>	

Item No		Action
	<ul style="list-style-type: none"> <li>agreed to the next steps, specifically the process of ongoing engagement,</li> <li>agreed to receive updates including a more detailed plan for ongoing engagement.</li> </ul>	
<b>EGB/21/05</b>	<p><b>Emergency Preparedness, Resilience and Response Self-Assessment</b>  <i>Chief Officer – Nicola Bailey</i></p> <p>NHS England had an annual statutory requirement to formally assure its own readiness to respond to emergencies. To do this, NHS England and NHS Improvement (NHSE/I) asked commissioners and providers of NHS funded care to complete an Emergency Preparedness, Resilience and Response (EPRR) annual assurance process.</p> <p>NB explained that for 2021/22 NHSE/I was collecting assurance on a reduced number of standards. This did not replace the CCG's statutory responsibility to be compliant with the full set of standards applicable to CCGs as category 2 responders, but recognised the demands placed on organisations over the previous 18 months.</p> <p>A copy of the self-assessment had been attached to the report as Appendix 1. It included details of actions to be completed by to formally document arrangements in place to produce:</p> <ul style="list-style-type: none"> <li>an EPRR Policy Statement,</li> <li>mutual aid agreements with partners.</li> </ul> <p>The potential organizational ratings were set out within the report and it had been proposed that the CCG submit a self-assurance rating of 'substantial compliance' as in 2020/21.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> <li>noted the process to be followed for the Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance Submission for 2021/22,</li> <li>noted the actions to be completed,</li> <li>approved the proposed self-assessment of 'substantial compliance',</li> <li>delegated authority to the Chief Officer to make any necessary amendments to the submission for County Durham CCG prior to the deadline of 31 October 2021.</li> </ul>	
<b>GB/21/06</b>	<p><b>Risk round up</b>  <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>RH advised that all risks were included in the CCG's corporate risk register.</p>	

Item No		Action
	<p><b>Next Meeting</b> Meeting to be arranged as required.</p>	
	<p>Contacts for the meeting: Susan Parr, Executive Assistant Tel: 0191 389 8621 <a href="mailto:susan.parr@nhs.net">susan.parr@nhs.net</a></p> <p>Mags Wells, Governance Administrator Tel: 0191 371 3224 <a href="mailto:margaret.wells1@nhs.net">margaret.wells1@nhs.net</a></p>	

Signed: *Signed off by email*

Chair: Dr Jonathan Smith

Date: 21 December 2021

CONFIRMED