

Minutes
Meeting of North Central London CCG Governing Body
18 June 2020 between 2pm and 4pm
Virtual Meeting

Members Present:	
Dr Jo Sauvage	Chair and Clinical Representative - Islington
Karen Trew	Deputy Chair and Lay Member
Dr Charlotte Benjamin	Clinical Vice Chair and Clinical Representative - Barnet
Frances O'Callaghan	Accountable Officer
Simon Goodwin	Chief Finance Officer
Claire Johnston	Registered Nurse
Sara Lightowers	Interim Secondary Care Specialist
Ian Bretman	Lay Member
Arnold Palmer	Lay Member
Dr Clare Stephens	Clinical Representative - Barnet
Dr Neel Gupta	Clinical Representative - Camden
Dr Kevan Ritchie	Clinical Representative - Camden
Dr Chitra Sankaran	Clinical Representative - Enfield
Dr Nitika Silhi	Clinical Representative - Enfield
Dr Peter Christian	Clinical Representative - Haringey
Dr John Rohan	Clinical Representative - Haringey
Dr John McGrath	Clinical Representative - Islington
In Attendance:	
Ruth Donaldson	Executive Managing Director - Enfield Borough
Sarah D'Souza	Executive Managing Director - Enfield Borough
Tony Hoolaghan	Executive Managing Director - Haringey and Islington Boroughs
Sarah McDonnell-Davies	Executive Managing Director - Camden Borough
Kay Matthews	Executive Managing Director - Barnet Borough & Executive Director of Clinical Quality
Sarah Mansuralli	Executive Director of Strategic Commissioning
Will Huxter	Executive Director of Strategy
Ian Porter	Executive Director of Corporate Services
Paul Sinden	Executive Director of Performance & Assurance
Caroline Stock	Councillor, Barnet Council
Tamara Djuretic	Director of Public Health, Barnet Council
Andrew Spicer	Head of Governance and Risk
Parin Bahl	Healthwatch Representative
Minutes:	
Steve Beeho	Board Secretary

1.	INTRODUCTION
1.1	Welcome & Apologies
1.1.1	The Chair welcomed Governing Body members, executive officers and members of the public to the meeting, which was being held virtually due to the Covid-19 pandemic. This was the first time that a Governing Body meeting had been 'streamed' live to allow members of the public to watch the proceedings.
1.1.2	No apologies had been received.
1.1.3	The Chair thanked Sarah Lightowlers for her support and constructive challenge while covering the Secondary Care Specialist position on the Governing Body since March 2020 on an interim basis. She was no longer able to provide this support as she was taking up a new post outside London. The Chair expressed her gratitude for Sarah's contribution in both this role and her previous position as Secondary Care Member on the Islington CCG Governing Body and wished her well for the future.
1.2	Declarations of Interest Register
1.2.1	The Chair presented the Governing Body declarations of interest register.
1.2.2	The Governing Body NOTED the Declarations of Interest Register.
1.3	Declarations of Interest relating to the items on the Agenda
1.3.1	The Chair invited members of the Governing Body to declare any interests in respect to the items on the agenda. There were no additional declarations.
1.4	Declarations of Gifts and Hospitality
1.4.1	The Chair invited members of the Governing Body to declare any gifts and hospitality received. No gifts and hospitality were declared.
1.5	Draft minutes of the last meeting on 23 April 2020
1.5.1	The Governing Body APPROVED the minutes of the meeting on 23 April 2020 as an accurate record.
1.6	Action Log and Matters Arising
1.6.1	Parin Bahl noted that there had been a debate among Healthwatch colleagues about the need for wider representation at Governing Body meetings and it had been agreed that she should represent the five NCL Healthwatch organisations on this occasion, pending a future meeting with Jo Sauvage and Frances O'Callaghan. She also informed the meeting that Sharon Grant, Chair, Haringey Healthwatch, had written to Jo Sauvage to express her concerns about the need for stronger representation of the patient voice and the resourcing of this.
1.6.2	Jo Sauvage confirmed that a response to this email was currently being formulated. In the meantime, she welcomed that prior to this meeting, positive dialogue had taken place between Parin and Ian Porter with regards to the future approach to working with Healthwatch. Jo Sauvage gave an assurance that the CCG is committed to working together with Healthwatch - this will include discussing how Healthwatch can also contribute to the work that takes place to support the commissioning of healthcare services outside the formal Governing Body infrastructure, particularly at a borough level.

1.6.3	<p>Ian Porter then provided a verbal update on the following 'legacy' actions from Enfield and Haringey CCGs:</p> <ul style="list-style-type: none"> • The opening hours of urgent and emergency care centres is being monitored carefully • Engagement with Primary Care Networks (PCNs) has been working well during the Covid period and will be included in the Engagement Strategy going forward • The Health Inequalities baseline work will be on the agenda of the first meeting of the Patient and Public Engagement and Equalities Committee • A meeting has taken place to ensure that relevant risks on the Corporate Risk Registers are carried forward into the new CCG. Assurance was given that a plan is being drawn up to ensure that all aspects of equality and diversity are taken forward by the new CCG • Extensive work has taken place during the Covid period to ensure that notes from the Clinical Advisory Group (CAG) are passed through to primary care.
1.6.4	There were no outstanding actions from Barnet, Camden and Islington CCGs.
1.6.5	The Governing Body AGREED that the actions from the previous meeting and the 'legacy' actions could be closed.
1.7	Report from the Chair
1.7.1	The Chair asked for the Governing Body's agreement to take this item prior to the Minute's Silence so that she could place it in context.
1.7.2	She noted that although it was easy to assume that the sight of things slowly returning to normal meant that the health risk posed by Covid had virtually disappeared, it has not gone away in London, let alone nationally or internationally and the country is still in a Level 4 phase of emergency. At present there are approximately 100 patients in London being treated in ITUs with Covid-related illness, and 20-30 people being admitted daily to hospitals in London with Covid-related illness. In addition, two practices in Enfield had been impacted that week as a result of staff illness. The antibody testing which is beginning to be rolled out across staff and patients has shown that majority of staff who have had Coronavirus have not been aware of it, which highlights the potential risk ahead as the lockdown begins to be eased. It was therefore imperative that the CCG learns from what has happened to date, to ensure that it is well prepared in the event of a second wave later in the year, while also addressing much of the activity which was put on hold over the past few months, especially with regards to Long Term Conditions.
1.7.3	The recently published Public Health report, <i>Beyond the Data</i> , identifies the inequalities which have emerged, particularly with respect to BAME communities, as well as the differential impact on vulnerable members of the community. It is important that the CCG takes heed of the report's recommendations, particularly any which need to be acted upon immediately to protect people. A series of conversations have already taken place across the system about how to address this.
1.8	One Minute Silence
1.8.1	The Governing Body observed a Minute's Silence in respect of patients and staff who had died, while also remembering health and care staff and key workers who have experienced bereavement as a result of the global pandemic.
1.9	Report From the Accountable Officer
1.9.1	<p>Frances O'Callaghan highlighted the following examples of borough-level work:</p> <ul style="list-style-type: none"> • The Integrated Discharge Team at Barnet Hospital has been working closely with the wider system to ensure that patients are in the safest place possible • The development of an integrated model between C&I and a 'Resilience Network', made up of VCS services supporting the response to COVID-19 is a positive example of system partners coming together with the voluntary sector • A GP Home Visiting Service in place for suspected Covid-positive patients is being delivered through the Enfield Primary Care Networks (PCNs) • The Stroud Green practice in Haringey has been rated 'outstanding' by the CQC during a particularly challenging period for primary care

1.9.2	<ul style="list-style-type: none"> Care homes in Islington have received support through the Borough Partnership. Access support access has also been arranged for children and young people without the need to go to A&E if they do not also require medical intervention.
1.9.3	<p>She further noted the work carried out to 'bring everyone in' as part of the homeless health initiative. A London-wide piece of work will now be needed to address the challenge to avoid things returning to the previous situation.</p> <p>Due to the exceptional circumstances, the CCG currently has block contracts in place with trusts. It is imperative that the CCG continues to be commissioning for quality and outcomes under this arrangement.</p>
1.9.4	<p>Members discussed the report. It was noted that the CCG has pro-actively supported care homes around infection control and prevention from the beginning of the pandemic, including the setting up of a helpline. The merger into a single CCG helped to facilitate this mobilisation. It was agreed it would be helpful for the Governing Body to receive a detailed report in future to obtain assurance on how the impact of the Coronavirus on care homes is being managed.</p>
1.9.5	<p>Karen Trew then updated the Governing Body on the approval of the 2019-20 annual reports and accounts of the five NCL CCGs, in her capacity as Chair of the Audit Committee.</p> <ul style="list-style-type: none"> At its inaugural meeting the previous day, the Audit Committee had approved all five annual reports and accounts All five CCGs had received unqualified audit opinions for their annual accounts Apart from Islington CCG, the other four CCGs reported deficits at year-end, and as a result those CCGs received qualifications from the auditors in respect of value for money. This meant in turn that the auditors were required to make a Section 30 referral to the Secretary of State to inform them of these qualifications The auditors commended the way that the audit had been conducted The fact that the five CCGs all received positive Head of Internal Audit Opinions and did not receive any recommendations was a testament to the excellent work in turn of the governance and finance teams The quality of the work of the Communications teams in compiling and drafting the reports was also praised.
1.9.6	<p>The Governing Body NOTED the Accountable Officer's Report.</p>
1.9.7	<p>ACTION: Ruth Donaldson to provide a report on how the impact of the Coronavirus on care homes is being managed.</p>
1.10	<p>Questions From the Public</p>
1.10.1	<p>Two questions had been submitted in advance by David Richards, relating to the status and appointment of patient representatives and the potential establishment of an NCL Patient and Public Engagement Group, elected from PPG membership across NCL.</p>
1.10.2	<p>Ian Porter read out the questions and provided the CCG responses which would be published on the CCG website after the meeting.</p>
2.	<p>OVERVIEW REPORTS & BUSINESS</p>
2.1	<p>Covid-19 Response Update</p>
2.1.1	<p>Frances O'Callaghan provided a brief overview of the report which set out how the pandemic has been managed and considered the next steps in terms of the recovery process.</p>
2.1.2	<p>She highlighted the following points:</p> <ul style="list-style-type: none"> Key parts of the pandemic management included the structuring of the GOLD response, the integration of the clinical teams into the Clinical Advisory Group, the strong quality response (including the training 'offer' to care homes), along with a variety of examples of good practice and the ongoing maintenance of staff wellbeing NHS England have set eight tests for the recovery phase, including the need to tackle the health inequalities which have become apparent during the pandemic, being able to

	<p>meet the challenge of any second wave and a number of Integrated Care System expectations which may require further investment</p> <ul style="list-style-type: none"> • The CCG is currently reviewing patients who have been waiting for treatment in NCL, including putting mechanisms in place for people who are either unable or reluctant to go to hospital. It has been recognised that the normal engagement channels have not been able to operate as effectively as usual but the CCG met recently with Healthwatch groups to discuss the recent changes, Communications and engagement will form a key part of the services the CCG wants to develop.
2.1.3	<p>The Governing Body discussed the report, making the following comments:</p> <ul style="list-style-type: none"> • While acknowledging the case for working at speed, this needs to be balanced by engaging with communities, particularly the more hard-to-reach ones, to make the process meaningful • The CCG's statement on inequalities is welcome but more needs to be done • Assurance was given that the CCG is committed to having programme management in place to ensure that it makes strong progress in tackling inequalities • As patients find it harder to access hospitals during the recovery phase when elective work restarts, the interface between GPs and hospitals will change significantly in order to address the potential risk that this poses to patient safety. It is hoped that these new workstreams will serve to improve the patient experience • It is crucial that resources are aligned to reflect patients' increased desire to access services in the community • Assurance was given that the CCG will be monitoring this data carefully over the next few months as it will form a key part of the drive towards the new way of doing business in the future.
2.1.4	The Governing Body NOTED the report.
2.2	Quality and Safety Report
2.2.1	<p>Kay Matthews introduced the report, highlighting the following points:</p> <ul style="list-style-type: none"> • In order to support providers during the Covid-19 pandemic, the CCG has adapted the way it monitors quality, with its focus for oversight moving away from routine quality indicators to escalation of real time concerns • The Royal Free has reported no new 'Never Events' during April – May 2020, compared to six in the corresponding period in 2019. This decrease is probably due to services either being 'stepped down' or reduced over the two months. • Outpatient harm reviews have continued at the Royal Free and there are now under 5000 outstanding. The Medical Director at the Trust has confirmed that there are now issues regarding diagnostic capacity for follow-ups but this position will be kept under review • Following an increase in c. difficile infections at UCLH, the Trust had investigated 45 cases to verify whether there had been a lapse in care and the feedback to date suggests that it is likely that the cause is a substantial increase in antimicrobials to treat patients with Covid-19 related infections. • There had been a reduction in the number of serious incidents across NCL compared to the same period last year • The number of GP Quality Alerts has also decreased, probably due to the change in services currently being delivered by providers and the introduction of the NCL Incident Command Centre • NCL has implemented a successful programme of training support to care homes during the pandemic which has been opened up to all care agencies and will continue to be provided during June • The safeguarding of the most vulnerable patients has remained a priority over this unprecedented period
2.2.2	The Governing Body then discussed the report, making the following comments:

	<ul style="list-style-type: none"> • It was suggested that the CCG should meet with providers to agree a single training 'offer' for care homes • It was confirmed that the figure in the report for c.difficile cases related to March – May 2020, and therefore constituted a significant number for the period in question • It is important to encourage Quality Alerts via the GP Bulletins to ensure that end-to-end feedback on quality across the system is provided • The importance of future communication and engagement in the context of young people's mental health was highlighted • Access is an increasing issue for people who are expected to travel further for treatment but are either unable or unwilling to use public transport • The CCG's response to quality issues will need to be around the wider determinants of health, addressing health inequalities through a system approach and this work is in train as part of the journey of moving towards an Integrated Care System. Future reporting will reflect this approach • The CCG will continue to monitor the Royal Free 'missing letters' incident closely but it was acknowledged that the Trust had improved its communications in this area • The CCG has been communicating the national key safeguarding messages during the Covid period and will build on this going forward.
2.2.3	The Governing Body NOTED the Quality Report.
2.3	Performance Report
2.3.1	<p>Paul Sinden introduced the report, which provided an overview of performance and the recovery plans which are being put in place to address the performance deficits which have accrued largely as a result of the impact of the Covid-19 response. The following points were highlighted:</p> <ul style="list-style-type: none"> • At the height of the pandemic there was approximately 1000 people in hospital across NCL being treated for Covid. This figure had now been reduced to approximately 100 • ED (Emergency Department) performance dropped to 70-80% when the pandemic hit, largely due to the difficulty in streaming between Covid and non-Covid patients and also the impact that the need for rooms for Covid patients had on 'patient flow' through departments • ED performance has improved over May and June, and on some days performance is over 90%, partially as a result of improved segregation • During April and May A&E attendances in NCL were at times below 50% of the pre-Covid-19 levels, although attendances are now increasing again as more non-COVID patients are beginning to attend • Bed occupancy across NCL currently stands at 80%, which is historically low • The single points of discharge which have been put in place in each hospital have boosted patient flow. There are currently no delayed transfers of care in hospital beds and there has also been a material reduction in the number of Medically Optimised patients • There was a surge in 111 calls in the early stage of the pandemic in line with national advice and the local provider (LCW) has performed well compared to its peers • Good progress continues to be made under the Transforming Care Programme (TCP) on reducing the number of adults and children and young people with learning disabilities and autism in inpatient settings • Mortality reviews are being conducted locally in the wake of the recent national report on the impact of Covid on people with learning disabilities • There has been a significant increase in the 62 day cancer patient backlog as a result of the pandemic. Various actions are being taken to address this, including sourcing additional endoscopy capacity and making pathway changes, including increased FIT testing and use of teledermatology Clinical harm reviews will be undertaken in cases where patients have been waiting over 104 days for their treatment • Referrals for elective pathways have dropped by over 80% over the last three months, compared to the previous run-rate. This means that the overall backlog has not increased, but there has been a rise in the number of people waiting over 18 weeks.

	<p>The paper set out the recovery plan which is being implemented, based on clinical prioritisation. A similar approach is being taken in respect to diagnostics</p> <ul style="list-style-type: none"> • A mental health recovery plan has been drawn up to address the anticipated increase in mental health presentations.
2.3.2	<p>The Governing Body discussed the report, making the following points:</p> <ul style="list-style-type: none"> • Concern was expressed about the increase in urgent mental health needs • As part of its work to on managing the interface between primary and secondary care, the CCG has been working closely with trusts on their access policies, particularly in terms of ensuring patient visibility when they are waiting for treatment and ensuring that high priority patients are not removed from lists if they do not attend appointments • An additional piece of work is required to look at how patients who have been waiting over 52 weeks are managed across primary and secondary care • The CCG is planning on the basis of higher levels of need for mental health care, which has been forecast to be 25-30% higher in the community, with children and young people being the most affected • Local councils are working with voluntary and care sector organisations to improve bereavement services and an IAPT module for bereavement support has also been developed • It would be helpful for figures of hospital-acquired Covid infections to be included in a future report.
2.3.3	The Governing Body APPROVED the Performance Report.
3.	FINANCE
3.1	Budget 2020/21
3.1.1	<p>Simon Goodwin presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • NHS England have changed the financial frameworks for CCGs and trusts as part of the NHS's Covid response. At present all trusts are being funded for four months through block contracts and CCGs are being funded to cover these block contract amounts. As a result, the CCG knows precisely how much it will be spending with each trust over this period, thereby avoiding the urgent reorganisation of services being impeded by financial discussions • All CCGs are expected to break even over these four months and any reported pressures will be met by a non-recurrent adjustment to allocations. This will be financially better for the CCG than the budgeted £59m deficit for the year • The CCG is reporting £16.7m year to date overperformance at Month 2 and a forecast overperformance of £4.7m. This is in line with the rest of London • Planning guidance for post-July is expected to be published shortly • The special Covid-19 financial governance arrangements are still considered to be fit for purpose • The Governing Body was being asked to approve a minor change to the Standing Financial Instructions (SFIs) relating to the number of quotations needed for various tender values.
3.1.2	<p>The Governing Body discussed the report, making the following points:</p> <ul style="list-style-type: none"> • It was queried whether the CCG will be able to use the latest financial activity data as a prompt for discussions with the Trusts about where secondary care resources should best be allocated • It was noted that the fact that Trusts are being 'topped up' retrospectively in the same way as the CCG, which has enabled activity, such as paediatrics, to move around the system far more quickly than would otherwise have been the case if parties had had to get involved in contractual discussions • Confirmation is awaited on how the elective backlog will be addressed as part of the return to Business as Usual

	<ul style="list-style-type: none"> It was clarified that the reduction in Continuing Care costs for core packages was a result of the instruction in Sir Simon Stevens' letter dated March 27 2020, which suspended all continuing healthcare assessments from that date. Patients are still receiving the support they would have previously had but the cost is being subsumed into the Covid budget.
3.1.3	<p>The Governing Body:</p> <ul style="list-style-type: none"> NOTED the contents of this report; NOTED that the COVID-19 Financial Governance Arrangements remain appropriate and may be extended if national guidance changes; and APPROVED the amendments to the SFIs.
4.	GOVERNANCE
4.1	Board Assurance Framework (BAF)
4.1.1	<p>Ian Porter provided an overview of the first BAF being presented to the Governing Body:</p> <ul style="list-style-type: none"> The BAF is in a period of transition as the Committees are now being stood up and the directorate Risk Registers are being completed The 12 risks on the BAF cover finance, Covid, safeguarding, acute contracting, winter pressures and patient lists in primary care Following the meeting of the Finance Committee earlier that day, the score for Risk FIN4 (Failure to manage increased costs due to GP at Hand) had been reduced from 15 to 9 as a result of some of the financial adjustments made by NHS England in connection with GP@Hand
4.1.2	<p>The Governing Body then discussed the report:</p> <ul style="list-style-type: none"> Assurance was given that a range of work is taking place to ensure that practices receive the necessary support. It was agreed that it would be helpful for a report summarising this was brought to a future meeting It was queried who will monitor the accessibility of digital GP consultations as they become increasingly normal for many patients In light of the need to work collaboratively as part of the health and social care integration agenda, with an increased focus on prevention, it was queried whether some of the existing funding will move from the acute sector to local authorities and the voluntary sector, as they will have main responsibility for prevention strategies in the community It is important that the CCG spends its money effectively in the context of delivering increased care closer to home Assurance was given that the CCG is mindful of the fact that if patients are either unable or unwilling to go to hospital the burden will fall disproportionately on primary care As a commissioner it is important for the CCG to understand what its population needs to stay well, while also understanding how it can make that difference while working its partners to provide that care within the wider determinants of health. It is also important that the CCG commissions its services from good organisations who score highly in patient and staff surveys and provide employment to local staff. The borough partnerships will be key to this work and assurance was given that the CCG is putting managerial resource into this borough work alongside the primary care networks.
4.1.3	The Governing Body NOTED the BAF highlight report.
4.2	Approval of Committee Terms of Reference
4.2.1	Ian Porter noted that there were five new sets of Terms of Reference for approval: the Strategy and Commissioning Committee, Individual Funding Requests (IFR) Panel, IFR Appeals Panel, Patient & Public Engagement and Equalities Committee, and the Medicines Management Committee). The Terms of Reference for the IFR Panel had previously been approved on an interim basis by Jo Sauvage via Chair's Action in the event of needing to stand up a panel prior to the Governing Body meeting.

4.2.2	In addition, the Terms of Reference of the Finance Committee and the Quality and Safety Committee, which had been previously agreed at the April Governing Body meeting, had been brought back for agreement following some minor amendments. A minor change had also been made to the Primary Care Commissioning Committee Terms of Reference (which were not included in the meeting papers) to make provision for the committee to include two patient representatives, in line with other equivalent committees.
4.2.3	It was also noted that work has begun on the borough-level decision-making arrangements.
4.2.4	The Governing Body then discussed the Terms of Reference: <ul style="list-style-type: none"> • It was highlighted that the CCG will need to agree where responsibility for reviewing contract registers will sit within the governance structure • It was highlighted that the requirement under the IFR Terms of Reference for the Strategy and Commissioning Committee to approve IFRs with a value exceeding £50,000 is not reflected in the Strategy and Commissioning Committee Terms of Reference • The reference in section 3.1.4 of the Strategy and Commissioning Committee Terms of Reference to the Performance & Quality Committee should be amended to refer to the Quality and Safety Committee • It was noted that there is a continued appetite in Camden to have a joint integrated commissioning committee with Camden Council. To establish this as a sub-committee of the Strategy and Commissioning Committee would require the Committee to amend its Terms of Reference as it currently does not allow it to establish sub-committees • It was highlighted that although the cover sheet refers to the CCG being committed to clinical leadership and there being a clinical majority on committees, this is not the case on the Strategy and Commissioning Committee. As this is the CCG's key clinical commissioning committee, it was suggested that this should be reconsidered.
4.2a	Strategy and Commissioning Committee
4.2a.1	The Governing Body APPROVED the Terms of Reference for the Strategy and Commissioning Committee, subject to the above comments.
4.2b	IFR Panel
4.2b.1	The Governing Body APPROVED the Terms of Reference for the IFR Panel.
4.2c	Individual Funding Requests Appeals Panel
4.2c.1	The Governing Body APPROVED the Terms of Reference for the IFR Appeals Panel.
4.2d	Patient & Public Engagement and Equalities Committee
4.2d.1	The Governing Body APPROVED the Terms of Reference for the Patient & Public Engagement and Equalities Committee.
4.2e	Medicines Management Committee
4.2e.1	The Governing Body APPROVED the Terms of Reference for the Medicines Management Committee.
4.2f	Finance Committee
4.2f.1	The Governing Body APPROVED the Terms of Reference for the Finance Committee.

4.2g	Quality and Safety Committee
4.2g.1	The Governing Body APPROVED the Terms of Reference for the Quality and Safety Committee.
5.	ANY OTHER BUSINESS
5.1	No other business was discussed at the meeting. The Chair thanked Stoil Stoilov and Slavcho Gochev for their technical support.
6.	DATE OF NEXT MEETING
6.1	Thursday 24 September 2020, between 10am - 2.30pm.